Schizophrenia Management – medication guideline

For rapid tranquillization see Adult Hospital STGs Chapter 15.1, Aggressive disruptive behaviour.

Switching antipsychotic medicines should not be considered for patients who are well controlled.

STEP 1

TREATMENT INITIATION
• **Haloperidol,** oral. » 0.75 - 1.5 mg daily. » Increase to 5 mg daily (according to tolerability and clinical response).
IF GOOD RESPONSE/TOLERABILITY, OR PATIENT PREFERENCE DEPOT ANTIPSYCHOTIC, E.G.
• **Flupenthixol deconate**, IM. » 10 - 40 mg every 4 weeks (initial dose: 10 mg). **OR** • **Zuclopenthixol deconate**, IM. » 100 - 400 mg every 4 weeks (initial dose: 100 mg).

STEP 2

IF POOR RESPONSE/TOLERABILITY, OR HIGH-RISK OF TARDIVE DYSKINESIA/EXTRAPYRAMIDAL EFFECTS*
• **Risperidone**, oral. » Initial dose: 2 - 4 mg at night. (Assess efficacy after 4 - 6 weeks) » Maximum dose: 6 mg daily.
IF POOR RESPONSE/TOLERABILITY TO HALOPERIDOL/RISPERIDONE
• **Olanzapine**, oral. » Initial dose: 5 mg at night, increase to 10 mg at night. » Maximum dose: 20 mg at night.

STEP 3

IF POOR RESPONSE/TOLERABILITY TO OLANZAPINE
• **Clozapine,** oral (specialist initiated, preferably as inpatient): » Initial dose: 12.5–25 mg at night. (Usual dose: 200–450 mg per day in 2 divided doses) » Maximum dose: 900 mg/day in 2 divided doses **OR**
IF POOR RESPONSE TO OLANZAPINE AND CLOZAPINE IS NOT AN OPTION DUE TO METABOLIC EFFECTS (WEIGHT GAIN, TYPE 2 DIABETES)
• **Aripiprazole**, oral (specialist initiated).

STEP 4

IF POOR RESPONSE TO ARIPIPRAZOLE
• **Amisulpride**, oral (specialist initiated).

Notes:

- Decisions in the algorithm steps are driven largely by price of individual medicines.

*Chlorpromazine, oral is included in PHC and Adult Hospital Level STGs and EML as an alternative to risperidone. Due to its high cost and side effect profile, it has been excluded from this treatment algorithm but may be used as an option if required. Patients who are currently stable on chlorpromazine should continue on this therapy.