

Pharmacologic Interventions in the Treatment of First Episode Psychosis or Schizophrenia



First episode psychosis and schizophrenia impact many areas of an individual's life and bring about deficits in perceptual, motor, cognitive, and emotional functioning.¹ Once properly identified, this condition may be responsive to pharmacologic interventions, including antipsychotics.

The following pharmacologic interventions are recommended:¹



- Use of an antipsychotic medication other than clozapine for the treatment of an acute episode of schizophrenia or first-episode psychosis for individuals who have previously responded to antipsychotic medications.
- Use of an antipsychotic medication for maintenance treatment of schizophrenia to prevent relapse and hospitalization in individuals with schizophrenia who have responded to treatment.

Note: The antipsychotic medication adverse event profiles are presented in Table D-3. (p. 150–151)¹ The benefits of antipsychotic medication treatment strongly outweigh the potential harms and burdens associated with withholding them.

The following pharmacologic interventions are suggested:¹



- A trial of another antipsychotic medication for individuals with schizophrenia who do not respond to (or tolerate) an adequate trial of an antipsychotic medication.
- Offering long-acting injectable antipsychotics to improve medication adherence in individuals with schizophrenia.

The following pharmacological interventions are also identified:¹



- Using of clozapine for individuals with treatment-resistant schizophrenia.
- Augmenting clozapine with another second-generation antipsychotic medication for individuals with treatment-resistant schizophrenia who have not experienced an adequate response to clozapine.

Managing Side Effects



The pharmacologic interventions previously listed can produce undesirable side effects, in addition to the desired effects and potential risks. The following are suggested approaches for the management of the undesirable side effects:¹

- Use of metformin, topiramate, or aripiprazole augmentation for treatment of metabolic side effects of antipsychotic medication and weight loss for individuals with schizophrenia.
- A trial of a vesicular monoamine transporter 2 inhibitor for the treatment of tardive dyskinesia for individuals with schizophrenia and tardive dyskinesia.
- A trial of diphenhydramine for individuals with schizophrenia who are experiencing sialorrhea as a side effect of clozapine.

Additionally, providers may review the medications used to treat antipsychotic-associated adverse events, along with their dosage and clinical considerations. (Table D-4, p. 152–153)¹

No single treatment is right for everyone. Consult with colleagues about pharmacologic, psychotherapy, and psychosocial treatment options based on the benefits, risks, and side effects of each treatment. Engage in a dialogue with your patient to determine the best treatment decision.

Resources



Military OneSource provides 24/7 support and information on housing, financial, legal, medical, and psychological services.

- State-side: 800-342-9647
- Overseas: 800-342-9647
- Collect: 484-530-5908

<https://www.militaryonesource.mil>



988 Suicide Lifeline provides free and confidential support for individuals in crisis. If you or someone you know is struggling or in crisis, call or text 988 or <https://988lifeline.org>



Military/Veterans Crisis Line provides free, confidential support for service members and veterans in crisis. Dial 988, then press 1 or text 838255 to chat live with a counselor.

<https://www.veteranscrisisline.net/>



inTransition offers specialized coaching and assistance for active duty service members, National Guard members, reservists, veterans, and retirees to help them adapt to their transitions between systems of care.

- State-side: 800-424-7877
- Overseas: 800-748-81111 (in Australia, Germany, Italy, Japan, and South Korea only)

<https://www.health.mil/inTransition>

References

- 1 Veterans Affairs and Department of Defense. (2023). *VA/DOD clinical practice guideline for the management of first-episode psychosis and schizophrenia* (Version 1.0). <https://www.healthquality.va.gov/guidelines/MH/scz/>

NOTE: This content is derived from the 2023 VA/DOD Clinical Practice Guideline for the Management of First-Episode Psychosis and Schizophrenia.

