The following document is prepared in an effort to provide BlueCare guidance for the treatment of Schizophrenia in the absence of updated Clinical Practice Guidelines by the APA.
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BlueCare Practice Guidance – Schizophrenia

The following BlueCare schizophrenia guideline is based on the Clinical Practice Guidelines published by the American Psychiatric Association in 2002 and updated through a Guideline Watch in 2005 (http://psychiatryonline.org/guidelines.aspx). In the interim the American Psychiatric Association has published the Diagnostic Statistical Manual, 5th edition. The first guideline watch since the publication of DSM-5 was published for Alzheimer’s Disease in September 2014, and it is anticipated that other guidelines or watches will be forthcoming. This document is an effort to provide BlueCare endorsed guidance for the treatment of schizophrenia absent updated Clinical Practice Guidelines by the American Psychiatric Association.

These guidelines are intended to guide the treatment of individuals affected by Schizophrenia and to support member recovery through application of available benefits and levels of care to promote limited interruptions to their life and contributions to community, job and family.

Goals of Psychiatric Management

- Establish and maintain a therapeutic alliance
- Ongoing monitoring of the member’s psychiatric status
- Promote recovery
- Ongoing education regarding schizophrenia
  - To assist the member/family and supports to anticipate stressors and manage them proactively
  - To assist in the identification of new episodes early and to implement pre-planned strategies
  - Minimize functional impairments
- Promotion of treatment adherence
  - Through linkage with community and natural supports to promote resiliency and recovery
- Integration of strategies to support behavioral health needs with physical health needs
  - With a focus on medication induced weight gain and metabolic side-effects

Assessment of risk

Active psychosis presents a significant risk to the patient and others and affects prognosis for future functioning if left unmediated as well as can affect community role and reputation. Ongoing assessment of functioning is critical to provide for the safety of the patient and to identify the proper level of care to safely treat the patient while promoting recovery and providing the least disruption to the member’s role in their community, job and family.

- Assess for factors of risk
  - First acute episode
  - Substance use
  - Medication history and compliance
  - Prior history of risk
  - Agitation
- Impulsiveness
- Psychosis
- Personality disorder
- History of high risk behaviors

- Suicide
  - Communicative vs. non-communicative
  - Thoughts
  - Plans
  - Means
  - Prior history of plans/attempts
  - Family history of plans/attempts/completed suicides

- Risk to self by other means

**Complete a diagnostic evaluation**

- Assess for the presence of co-occurring alcohol and/or substance use issues that contribute and/or complicate the expected schizophrenia disease process
- Assess for the presence of co-occurring physical health conditions for which members with schizophrenia may be at higher risk.

**Goals of Treatment**

- Reduce or eliminate symptoms
- Maximize quality of life
- Promote and Support recovery by assisting patients in attaining personal life goals

**Medications**

Medications should be prescribed after a comprehensive evaluation, inclusive of medication, family and physical health history. All prescribers must remain familiar with the risks and benefits for the use of each medication as it is matched to the individualized presentation of each member. Specific risks must be managed by prescribers as members present with specific physical health comorbidities and risks associated with side-effect monitoring/management that some medications will require. Prescription of medications requires ongoing monitoring of compliance and symptom resolution. Ongoing member/family education is required as changes in symptoms and the risk of medication side-effects require. Prescribers are encouraged to remain up to date with FDA approvals and warnings related to medications used.

Some medications are available in long-acting, injectable form which may be useful to promote medication adherence when there is an assessed risk and/or history of medication compliance issues. Management of potential medication side effects is critical to promote medication compliance and health of the patient. Specifically:

- Extrapyramidal side-effects/tardive dyskinesia
- Prolactin elevation
• Weight gain
• Glucose abnormalities
• Lipid abnormalities
• QTc prolongation
• Sedation
• Hypotension
• Anticholinergic side-effects

**Psychotherapy / Psychosocial Interventions**
• Cognitive Behavioral Therapy (CBT) – Assists the member in identifying and changing harmful or negative thought patterns.
• Family focused therapy – engages the Member’s family in the recovery process through helping to promote family coping strategies skills to identify new episodes early through improved communication and problem solving strategies.
• Psycho-education – Teaches the member and family the importance of managing daily routines, sleep schedules and course of the illness. It also teaches the members what they need to safely and consistently manage medication compliance while monitoring side-effects and promotion of prescriber communication.
• Assertive Community Treatment
• Community Support and Stabilization Services
  o Medication Education and Training
  o Social Skills Training
• Peer Support/Peer Delivered Services
• Functional Adaptation Skills Training (FAST) is an intervention for adult patients 40 years and older living in board-and-care facilities who have been diagnosed with schizophrenia or schizoaffective disorder.
• Cognitive Behavioral Social Skills Training (CBSST) is a psychosocial rehabilitation intervention designed to help middle-aged and older outpatients with schizophrenia and other forms of serious mental illness achieve their functioning goals related to living, learning, working, and socializing in their community of choice.
• Wellness Recovery Action Plan (WRAP) is a manualized group intervention for adults with mental illness. WRAP guides participants through the process of identifying and understanding their personal wellness resources (“wellness tools”) and then helps them develop an individualized plan to use these resources on a daily basis to manage their mental illness.

**References**
