Translating Research Into Practice

Antipsychotic Treatment for Schizophrenia

Mental Health QUERI seeks to improve medication management practices for patients with schizophrenia. Research has shown that anitpsychotic prescribing often deviates from VHA schizophrenia guideline recommendations to:

- *switch patients who are not responding to current treatment to newer antipsychotics, and*
- *use moderate doses of antipsychotics*

This pocket card summarizes these recommendations from the VHA Clinical Guidelines for Management of Persons with Psychoses (1997). Usual dose ranges and side effects are included.

RECOMMENDATIONS: Newer Antipsychotics

- **Use one of the newer agents when** the patient:
  - does not have a prior history of treatment with an antipsychotic,
  - is intolerant of his/her current antipsychotic (EPS), or
  - has had one failed trial of a conventional or other new antipsychotic.

Olanzapine	**5 - 25 mg**
Quetiapine	**150 - 750 mg**
Risperidone	**2 - 8 mg**
Ziprasidone	**40 - 160 mg**

- **Use clozapine when** the patient has had two failed trials of antipsychotics (including at least one trial of a new antipsychotic).

Clozapine	**250 - 800 mg**

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RECOMMENDATIONS: Conventional Antipsychotics

- **Use one of the conventional agents (or a newer agent) when** the patient does not have a prior history of treatment with an antipsychotic.

Chlorpromazine	**300 - 1000 mg**
Fluphenazine	**2 - 20 mg**
Haloperidol	**5 - 20 mg**
Loxapine	**20 - 100 mg**
Molindone	**20 - 100 mg**
Perphenazine	**8 - 64 mg**
Thiothixene	**5 - 30 mg**
Trifluoperazine	**5 - 30 mg**

- **Use one of these depot agents when** there is a history of poor compliance.

Fluphenazine decanoate	**6.25 - 25 mg q 2 weeks or**
	12.5 - 50 mg q 4 weeks
Haloperidol decanoate	**50 - 200 mg q 4 weeks**

Antipsychotic Side Effects

	Risperidone	Olanzapine	Quetiapine	Ziprasidone†
Anticholinergic	±	+ to ++	±	±
EPS	± to +	± to +	0 to ±	± to +
Orthostasis	++	+	++	+
↑ Prolactin	++	±	±	±
Sedation	+	++	++	+
Weight Gain	++	+++	++	+

	Clozapine*	Conventionals**
Anticholinergic	+++	± to +++
EPS	0 to ±	+ to +++
Orthostasis	+++	+ to +++
↑ Prolactin	0	++ to +++
Sedation	+++	+ to +++
Weight Gain	+++	+ to ++

†Also, QTc prolongation
* Also, greater risk of agranulocytosis and seizures
** See VHA Psychoses Guidelines for more information

MENTAL HEALTH QUERI
Quality Enhancement Research Initiative