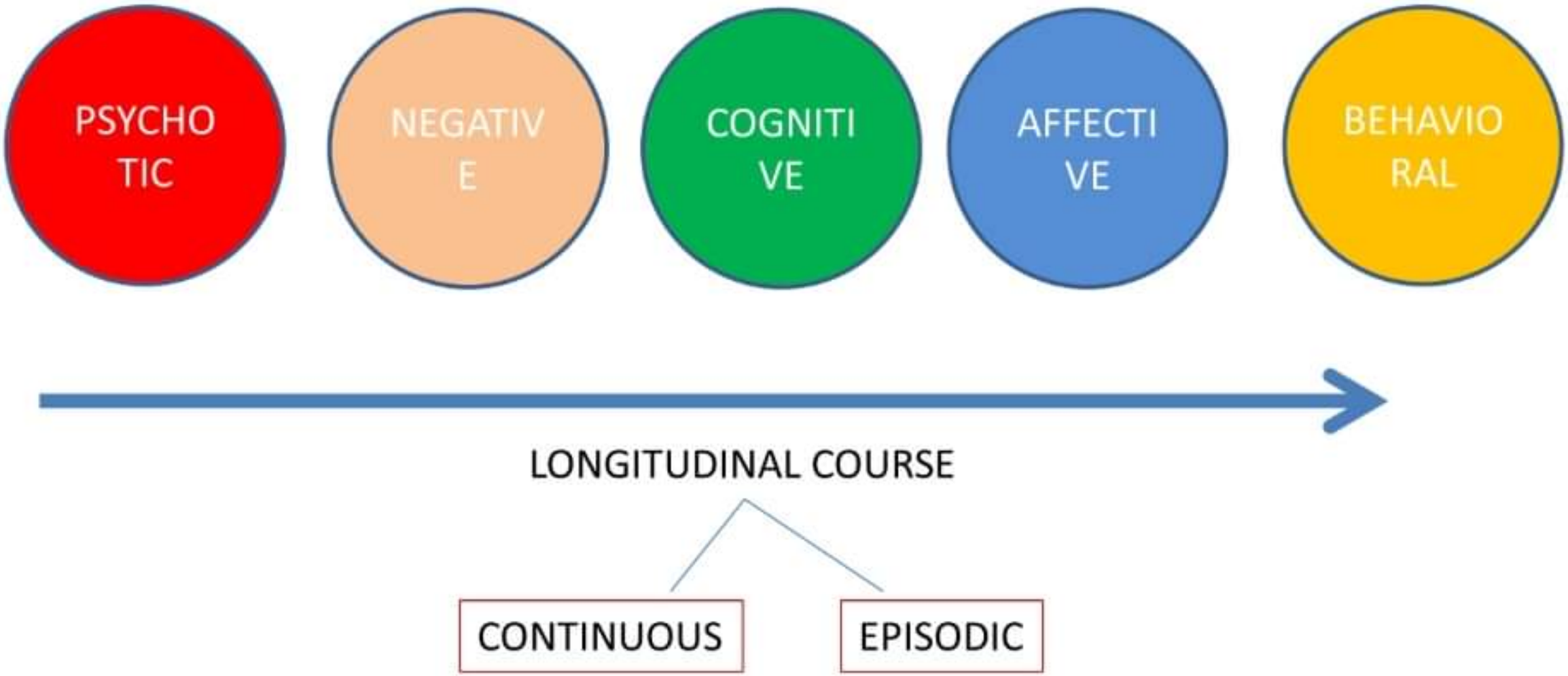
Schizophrenia

Schizophrenia



Schizophrenia –ICD-10

- a) thought Echo/insertion/withdrawal/broadcasting
- b) Delusions of control/Delusional perception
- c) hallucinations- 3rd person/ in the form of a commentary/ somatic
- d) other delusions-culturally inappropriate/impossible

- 1 clear / 2or more if not clear for > 1 month
- OR

- e) persistent hallucinations/ persistent overvalued ideas
- f) disorganized speech/neologisms
- g) catatonia
- h) negative symptoms

- Symptoms from 2 or more groups(e to h) for > 1 month

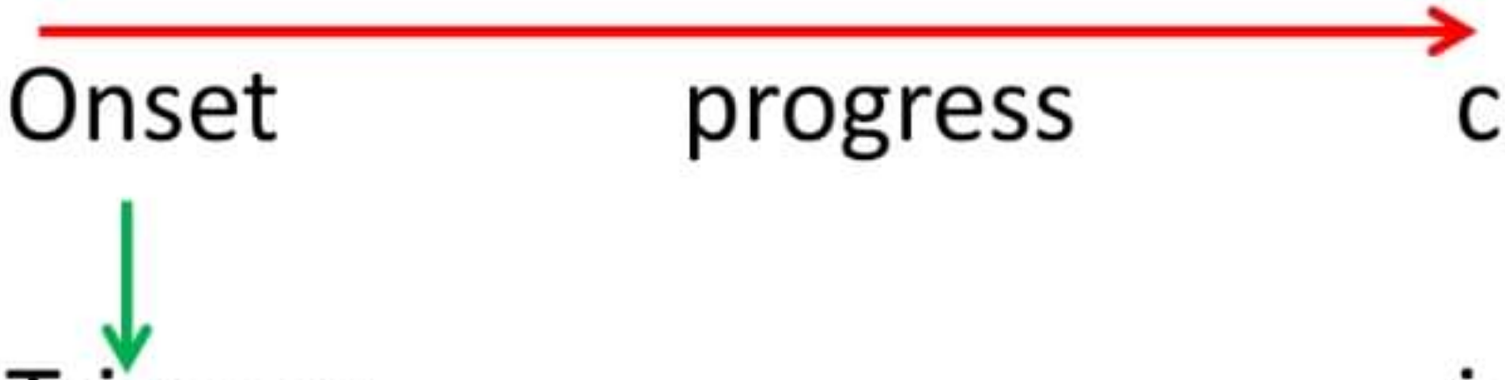
Schneider's 1st rank symptoms

- Thoughts –blurring of ego boundary
  - 1) insertion or withdrawal
  - 2) broadcasting
  - 3) delusions of control (passivity phenomena)

Delusions of Possession Of thoughts

- Perceptions
  - 4) hearing thoughts spoken aloud
  - 5) third person hallucinations
  - 6) hallucinations in the form of a commentary
  - 7) somatic hallucinations
- 8) Delusional perception

- **History of presenting complaint**



relationships
Work
substances

- Present symptoms in clusters
- **Exclude important negatives**
- Any treatment taken & adverse effects

- Schizophrenia
  - He did not think thoughts are inserted into or/ withdrawn or broadcasted from his mind.
  - He did not believe an outside agency is controlling his actions/thoughts or impulses.
  - He did not hear voices of unseen persons discussing him or commenting about his actions

Based on 1st rank symptoms

Past psychiatric/medical Hx

- Episodes
  - Number
  - Nature
  - Severity (hospitalization/ suicidal attempts)
  - Reasons for relapses
- Rx
  - Type-ECT/Clozapine?
  - Response
  - SE
- Other medical problems & Rx

- F20.4 Post schizophrenic depression
  - Has had a schizophrenic illness within past 12 months
  - Some schizophrenic symptoms(+ or -) still present
    - Criteria for a depressive episode(F32._) present

- Associated with high suicidality

	Biological	Psychological	Social
Acute	• Anti-psychotics • ECT • Optimize medical Mx		
Intermediate	• Substance Mx • Wgt Mx	• High EE • Compliance • Rehabilitation	• Functional assessment • Needs assessment
Long term	• IM medication • Family planning		• Legal • Child care

Mx of Schizophrenia

Maintenance
- FGA or SGA
- Or LAI

First episode
- Better to avoid Olanzapine
- FGA or SGA
- Minimal effective dose

- FGA=SGA (EUFEST)

Rx responsive multi episode
- FGA or SGA

- FGA=SGA (CATIE & CUtLASS)

Rx resistant
- Clozapine

FGA or SGA

- Side effects
- Patient choice
- Previous response
- affordability

Main side effects

- EPS including TD
- Metabolic including weight gain
- Prolactin elevation & sexual problems

- relative risk for EPS among FGAs and SGAs

- high-potency FGAs > risperidone> low-potency FGAs > olanzapine > quetiapine > clozapine

- High potency FGA: Haloperidol
- Low potency FGA: Chloropromazine

Long acting injectable antipsychotics (LAI)

- Fluphenazine deconoate -6.25-20 mg/2 weeks
- Haloperidol deconoate -50-200 mg/month
- Risperidone – 25-75mg/2 weeks

CLOZAPINE

- Resistant Schizophrenia
- Persistent hostility/persistent violent behavior
- Persistent suicidal thoughts/ behaviour

CLOZAPINE THERAPY

- Suitability
  - No adequate response to adequate doses of sequentially used 2 different antipsychotics. At least one of them non clozapine atypical (for how long?) refer Maudsley

  - 1/3 of pts do not respond to antipsychotics or intolerant. Clozapine is the choice for them
  - 1/3 of such pts respond to Clozapine

- Educate patient & family regarding
  - Reason for considering Clozapine
  - Treatment setting
  - Monitoring
  - Side effects
  - Restarting after discontinuation

- Before starting

- General & CVS examination
- Smoking status
- FBC
- FBS
- Lipid Profile
- Liver function tests
- Serum electrolytes (hypokalaemia increases risk of QTc prolongation)
- Hx of other drug use (anti convulsants)
- ECG
- BMI
- Pregnancy test – for women in child bearing age

DOSING

- 12.5mg(or 25 mg) → 100 mg 1st week
- 100mg → 300mg 2nd week
- 300mg → 400mg 3rd week
- 400mg → 450mg 4th week

- Target a plasma level of 350-500 ug/l

Reasons for slow titraion

- Autonomic side effects (orthostatic hypotension)

Monitoring

- 1st day
  - BP,Pulse- before 1st dose, 15 min after 1st dose, hourly for 6 hours
- If BP >170/100 or < 100/60 or postural drop >30mmHg or
- PR >100/min or
- Temperature >38.4C or < 35.5C

- Consider much slower titration or omitting

- Days 2 to 14

- BP,PR,Temperature before & 2 hours after morning dose

- Days 15 to 28
- BP,PR,Temperature 2 hours after morning dose

- BP,PR,Temperature & weight should be monitored during routine blood testing

Monitoring blood

- FBC before starting Clozapine. Need WBC>3500/mm^3 & Neutrophils > 2000/mm^3
- if counts are low get haematology opinion
- Weekly WBC/DC for 18 wks
- Fortnightly for 1 yr
- Monthly thereafter

Traffic light notification

- During weekly blood monitoring
- Green (normal)= WBC>3500 & Neutrophils>2000
- Can dispense Clozapine

- Amber(caution)= WBC 3500-3000 & N 2000-1500
- Repeat counts & confirm
- Can dispense Clozapine but monitor counts twice a wk till counts become normal

- Red(Danger)= WBC< 3000 & N< 1500

- Repeat counts & confirm
- Stop Clozapine immediately. Do not give other anti psychotics
- Monitor blood daily (needs admission most times)
- Get haematologist's opinion
- Monitor closely for infections

Clozapine discontinuation

- Gradually over 2 wks (reversal of initiation)
- Observe for
  - Recurrence of psychosis
  - Symptoms of cholinergic rebound (profuse sweating,headache,nausea,vomiting,diarrhoea)

SE of Clozapine & dealing with them

- Common side effects
- Anti-cholinergic
  - Constipation (high fiber diet/ fluid/ aperients)
  - Dry mouth
  - Blurred vision
  - Difficulty passing urine

- Anti-adrenergic
  - Hypotension (caution when getting up/monitor closely/slow titration or halt dose increase)
  - Sexual dysfunction
- Other
  - Hypersalivation (consider hyoscine [300 ugs/tds]
  - Hypertension (monitor closely/ slow titration or halt dose increase/may need a hypotensive agent[atenolol]

Rarer or potentially life threatening SE of Clozapine

- Agranulocytosis/Neutropenia (stop Clozapine & admit to hospital)
- leukocytosis
- Thrombocytopenia (if Plat< 50000/mm^3 stop Clozapine)

- Arrhythmias/myocarditis/cardiomyopathy/pericarditis/pericardial effusion/ thrombo embolism/ circulatory collapse

Rarer or potentially life threatening SE of Clozapine

- Pulmonary embolism
- Dysphagia/Intestinal obstruction/paralytic ileus
- Enlarged parotid/ fulminant hepatic necrosis
- Restlessness/agitation/confusion/delirium
- Neuroleptic malignant syndrome

Smoking cessation in Schizophrenia

- Bupropion 150 mg/BD for 12 weeks
- Smoking cessation education
- Support group

Psychosocial Mx of Schizophrenia

- All as an adjunct to pharmacological Rx
- Following have evidence (PORT STUDY)
  - CBT
  - Supported employment
  - Family based interventions
  - Psychosocial interventions for substance use
  - Psychosocial interventions for weight management
  - Skills training
  - Token economy
  - Assertive Community Treatment (ACT)

Supported employment

- Individuals are placed in competitive work without any extended preparation but with support on the job

- More effective than vocational rehabilitation in obtaining open employment
- Burns 2007- 50% of psychotic patients became employed with this approach

Family based interventions

- For those who have ongoing contacts with families/relatives & significant others
- Effective for
  - Treatment adherence
  - Reduced symptoms
  - Reduced burden for family members
  - Improved relationships

Box 3 Distinguishing normal from obsessional jealousy (Marazziti *et al*, 2003)

The following are more extreme in obsessional jealousy:

- time taken up by jealous concerns
- difficulty in putting the concerns out of the mind
- impairment of the relationship
- limitation of the partner's freedom
- checking on the partner's behaviour

Box 6 Assessment of morbid jealousy

Take a full psychiatric history, including:

- affective and psychotic disorders
- threatened and perpetrated violence
- the quality of the relationship
- family constitution
- substance misuse
- collateral and separate history from spouse

Carry out a mental state examination, including:

- the form of morbid jealousy
- associated psychopathology
- consideration of organic disorder

Conduct a risk assessment for both partners, considering:

- suicide
- history of domestic violence
- history of interpersonal violence, including any third party (e.g. suspected rival)
- risk to children

Box 7 Management of morbid jealousy

Principles of management:

- Treat the mental disorder
- Manage the risk

Biological options:

- Antipsychotic medication
- Selective serotonin reuptake inhibitors

Psychosocial options:

- Treatment of any substance misuse
- Cognitive–behavioural therapy
- Couple therapy
- Dynamic psychotherapy
- Child protection proceedings
- Admission to hospital (compulsory detention if necessary)
- Geographical separation of the partners