

Maintenance Medication for Schizophrenia: Strategies for Dose Reduction

by Nina R. Schooler

Abstract

Balancing the demonstrated effectiveness of antipsychotic medication for long-term maintenance treatment of schizophrenia with the risk of developing tardive dyskinesia (TD) has led to attempts to reduce dosage. Research using two methods is reviewed in this article; continuous low dose and intermittent or targeted medication. Both methods require monitoring of patients and treating decompensations with medication. Studies reviewed in this article indicate that these strategies are feasible for many patients, but are associated with higher risk of relapse than maintaining an established moderate dose. For low dose, relapse rates are higher if treatment continues for a second year, if dosage is very low, or if patients are not stable. However, low dose administration also leads to reduced adverse effects (including TD in at least one study) and improved subjective well being. Targeted medication leads to reduction of administered dose and side effects but to no clear benefit in terms of TD or social functioning. No studies reported to date have compared these strategies directly. Ongoing and future research will do this and identify those patients for whom these strategies can be implemented without increased relapse risk.

Medication Efficacy During the Maintenance Phase

The efficacy of antipsychotic medication for long-term maintenance treatment of schizophrenia has been established both through formal clinical trials and clinical experience accumulated during the 30 years that these drugs have been available.

Davis (1973), in his review of the experimental literature, concluded that the risk of relapse increased to 52 percent without maintenance medication compared to 20 percent with continuation of treatment.

Clinical experience appears to validate this conclusion. A familiar clinical scenario involves a patient whose acute symptoms improve with antipsychotic medication in hospital. The patient is discharged to outpatient treatment that includes continuation of medication. The patient attends the outpatient clinic for a time, then becomes more erratic in attendance. He or she experiences an exacerbation of symptoms and is readmitted to the hospital. On questioning, the patient or family reports that during the month or so prior to admission, the patient had not been sleeping well, had become increasingly withdrawn or irritable, and had stopped taking medication. The clinical team concludes that medication noncompliance triggered the relapse and, on the subsequent discharge, strongly warns the patient and the family that medication must be taken in order to avoid another relapse. The assumptions of this clinical recommendation are that antipsychotic medication is effective in preventing relapse and that the sequence of events that led to rehospitalization was noncompliance followed by symptom exacerbation.

A series of experimental studies conducted during the 1970's tested the hypothesis that ensuring regular administration of antipsychotic medication would significantly reduce the risk of relapse. Fluphenazine deca-

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Research on the nature and treatment of schizophrenia has undergone a revival and metamorphosis in the last decade. For a long while the field had been moribund, weighed down by an unreliable diagnostic system, pessimism about the possibility of new discoveries, and a dearth of research funds. A number of factors have seemingly coalesced to change this situation with the result that the field is now alive with excitement and optimism. Four factors seem to have played important roles in the resurgence of interest. First, prior to the publication of DSM III in 1980, there was no reliable diagnostic system for the disorder. Previous definitions were overly general and imprecise. Consequently, the label schizophrenia applied to a very heterogeneous group of severely disturbed patients. It was rarely clear whether two investigators had studied comparable samples, making it impossible to determine if their findings were generalizable or if failures to replicate were due to the unreliability of the results or the fact that the investigators had studied different disorders. DSM III has not totally resolved this problem, but it has allowed scientists to reliably identify a much more homogeneous group. As a result, it is now possible to integrate the results of different studies, making it much more likely that we can make important advances. The second important factor was the development of new technologies that promised to help uncover the nature and etiology of the disorder.

Social and Behavioral Aspects of Pharmaceutical Care Albert I. Wertheimer, 1996-07-12

Social and Behavioral Aspects of Pharmaceutical Care takes known social and behavioral science principles and applies them to pharmacy practice. This allows readers who are training to deliver or already delivering pharmaceutical care to enhance their communication, counseling, and patient education skills. While working through this superb text, students and practitioners will develop optimal skills as problem solvers, therapeutic consultants, patient educators, and counselors as they learn how to enhance patient compliance, negate stigma, and help patients become more comfortable with their medical situations. The instructor's manual that comes with the text is filled with exercises that highlight the most important aspects of each chapter and engages readers in the content of each chapter. Readers who approach this text with a real desire to better understand how behavior links to the complexities of an individual's or social group's actions and deeds will find it exhilarating reading as they gain a better understanding of and appreciation for pharmaceutical care and its behavioral underpinnings. Also, instead of offering only a few definitive answers, *Social and Behavioral Aspects of Pharmaceutical Care* contains extensive descriptions of phenomena known to be true but which are all subject to change when new variables are introduced. This helps readers become more aware of and comfortable with the gray areas of pharmacy. Authors in *Social and Behavioral Aspects of Pharmaceutical Care* take pieces of the complex web of pharmaceutical care, describe known microcosmic components of such care, and then relate the pieces back to the integrity of

the web Readers will find that the behavior of the patient the prescriber the systems that allow for these interactions and ultimately the outcomes of medication use are in fact not as simple as they may appear Readers learn to deal with these complexities by improving their interactive skills in these areas compliance placebos medication stigma self medication health beliefs opinion information professionalism socialization nonmedical drug use public health illness behavior sick role how attitudes affect behaviors ethics Using this text in pharmaceutical administration social pharmacy and behavioral pharmacy courses better prepares training pharmacists for contemporary and future roles that more closely bind them to their patients and their prescribing community It offers an excellent comprehensive overview of the social economic aspect of pharmaceutical care through its theoretical models and practical examples that elaborate on the pharmacist s role in identifying patients non compliant behavior and in managing other drug related problems Undergraduate and graduate pharmacy students pharmacy school drug company and health science center libraries practicing retail and hospital pharmacists and national state and local pharmacy associations will find *Social and Behavioral Aspects of Pharmaceutical Care* an important addition to their reading material as it serves as a valuable developmental tool for both students and practicing professionals

Cognitive-Behavioural Interventions with Psychotic Disorders Gillian Haddock, Peter D. Slade, 2019-10-01 Traditionally people with psychotic symptoms have been treated with anti psychotic or neuroleptic drugs While this approach is beneficial to a number of people there are many for whom it is problematic Recent recognition of these problems has led to the development of effective complementary treatments of a specifically psychological nature In *Cognitive Behavioural Interventions with Psychotic Disorders* leading researchers and practitioners in this area provide a comprehensive overview for all those undergoing related training in psychology and psychiatry as well as nursing and social work The book provides a general background to cognitive treatment and also discusses specific uses of the therapy in treating those who have hallucinations as well as those with delusions and schizophrenia The contributors also suggest how cognitive behavioural approaches can be integrated with other strategies such as pharmacological methods or in the context of the family

Psychotropic Drug Handbook Paul J. Perry, 2007 This succinct handbook provides students and practitioners with clinically relevant psychotropic drug information The Eighth Edition is designed as a reference text that also teaches by delivering informative narrative text under standard headlines with references Its focus goes beyond drug information to cover pharmacotherapy applications The book provides detailed well referenced evidence based information on a wide range of psychotropic drugs including mood stabilizers antidepressants and anti-anxiety agents This edition has new chapters on pediatric and geriatric psychopharmacotherapy new content on antipsychotics hypnotics medications used in treating alcoholism and substance dependence and electroconvulsive therapy and new algorithms appendices and tables

Recent Advances in Schizophrenia Anthony Kales, Costas N. Stefanis, John A. Talbott, 2012-12-06 I am honored to introduce readers to this extraordinary volume the first in the annual *International Perspectives Series Psychiatry Psychology and*

Neurosciences This particular volume on the Recent Advances In Schizophrenia stems from the Third Annual Pennsylvania Conference on Schizophrenia held in March 1988 At that international meeting some of the most esteemed researchers in the field surveyed our current understanding of schizophrenia Collectively their presentations capture the excitement of a research field launching into a stage of rapid worldwide advancement The last decade has seen an enormous refocusing of scientific effort on schizophrenia directed in large measure by the National Institute of Mental Health NIMH Our understanding of this mysterious disabling disorder in all its diversity has been enhanced by a host of technologies including new neuroimaging techniques cognitive psychology molecular genetics and anatomical biochemical and molecular neuropathology The resulting growth spurt in our knowledge constitutes the essence of the conference and of this volume As the following pages amply document it has been a decade of great progress one in which we can take great pride The science of our field has matured to the point that a major research thrust is now feasible one likely to have enormous benefits for schizophrenic patients and their families It is a very exciting time to be in this field and to participate in accelerating its advances

Guidelines for Neuroleptic Relapse Prevention in Schizophrenia Werner Kissling, 2012-12-06 How neuroleptics are used in relapse prevention is a very controversial topic Fifty percent of all schizophrenic patients do not receive sufficient prophylactic treatment and suffer from frequent relapses To help correct this situation leading international experts in the field of neuroleptic relapse prevention have agreed upon guidelines after intensive discussions at a consensus workshop in Bruges in April 1989 Precise guidelines to the most important questions on relapse prevention are formulated especially concerning indications treatment duration and dosage The current state of the literature on these questions is presented in comprehensive reviews For the practicing psychiatrist or general practitioner exact guidelines for prophylactic treatment are presented for patients and their families eager to obtain more information the scientific basis of the treatment is explained

Schizophrenia Bulletin ,2002 **Psychopharmacology Bulletin** ,1989 **Schizophrenia** David John

Kavanagh, 2013-11-11 **Schizophrenia** Max Birchwood, Chris Jackson, 2014-06-03 Schizophrenia continues to be the most debilitating of the psychotic disorders with less than one third returning to a normal level of functioning Our understanding of this disorder has advanced considerably over the last 10 years with major contributions from neurobiology but particularly from an understanding of the way in which psychosocial and psychological factors interact with underlying vulnerabilities to influence both the content and timing of psychotic symptoms and the personal and social difficulty they create This book brings together this disparate and complex literature in a highly accessible and up to date way It is written by two leading academic clinical psychologists in the area who uniquely bring together an understanding of key scientific concepts with clinical reality The section on treatment brings to the reader a clear account of psychological social and drug treatments interspersed with clinical accounts The text is aimed primarily at undergraduates attempting to gain some understanding of this exciting and rapidly developing field but with sufficient depth to engage the trainee clinical psychologist community

psychiatric nurse and psychiatrist **Schizophrenia, 1993** David Shore, Samuel J. Keith, 1996-07 Schizophrenia remains the most puzzling chronic and disabling of the severe mental disorders Presents recent developments in research diagnosis and classification relation of symptoms to cognitive deficits information processing and attention dysfunctions genetics psychopharmacologic treatment tardive dyskinesia psychosocial treatment neuroimaging infection and autoimmunity neurochemistry and neuroendocrinology and neuropathology A nontechnical summary of each major area proceeds the articles Schizophrenia John G. Csernansky, 2002-01-11 Contains guidelines and recommendations in tabular form for quick reference on patient evaluation and optimal treatment for long term care Based on evidence from recent systematic clinical research studies this comprehensive reference provides the latest information on the assessment diagnosis and treatment of schizophrenia highlighting **Schizophrenia** Steven R. Hirsch, Daniel R. Weinberger, 2008-04-15 Schizophrenia is one of the most complex and puzzling diseases to affect mankind It is the most common of the severe mental illnesses psychoses with an estimated prevalence of 0.5-1% in the general population and accounts for a very large portion of the day to day workload of the average psychiatrist 50% of long term psychiatric patients in mental hospitals are schizophrenic There is a great deal of controversy about the causes diagnosis and treatment of schizophrenia with the consequence that a huge amount of research is carried out in the field by psychiatrists psychologists neuroscientists and pharmacologists For the average practising psychiatrist seeing schizophrenics on a regular basis making sense of the vast body of information on the subject and filtering out what is of clinical relevance can be very difficult There is a constant stream of new drugs emerging and the new generation of drugs the so called atypicals is very effective but often expensive The Editors one American and one British are both highly respected clinical psychiatrists who are probably the leading experts on schizophrenia from their respective countries and jointly have published almost 150 papers on the subject They have brought together a strong group of contributors from the USA UK and Europe to produce what will be an essential reference for the trainee and practising psychiatrist The book consists of four sections descriptive aspects causative aspects physical treatments and psychological behavioural social treatments There will be discussion of the theoretical controversies over symptomatology classification and aetiology the relationship of schizophrenia to the other psychoses the significance of positive and negative symptoms and pre morbid personality There will be chapters on organic models of schizophrenia neurodevelopmental genetic and structural studies and the role of high expressed emotion The final section will cover social and environmental treatment the role of the families of schizophrenics and the psychoanalytical therapies There is a new chapter on the patient's perspective written by a former patient **Problems in Securing Informed Consent of Subjects in Experimental Trials of Unapproved Drugs and Devices** United States. Congress. House. Committee on Small Business. Subcommittee on Regulation, Business Opportunities, and Technology, 1994 Distributed to some depository libraries in microfiche **New Developments in the Pharmacologic Treatment of Schizophrenia**, 1992

Schizophrenia Ming T. Tsuang, Stephen V. Faraone, Stephen J. Glatt, 2011 Schizophrenia The Facts provides a concise and up to date account of the underlying causes and symptoms of schizophrenia as well as current theories about the disorder The book provides a welcome source of information and advice both for families of schizophrenics and those involved in caring for them **Psychiatric Quarterly** ,1986 **Depression in Schizophrenics** Richard Williams, J. Thomas Dalby, 2013-06-29 The chapters of this volume were originally presented at a symposium on Depression in Schizophrenics held at the University of Calgary Health Sciences Centre on July 06 and 07 1988 It was the intent of the organizers to draw together leading international researchers to address in a comprehensive fashion the persisting problem of depression in schizophrenic individuals As many of the authors point out depression was clearly identified as a central problem in schizophrenia by the pioneers of psychiatry Their wisdom and clinical acumen was lost for a time to be only recently re discovered Their insights must now be integrated with modern taxonomic systems evolving etiological models and methods of assessment With increased recognition of the problem of depression in this population we must also examine appropriate methods of ameliorating the suffering of those afflicted The conference was divided into sections theoretical aspects phenomenology suicide and treatment and the chairmen of these sections have given brief introductions Necessary overlap of topics and methods provided a convergent and validating examination of empirical results which may serve to direct continuing studies As well we hope that thoughtful review may directly influence clinical practice and thereby improve the quality of life for schizophrenic patients

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