VA/DoD Clinical Practice Guidelines

VA/DoD Clinical Practice Guideline for the Management of First-Episode Psychosis and Schizophrenia

Quick Reference Guide

Version 2.0 | 2023

VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF FIRST-EPISODE PSYCHOSIS AND SCHIZOPHRENIA

Department of Veterans Affairs
Department of Defense

Quick Reference Guide

Recommendations   Algorithm

Recommendations

The following evidence-based clinical practice recommendations were made using a systematic approach considering four domains as per the GRADE approach (see *Summary of Guideline Development Methodology* on page 19 in full CPG). These domains include: confidence in the quality of the evidence, balance of desirable and undesirable outcomes (i.e., benefits and harms), patient values and preferences and other implications (e.g., resource use, equity, acceptability).

Topic	Sub-topic	#	Recommendation	Strength[a]	Category[b]
Assessment and Evaluation	*Suspected Psychosis*	1.	For individuals with suspected psychosis, we suggest using evidence-based screening tools in specialty mental health settings to differentiate/identify individuals at risk for transition to psychosis.	Weak for	Reviewed, New-added
		2.	For individuals with suspected psychosis, there is insufficient evidence to recommend for or against biomarker screening tools (e.g., magnetic resonance imaging–based prediction system, serum biomarker panels) to differentiate/identify individuals at risk for transition to psychosis.	Neither for nor against	Reviewed, New-added
Management of First-episode Psychosis and Schizophrenia	*First-episode Psychosis*	3.	We recommend treatment/management with early intervention services for individuals with first-episode psychosis.	Strong for	Reviewed, New-added
		4.	We recommend the use of family interventions (including problem solving–based self-learning, education, and mutual family support) for individuals with first-episode psychosis.	Strong for	Reviewed, New-added
		5.	We suggest the use of the Individual Placement and Support model of supported employment for individuals with first-episode psychosis with a goal of employment and/or education.	Weak for	Reviewed, New-added
		6.	There is insufficient evidence to recommend for or against any specific duration for participation in specialized early intervention services for individuals with first-episode psychosis.	Neither for nor against	Reviewed, New-added
		7.	There is insufficient evidence to recommend for or against a specific duration for treatment with antipsychotic medication after response or remission for individuals with first-episode psychosis.	Neither for nor against	Reviewed, New-added

Topic	Sub-topic	#	Recommendation	Strength[a]	Category[b]
Management of First-episode Psychosis and Schizophrenia (cont.)	*Pharmacologic Interventions for Psychosis*	8.	We recommend the use of an antipsychotic medication other than clozapine for the treatment of an acute episode in individuals with schizophrenia or first-episode psychosis who have previously responded to antipsychotic medications. The choice of antipsychotic medication should be based on an individualized evaluation that considers patient characteristics and side effect profiles of the different antipsychotic medications.	Strong for	Reviewed, New-added
		9.	We recommend the use of an antipsychotic medication for the maintenance treatment of schizophrenia to prevent relapse and hospitalization in individuals with schizophrenia who have responded to treatment. Choice of antipsychotic medication should be based on an individualized evaluation that considers patient-specific characteristics and side effect profiles of the different antipsychotic medications.	Strong for	Reviewed, New-added
		10.	We suggest a trial of another antipsychotic medication for individuals with schizophrenia who do not respond to (or tolerate) an adequate trial of an antipsychotic medication. Choice of antipsychotic medication should be based on an individualized evaluation that considers patient-specific characteristics and side effect profiles of the different antipsychotic medications.	Weak for	Reviewed, New-added
		11.	We suggest offering long-acting injectable antipsychotics to improve medication adherence in individuals with schizophrenia.	Weak for	Reviewed, New-added
		12.	We recommend the use of clozapine for individuals with treatment-resistant schizophrenia.	Strong for	Reviewed, New-added
		13.	We suggest augmenting clozapine with another second-generation antipsychotic medication for individuals with treatment-resistant schizophrenia who have not experienced an adequate response to clozapine.	Weak for	Reviewed, New-added
	Pharmacologic Interventions for Treatment of Side Effects	14.	There is insufficient evidence to recommend for or against any treatment for hyperprolactinemia-related side effects of antipsychotic medications in individuals with schizophrenia.	Neither for nor against	Reviewed, New-added
		15.	We suggest using metformin, topiramate, or aripiprazole augmentation for treatment of metabolic side effects of antipsychotic medication and weight loss for individuals with schizophrenia.	Weak for	Reviewed, New-added
		16.	We suggest a trial of a vesicular monoamine transporter 2 inhibitor for the treatment of tardive dyskinesia for individuals with schizophrenia and tardive dyskinesia.	Weak for	Reviewed, New-added
		17.	We suggest a trial of diphenhydramine for individuals with schizophrenia who are experiencing sialorrhea as a side effect of clozapine.	Weak for	Reviewed, New-added
		18.	There is insufficient evidence to recommend for or against augmentation with any non-antipsychotic medication for treatment of cognitive and/or negative symptoms for individuals with schizophrenia.	Neither for nor against	Reviewed, New-added

Topic	Sub-topic	#	Recommendation	Strength[a]	Category[b]
Management of First-episode Psychosis and Schizophrenia (cont.)	*Non-pharmacologic Interventions (cont.)*	19.	We recommend the use of psychosocial interventions provided to a primary support person or family member to decrease the risk of relapse and hospitalization for individuals with schizophrenia.	Strong for	Reviewed, New-added
		20.	We recommend the use of service models based on standard Assertive Community Treatment in individuals with schizophrenia evidencing severe functional impairments and/or risk for repeated hospitalizations.	Strong for	Reviewed, New-added
		21.	We recommend the use of the Individual Placement and Support model of supported employment for individuals with schizophrenia with a goal of employment.	Strong for	Reviewed, New-added
		22.	There is insufficient evidence to recommend any specific supported housing intervention over another for individuals with schizophrenia experiencing housing insecurity.	Neither for nor against	Reviewed, New-added
		23.	We suggest cognitive training programs for the treatment of cognitive impairment and negative symptoms for individuals with schizophrenia.	Weak for	Reviewed, New-added
		24.	We suggest offering skills training for individuals with schizophrenia evidencing severe and persistent functional impairments and/or deficits in social, social-cognitive, and problem-solving skills.	Weak for	Reviewed, New-added
		25.	There is insufficient evidence to recommend for or against transcranial direct current stimulation and repetitive transcranial magnetic stimulation for individuals with schizophrenia.	Neither for nor against	Reviewed, New-added
		26.	There is insufficient evidence to recommend for or against electroconvulsive therapy for individuals with schizophrenia.	Neither for nor against	Reviewed, New-added
		27.	There is insufficient evidence to recommend for or against the use of motivational interviewing or shared decision making to improve medication adherence for individuals with schizophrenia.	Neither for nor against	Reviewed, New-added
		28.	There is insufficient evidence to recommend for or against the use of the Clubhouse model for vocational rehabilitation to increase employment outcomes for individuals with schizophrenia.	Neither for nor against	Reviewed, New-added
		29.	There is insufficient evidence to recommend for or against the use of targeted peer-provided interventions for individuals with schizophrenia.	Neither for nor against	Reviewed, New-added
		30.	We suggest adding aerobic exercise to treatment as usual to reduce symptoms for individuals with schizophrenia.	Weak for	Reviewed, New-added
		31.	We suggest offering yoga as an adjunct to other evidence-based treatments for positive and negative symptoms for individuals with schizophrenia.	Weak for	Reviewed, New-added
		32.	We suggest cognitive behavioral therapy for psychosis in combination with pharmacotherapy for individuals with prodromal and early psychosis.	Weak for	Reviewed, New-added

Topic	Sub-topic	#	Recommendation	Strength[a]	Category[b]
Management of First-episode Psychosis and Schizophrenia (cont.)	*Non-pharmacologic Interventions (cont.)*	33.	We suggest the following psychotherapies and psychotherapeutic interventions in combination with pharmacotherapy for individuals with schizophrenia: • Cognitive behavioral therapy for psychosis, • Acceptance and mindfulness-based therapies, • Metacognitive therapy, or • Positive psychology interventions.	Weak for	Reviewed, New-added
		34.	There is insufficient evidence to recommend for or against Illness Management and Recovery in combination with pharmacotherapy for individuals with schizophrenia.	Neither for nor against	Reviewed, New-added
		35.	There is insufficient evidence to recommend for or against virtual reality interventions, including avatar therapy, for individuals with schizophrenia.	Neither for nor against	Reviewed, New-added
		36.	We suggest using telephone-based care management to reduce rehospitalization days for individuals with schizophrenia.	Weak for	Reviewed, New-added
		37.	There is insufficient evidence to recommend for or against augmenting pharmacotherapy with acupuncture to reduce negative and positive symptoms for individuals with schizophrenia.	Neither for nor against	Reviewed, New-added
		38.	There is insufficient evidence to suggest case management to improve preventive screening and/or medical outcomes for individuals with schizophrenia.	Neither for nor against	Reviewed, New-added
		39.	We recommend a face-to-face individualized smoking cessation intervention tailored specifically to the patient for individuals with schizophrenia.	Strong for	Reviewed, New-added
Management of Co-occurring Conditions		40.	We suggest the use of dietary interventions, exercise, individual lifestyle counseling, and/or psychoeducation for metabolic side effects of antipsychotic medication as well as the delivery of weight management services that are based on a chronic care model (e.g., Enhancing Quality of Care in Psychosis) for individuals with schizophrenia.	Weak for	Reviewed, New-added
		41.	There is insufficient evidence to recommend specific, integrated, non-integrated, or psychosocial treatments in addition to usual care for individuals with schizophrenia and comorbid substance use disorder.	Neither for nor against	Reviewed, New-added

[a] For additional information, see *Determining Recommendation Strength and Direction* on page 128 in the full CPG

[b] For additional information, see *Recommendation Categorization* on page 130 in the full CPG

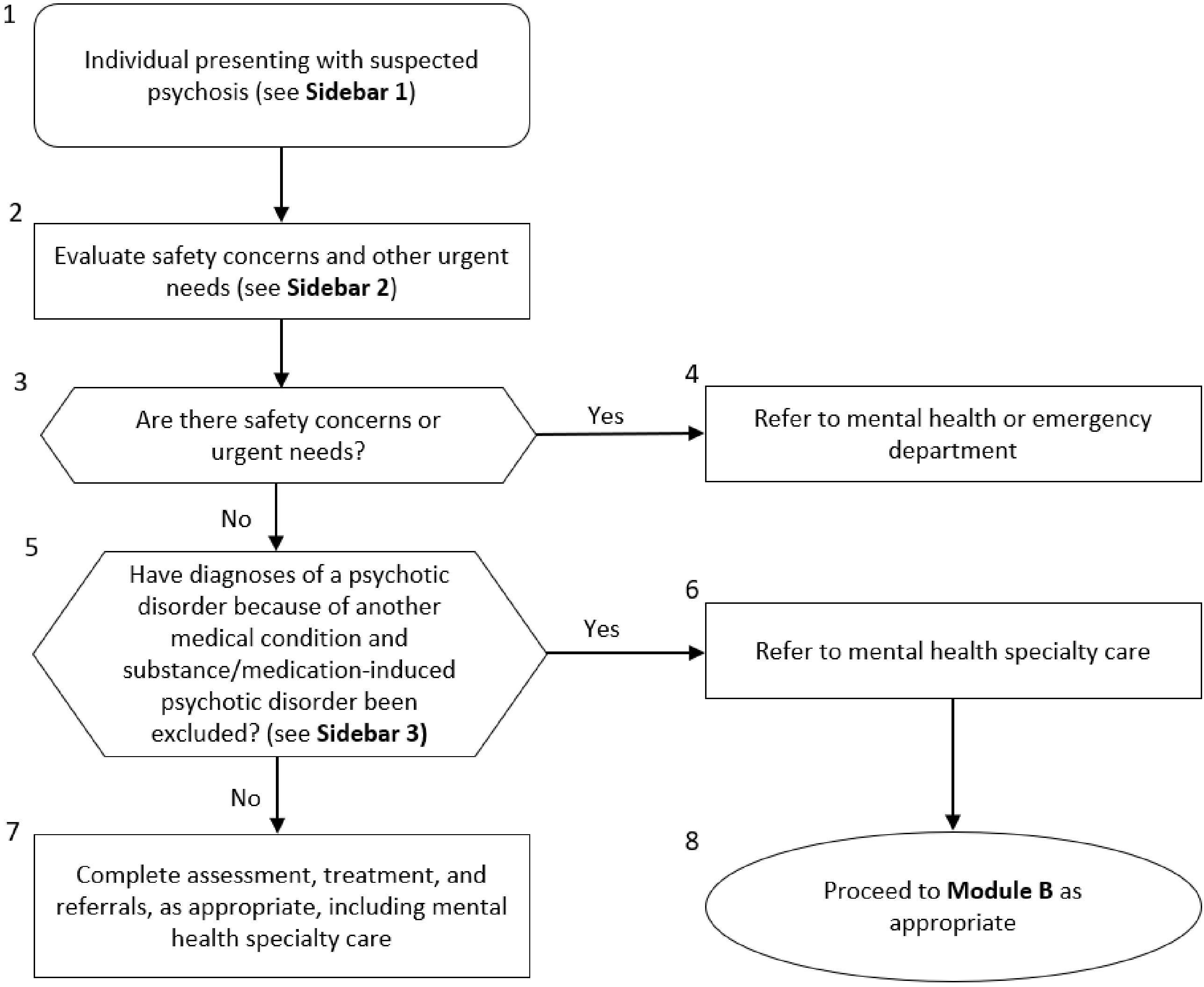
Algorithm

Shape	Description
Rounded rectangle	Rounded rectangles represent a clinical state or condition
Hexagon	Hexagons represent a decision point in the process of care, formulated as a question that can be answered "Yes" or "No"
Rectangle	Rectangles represent an action in the process of care
Oval	Ovals represent a link to another section within the algorithm

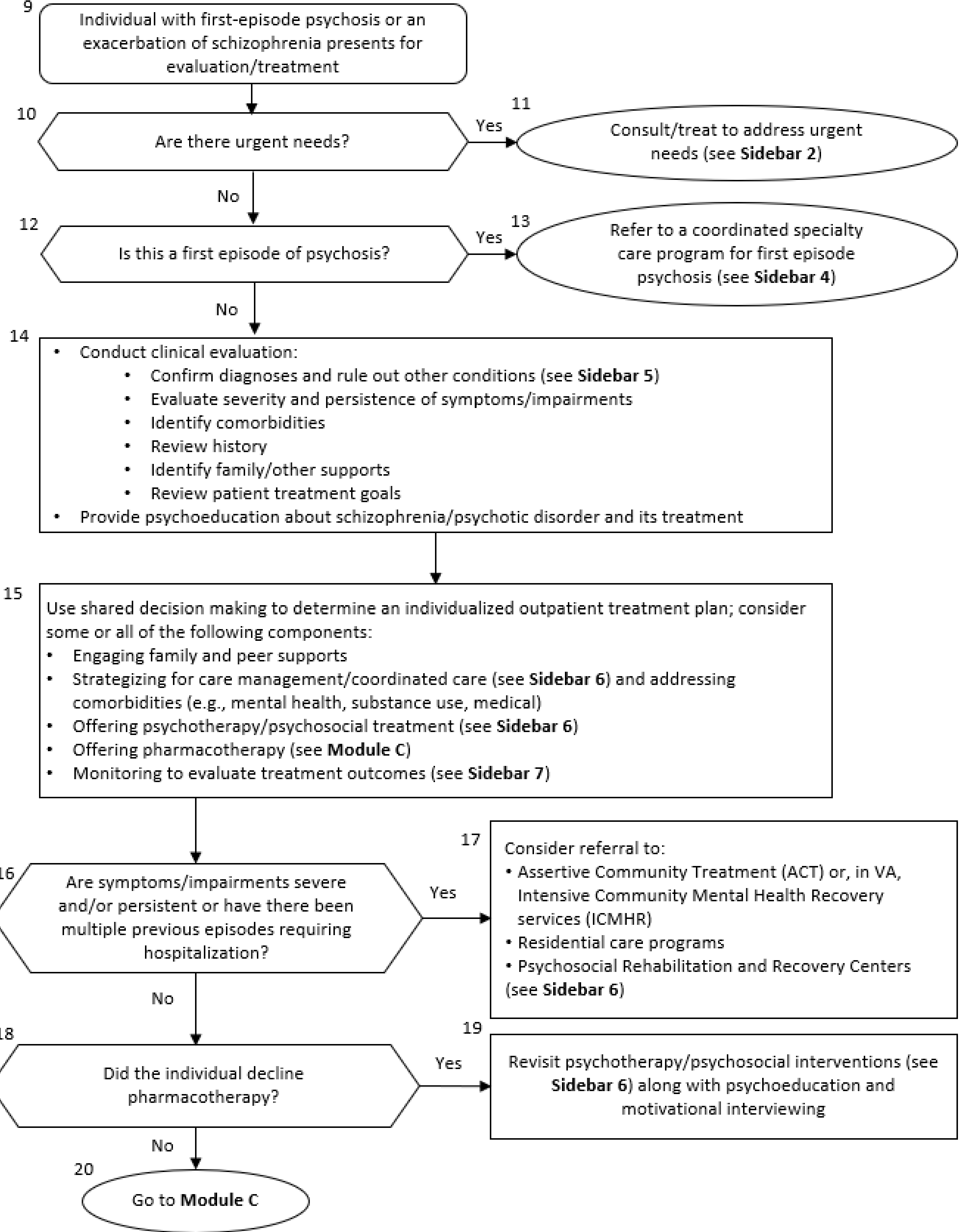
The algorithm sidebars can be found on page 30 in the full CPG at https://www.healthquality.va.gov/

Appendix J (in the full CPG) contains the alternative text descriptions of the algorithm.

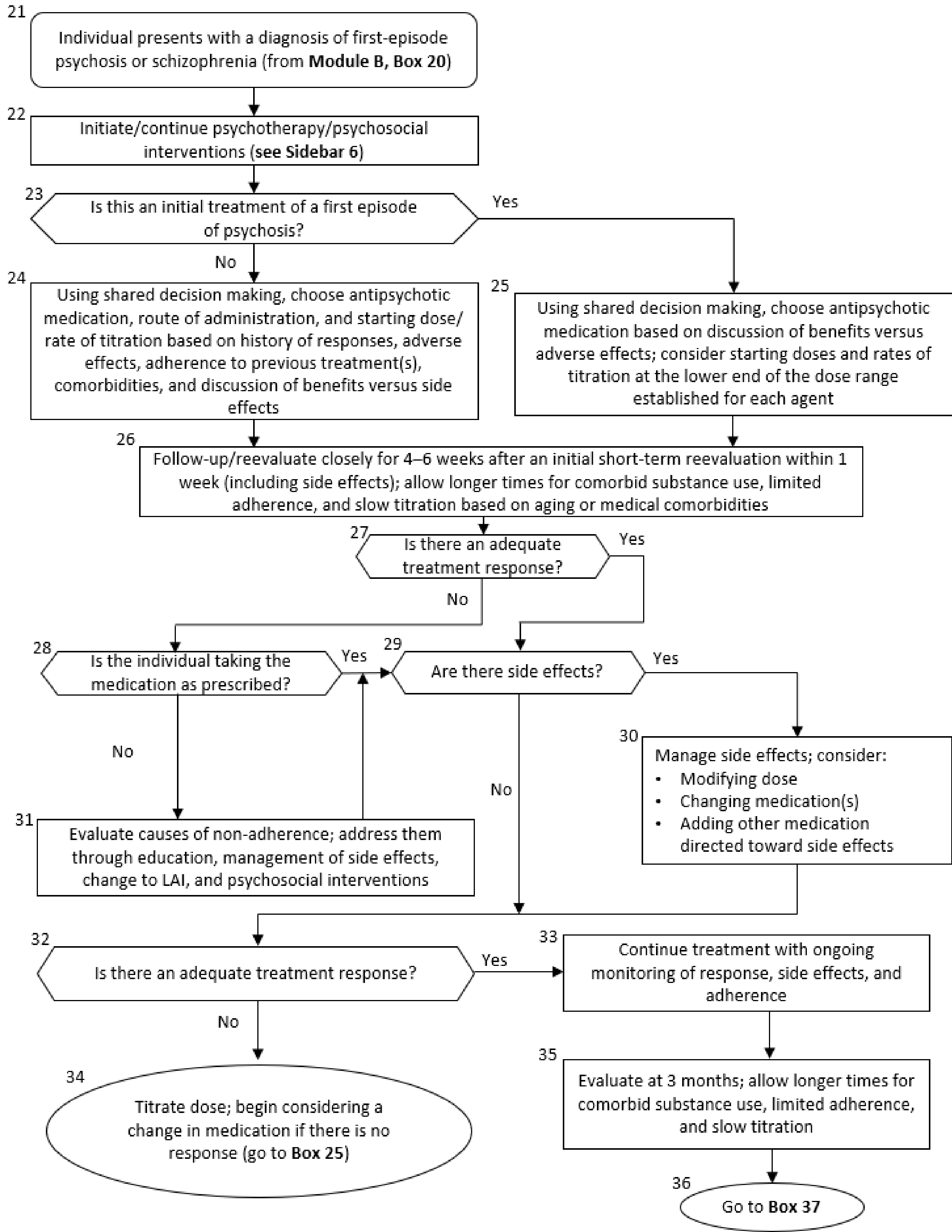
Module A: Primary Care Evaluation and Management of Suspected Psychosis or Possible Schizophrenia



Module B: Evaluation and Management of First-Episode Psychosis and Schizophrenia by Mental Health Providers



Module C: Pharmacotherapy for Treatment of First-Episode Psychosis and Schizophrenia



37. Continued from **Box 36**

38. Are there significant residual positive or negative symptoms or impairments? (see **Sidebar 6**)
    - Yes → Box 39
    - No → Box 41

39. Have there been adequate trials of adequate dose and duration of at least two antipsychotic medications? (see **Appendix E**)
    - Yes → Box 45
    - No → Box 40

40. Consider change to another antipsychotic medication; go to **Box 23**

41. Are there significant antipsychotic medication side effects?
    - Yes → Box 42
    - No → Box 43

42.
    - Manage weight gain and metabolic side effects with any combination of diet, exercise, lifestyle interventions, and medication
    - Manage extrapyramidal symptoms with anticholinergics/other medications
    - Lower medication dose, if appropriate

    → Box 43

43. Continue current medication with ongoing monitoring of response, side effects, and adherence → Box 44

44. Consider de-prescribing unnecessary polypharmacy

45. Provide psychoeducation about clozapine, begin clozapine treatment, and mitigate risk following clozapine REMS guidelines (see **Sidebar 7**) → Box 46

46. Has there been a response at 4–6 months? (see **Sidebar 6**)
    - Yes → Box 47
    - Partial response → Box 48
    - No response → Box 49

47. Continue treatment plan, follow-up, and adjust as appropriate

48. Consider augmentation with a second generation antipsychotic or ECT and adjust treatment plan, as appropriate

49. Consider changing to another antipsychotic medication to avoid side effects and risks of continued treatment with clozapine, adjust treatment plan, and follow-up, as appropriate

Abbreviations: ECT: electroconvulsive therapy; REMS: Risk Evaluation and Mitigation

Access to the full guideline and additional resources is available at: https://www.healthquality.va.gov/.