



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

Department of Veterans Affairs  
Department of Defense

## Patient Summary

### I. Overview of Schizophrenia

Schizophrenia is a mental health condition that can affect a person's thinking, emotions, and behavior. People with this illness will have periods of time when they experience reality differently than most people around them do. They may hear voices other people don't hear. They may have unusual thoughts and suspicions, such as believing that other people can read their minds, control their thoughts, or plot to harm them. These experiences can terrify people with the illness and make them withdraw and/or become agitated. In addition to symptoms such as hallucinations and delusions, also called positive symptoms, nearly all people with schizophrenia have some problems with their memory, attention, and decision-making ability. These are called cognitive impairments. Some people with this illness also have what are called negative symptoms. These can include a lack of expressiveness, low motivation, apathy, an inability to experience pleasure, and a disinterest in social relationships.

### II. Onset and Course of First-Episode Psychosis and Schizophrenia

First-episode psychosis (FEP) occurs when an individual's thoughts and perceptions do not reflect reality. Approximately 3 in 100 individuals will experience psychosis in their lifetime and 100,000 young people in the United States experience FEP every year. The probability of FEP peaks between ages 16 and 25, which is an age group common among service members. Psychosis is a symptom that can occur as a single event or repeatedly as part of a disorder. Twenty percent of individuals who experience psychosis have single psychotic events (SPEs). SPEs might occur as a result of sleep deprivation, prescription medication side effects, non-prescription substance use, and certain medical conditions.

The remainder of individuals with psychosis experience multiple episodes of psychosis that are part of a disorder, such as schizophrenia or bipolar disorder. Long-term psychosis usually develops gradually as thoughts and perceptions become increasingly distorted.

Schizophrenia often first appears during young adulthood (late teens or early twenties for men and late twenties or early thirties for women). Diagnosis in childhood or in people older than 45 is uncommon but still possible. The onset of symptoms may be abrupt or gradual, but most people experience some early signs prior to the beginning of active symptoms. Early signs include substandard school or job performance, uncomfortableness or suspicion around other people, insufficient personal care or hygiene, social withdrawal, and unusual, persistent thoughts.

People's experiences of schizophrenia can differ. While many people do not return to their prior level of functioning, some see significant improvement and even complete recovery. Others are greatly affected by the disorder and may require frequent hospitalization.

### III. Causes of Schizophrenia

There is no simple answer to what causes schizophrenia because several factors play a part in the onset of the disorder. These include a genetic or family history of schizophrenia, environmental stressors, stressful life events, and biological factors. Research shows that the risk for schizophrenia results from the influence of genes acting together with environmental factors. A family history of schizophrenia does not necessarily mean children or other relatives will develop the disorder. However, studies have shown that schizophrenia does run in families. The environment also plays a key role in whether someone will develop schizophrenia. Some of the environmental factors linked to schizophrenia are malnutrition before birth, obstetric complications, poverty, and substance use. Cannabis use, especially before age 15, has been identified as a big risk factor. Stressful life events, such as family conflict, early parental loss or separation, and physical or sexual abuse, are also associated with the illness.

### IV. Symptoms of Schizophrenia

There are five key features of schizophrenia.

- **Hallucinations.** Hallucinations are false perceptions. A person may hear, see, feel, smell, or taste things that are not actually there. For example, they may hear voices or see people who are not there.
- **Delusions.** Delusions are false beliefs that are held despite the evidence against them. People hold these beliefs strongly and usually cannot be “talked out” of them. The content of the delusions may include a variety of themes.
- **Disorganized Thinking and Speech.** This is when a person has trouble organizing his or her thoughts or connecting them logically. They may string words together in an incoherent way that is hard to understand, rapidly shift from one topic to an

unrelated topic, make up meaningless words, or persistently repeat words or ideas. This category of symptoms is sometimes referred to as a thought disorder.

- **Grossly Disorganized Behavior or Catatonic Behavior.** Disorganized behaviors include bizarre behaviors, unpredictable or inappropriate responses, and a lack of inhibition or impulse control. Disorganized behavior may also appear as a decline in overall daily functioning. Catatonia can range in severity. In its severe form, a person may be unresponsive to other people, maintain rigid body postures, or not move. Alternatively, it could be characterized by excessive or agitated body movement. Catatonia is rare today.
- **Negative Symptoms.** Negative symptoms are the absence or reduction of thoughts, perceptions, or behaviors that are ordinarily present in other people. A number of different symptoms fall into this category, including affective flattening (a reduced range of emotional expression), alogia (not saying much or having difficulty expressing thoughts easily and articulately), asociality (a lack of motivation to socialize with others and a strong preference towards doing things alone), avolition (difficulty starting or continuing a task), and anhedonia (the inability to experience pleasure from activities that one used to find enjoyable).

Although cognitive impairments are not required for a diagnosis of schizophrenia, they are considered a core feature of the illness and contribute to difficulties in work, social relationships, and independent living. Cognition refers to mental processes that allow us to perform day-to-day functions, such as the ability to pay attention, to remember, and to solve problems. Some examples of cognitive symptoms in schizophrenia include trouble concentrating or paying attention, poor memory, slow thinking, and poor executive functioning. Executive functions include the ability to plan, solve problems, and grasp abstract concepts.

## V. A Diagnosis of Schizophrenia

Schizophrenia is a psychiatric disorder that must be diagnosed by a trained mental health professional. Diagnostic interviews and medical evaluations are used to determine the diagnosis. There are currently no physical or lab tests that can diagnose schizophrenia. However, they can help rule out other medical conditions that sometimes have similar symptoms to schizophrenia.

## VI. Medications for Schizophrenia

Antipsychotic medications can help reduce hallucinations and delusions and are recommended as the first-line treatment for schizophrenia. Your provider will work with you to determine the best medication for you.

- **What are the different types of antipsychotic medications?** Antipsychotic medications may be divided into three major categories: 1) first generation antipsychotics (e.g., fluphenazine, haloperidol); 2) second generation antipsychotics

(e.g., olanzapine, quetiapine, risperidone); and 3) newer antipsychotics (e.g., aripiprazole, cariprazine, lumateperone). The three types of antipsychotic medications differ in how they affect brain chemistry, though they all have similar efficacy. The major difference between these medications is their side effects.

- **How long does it take for my medication to work?** The effects of antipsychotic medications may be noticed within the same day of the first dose. However, the full benefit of the medication may not be realized until after a few weeks of treatment. Don't stop taking your medication because you think it's not working. Give it time!
- **Can I stop taking my medication?** To prevent symptoms from coming back or worsening, do not abruptly stop taking your medications, even if you are feeling better. Stopping your medication can cause a relapse. Medication should only be stopped under your doctor's supervision. If you want to stop taking your medication, talk to your doctor about how to correctly stop them.
- **What are long-acting injectables?** Some antipsychotic medications are available as long-acting injectables. These medications are given every two to four weeks. Use of injectable medications is one strategy that can be used for people who have difficulty taking their medications as recommended.
- **What is clozapine?** Clozapine is a highly effective medication that is recommended for people with treatment-resistant schizophrenia (i.e., people who continue to experience at least moderate symptoms and impairment after trying at least two different types of antipsychotic medications).
- **What are the common side effects of antipsychotic medications?** Like all medications, antipsychotic medications can have side effects. There are four major categories of side effects: 1) metabolic (e.g., weight gain, increased glucose levels, and hyperlipidemia); 2) extrapyramidal (or motor) (e.g., tremor, muscle stiffness, slowed muscle movements, a feeling of internal restlessness, and involuntary muscle movements); 3) anticholinergic (e.g., blurred vision, constipation, dry mouth, urinary hesitancy); and 4) sexual side effects (e.g., breast enlargement or pain, breast milk production, decreased sexual performance, and missed menstrual periods). Other side effects include sedation, excessive drooling, lightheadedness, and sensitivity to the sun. If you experience side effects that are persistent or bothersome, discuss them with your doctor.

## VII. Psychosocial Treatments

Individuals with schizophrenia can also learn to manage their symptoms and improve their functioning with psychosocial treatment and rehabilitation. The treatments listed here are ones that research has shown to be effective for people with schizophrenia.

- Coordinated Specialty Care for First Episode Psychosis (a combination of medication, psychosocial therapies, and supportive treatments)

- Family-Based Services
- Social Skills Training
- Supported Employment
- Cognitive Behavioral Therapy (CBT)
- Cognitive Behavioral Therapy for Psychosis (CBTp)
- Cognitive Training
- Metacognitive therapy (MCT)
- Positive Psychology Interventions
- Acceptance and Mindfulness-Based Therapies
- Assertive Community Treatment (ACT)

### VIII. Lifestyle Interventions

Individuals with schizophrenia can also learn to manage their symptoms and improve their functioning with psychosocial treatment and rehabilitation. The treatments listed here are ones that research has shown to be effective for people with schizophrenia.

- Yoga
- Aerobic Exercise
- Weight Management Interventions
- Smoking Cessation Interventions

### IX. Where Can I Get More Information?

A more comprehensive version of this handout can be found at:

<https://www.mirecc.va.gov/visn22/Schizophrenia.asp>

Resource	Description	Link
VA Office of Mental Health and Suicide Prevention	Schizophrenia education and VA services	<a href="https://www.mentalhealth.va.gov/schizophrenia/index.asp">https://www.mentalhealth.va.gov/schizophrenia/index.asp</a>
VA VISN 2 MIRECC	Mission to maximize recovery using translational research methods for Veterans with SMI or suicidal ideation and behavior	<a href="https://www.mirecc.va.gov/visn2/">https://www.mirecc.va.gov/visn2/</a>
VA VISN 5 MIRECC	Mission to maximize the recovery and community functioning of Veterans with SMIs	<a href="https://www.mirecc.va.gov/visn5/">https://www.mirecc.va.gov/visn5/</a>
VA VISN 22 MIRECC	Mission to improve the long-term functional outcome of Veterans with psychotic mental disorders	<a href="https://www.mirecc.va.gov/visn22/">https://www.mirecc.va.gov/visn22/</a>

Resource	Description	Link
NIMH	Lead federal agency on research in mental health disorders	<a href="https://www.nimh.nih.gov/health/topics/schizophrenia">https://www.nimh.nih.gov/health/topics/schizophrenia</a> <a href="https://www.nimh.nih.gov/health/publications/schizophrenia-listing">https://www.nimh.nih.gov/health/publications/schizophrenia-listing</a>
SMI Adviser	Clinical support system for SMI sponsored by the APA and SAMHSA	<a href="https://smiadviser.org/">https://smiadviser.org/</a>
Veterans Crisis Line	Free, confidential resource for those in crisis	<a href="https://www.veteranscrisisline.net/">https://www.veteranscrisisline.net/</a>
Get Help from a TRICARE Provider or Treatment Facility	TRICARE Treatment Locator	<a href="https://tricare.mil/">https://tricare.mil/</a>
Get Help at VA	VA Treatment Locator	<a href="https://www.va.gov/find-locations/">https://www.va.gov/find-locations/</a>
Get Help in the Community	SAMHSA Behavioral Health Treatment Services Locator	<a href="https://findtreatment.samhsa.gov/">https://findtreatment.samhsa.gov/</a>
Get Help for Recent Onset SMI	SAMHSA Early SMI Treatment Locator	<a href="https://www.samhsa.gov/esmi-treatment-locator">https://www.samhsa.gov/esmi-treatment-locator</a>
Get Help for At-Risk/Early Psychosis	PEPPNET: a national network of programs providing services to those at risk for or experiencing early psychosis	<a href="https://med.stanford.edu/peppnet.html">https://med.stanford.edu/peppnet.html</a>
inTransition	inTransition provides individualized coaching support to Service members and veterans when transitioning between mental health/behavioral health care providers and health care systems. Patient participation in inTransition is 100% voluntary and a patient may withdraw from the program at any time.	<a href="https://www.health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/inTransition">https://www.health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/inTransition</a>
NAMI	Provides advocacy, education, support and public awareness so that all individuals and families affected by mental illness can build better lives	<a href="https://www.nami.org/home">https://www.nami.org/home</a>
VA Moving Forward	Training course that helps with common challenges, such as managing stress, relationship challenges, coping with physical injury, financial difficulties, and adjustment issues	<a href="https://www.veterantraining.va.gov/movingforward/">https://www.veterantraining.va.gov/movingforward/</a>

Abbreviations: APA: American Psychiatric Association MIRECC: Mental Illness Research, Education, and Clinical Center; NAMI: National Alliance on Mental Illness; NIMH: National Institute of Mental Health; PEPPNET: Psychosis-Risk and Early Psychosis Program Network; SAMHSA: Substance Abuse and Mental Health Services Association; VA: Department of Veterans Affairs; VINS: Veterans Integrated Services Network