



## Condition

Schizophrenia is a chronic mental illness that requires lifelong treatment. Symptoms are hallucinations, delusions, cognitive impairment, disorganized thoughts, social withdrawal, and lack of motivation. Its worldwide prevalence is 0.5 to 1.5% – with about 1% of the Canadian population affected.

## Drugs

Antipsychotic medications are the cornerstone of treatment for schizophrenia. Most of these fall into one of two classes:

- Typical antipsychotics (first generation)
- Atypical antipsychotics (AAP; second generation).

## Issue

Around one-third of patients with schizophrenia have a poor response to treatment with an antipsychotic. Although not recommended in most clinical practice guidelines, other strategies may be tried, in an attempt to improve response to treatment. These may include prescribing an atypical antipsychotic at a dose higher than that recommended (high-dose AAP treatment strategy) or prescribing an atypical antipsychotic in combination with another antipsychotic medication (combination AAP treatment strategy). But are these strategies safe and effective?

## Methods

An expert panel made optimal use recommendations on high-dose and combination AAP therapy based on:

- A systematic review and meta-analysis of the evidence
- A review of the current utilization data.

An analysis of current practice helped to identify gaps in knowledge and practice and will inform knowledge mobilization activities.

## Key Messages

When a patient with schizophrenia is not adequately responsive to an antipsychotic agent:

- Increasing the dose (within the recommended range), or switching to a different antipsychotic agent is recommended – switching to clozapine should be considered as an option.
- High-dose strategies or combining atypical antipsychotic drugs with other antipsychotic agents are not known to be more effective and may be more harmful than treatment with a recommended dose of one antipsychotic agent.

## Results

No clinically significant improvements were found favouring combination or high-dose AAP treatment strategies when compared with standard-dose therapy with one atypical antipsychotic.

For complete reports and intervention tools on this topic, please visit [www.cadth.ca](http://www.cadth.ca)

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