

I. General Principles for using antipsychotic medication in the treatment of first episode psychoses

A. Antipsychotic Treatment of First- Episode Psychosis

Antipsychotic agents are the mainstay of the pharmacological treatment of people diagnosed with schizophrenia. These medications are effective in reducing the positive symptoms of schizophrenia. Up to 80 percent of such individuals who take antipsychotic medications will have a clinically significant reduction of symptoms. For first-episode psychosis the efficacy of the different antipsychotic medications is similar but side effect profiles vary widely. People experiencing a first episode of schizophrenia are more likely to respond to lower doses and have an increased sensitivity to the adverse effects of antipsychotic medications.

Prescribers should select the antipsychotic medication with the side effects that are most benign and tolerable to the individual, at the lowest effective doses.

B. Shared Decision-making

Shared decision-making is the central value shaping interactions between the clinician and the individual experiencing first episode psychosis. Clinicians provide detailed explanations of the risks and benefits of all appropriate, available medications, including detailed assessments of side effects and serious medical risks. Clinicians should help individuals identify and articulate their concerns about and goals for medication use. Educational materials should be made available to and reviewed with individuals and any involved caregivers. All antipsychotic treatment decisions should be made jointly by the individual, the treating prescriber, and, if applicable, other caregivers. A decision-aid (such as the “Decisional Balance Worksheet”) may help the individual clarify his/her values. Other handouts and modules that may be useful in discussing the use of antipsychotic medication with an individual are listed at the end of the manual.

C. Antipsychotic Polypharmacy and Use of Other Psychotropic Medication

A key principle is to keep medication regimens as simple as possible. Prescribe the smallest number of drugs with the fewest number of pills and simplest dosing to manage symptoms effectively.

Individuals may enter care with OnTrackNY already taking one or more psychotropic medications. This is common although there is no strong empirical basis for combining antipsychotics or the adjunctive use of antidepressants, anti-anxiety agents, anti- epileptics or lithium. At the first meeting, the clinician should evaluate the continued need for all medications and review with the individual their risks and benefits. The final decision to continue each medication should be a shared decision based on the individual’s preference, any evidence of clinical benefit, and related side effects.

If an individual presents with symptoms of anxiety, depression or mania then an effort should be made to optimize the antipsychotic treatment and psychosocial supports. If treatment has been optimized then adjunctive pharmacologic treatment with an antidepressant, anti-anxiety or anti-epileptic agent, or lithium should be discussed with the individual.