

# CURRENT THINKING ON... SCHIZOPHRENIA

Welcome to our CPD module series for community pharmacy technicians. Written in conjunction with the *Pharmacy Magazine* CPD series, it will mirror the magazine's programme throughout the year. The series has been designed for you to use as part of your continuing professional development. Reflection exercises have been included to help start you off in the CPD learning cycle.

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In **schizophrenia**, a person's perceptions, thoughts, mood and behaviour are significantly altered. The condition affects 15 out of every 100,000 people, with rates varying according to gender and age. Men under the age of 45 years have twice the rate of schizophrenia as women, but there is no difference after this age.

Psychological factors play an important role in schizophrenia and, while interventions such as psychological treatments can improve clinical outcomes, antipsychotics remain the primary treatment. The complexity of the disorder requires support from many different health agencies.

## Symptoms

Symptoms can be divided into two categories (positive and negative) and two phases (prodromal and acute). The initial prodromal phase, often characterised by "negative" symptoms such as social withdrawal and some deterioration in personal functioning, can be followed by an acute phase, which can see the development of "positive" symptoms such as:

- Hallucinations (e.g. hearing, seeing or feeling things that others do not)
- Delusions (e.g. markedly unusual or bizarre ideas)
- Behavioural disturbances (e.g. agitation and distress)
- Disorders of thinking so that speech becomes muddled and hard to understand.

Positive symptoms may disappear or decrease after

treatment, but it is common for negative symptoms, such as poor motivation, poor self-care and poor memory and attention, to remain problematic.

Co-morbidities, such as depression, social anxiety disorder, post-traumatic stress disorder (PTSD), drug and alcohol misuse are common.

## Diagnosis

There is no diagnostic test for schizophrenia, so assessment is by using diagnostic criteria. People vary considerably in their pattern of symptoms and problems. Recurrent episodes of relapses, often related to stress, adversity, social isolation and poor take-up of treatments, can be brief for some people but can last months or years for others. Only 14-20 per cent of people with schizophrenia will fully recover.

## Treatments

Schizophrenia is usually treated with a combination of medication and therapy, tailored to the individual.

- **Psychological interventions** Psychological factors play an important role in schizophrenia, so interventions such as cognitive behavioural therapy (CBT) and family intervention should be used alongside oral antipsychotic medication.

Family intervention should be offered to all families who live with or who are in close contact with the patient, particularly those who have recently relapsed, are at risk

of relapse or have persisting symptoms. Arts therapies should be offered to all people with psychosis or schizophrenia, particularly for the alleviation of negative symptoms.

## • Antipsychotics

Antipsychotics are used for the treatment of acute episodes and for relapse prevention. They are available as an oral pill or an injection known as a depot. They are more effective at alleviating positive symptoms.

The affinity of antipsychotics at histamine, serotonin, muscarinic and alpha-adrenergic receptors gives rise to side effects such as sedation, weight gain, blurred vision, dry mouth, constipation and postural hypotension. Due to their differing potency and affinity at these receptors,

antipsychotics have very different side effect profiles.

The effectiveness of antipsychotics (with the exception of clozapine) has been shown to be the same. Choice of antipsychotic should therefore take into account the likely benefits and possible side effects of each drug.

The choice of antipsychotic medication should be made together by the service user and the healthcare professional, with the views of the carer taken into account if the service user agrees. The decision should

be based on the likely benefits and possible side effects of each drug, including:

- Metabolic (e.g. weight gain and diabetes)
- Extrapyramidal (movement disorders)
- Cardiovascular (e.g. heart rhythm disturbances)
- Hormonal (e.g. increasing plasma prolactin, which causes breast milk production)
- Other (e.g. unpleasant subjective experiences).

In the UK, clozapine is licensed for use in people with "treatment-resistant"

## MODULE NUMBER: 82

**AIM:** To help you understand the treatment strategies for schizophrenia.

### OBJECTIVES:

After reading this module, pharmacy technicians will be able to:

- List the key symptoms of schizophrenia
- Explain current treatment strategies
- Support patients with schizophrenia through the challenges they face.

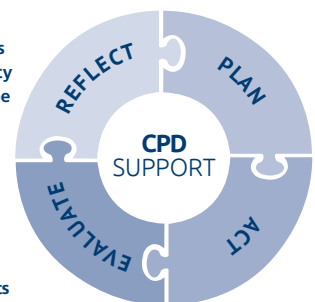


Table 1: Management of key side effects of antipsychotics

Side effect	Advice
Sleepiness	Often transient. Take the dose at night. Don't drive or use machinery
Weight gain	A diet full of vegetables and fibre may help to prevent weight gain. Moderate exercise such as walking can also help. Consider changing antipsychotic or augmenting with aripiprazole
Low BP/hypotension	Often transient. Stand up slowly. If feeling dizzy, don't drive
Dry mouth	Suggest a mouth spray if troublesome. Avoid sweets
Constipation	Plenty of fibre, bran or fruit. Drink fluid and keep active. Mild laxative maybe required
Hyperprolactinemia	Will need to be investigated by the doctor. Consider changing antipsychotic or augmenting with aripiprazole
Movement disorders	An anticholinergic medicine may also be prescribed. Consider reduction of dose or another antipsychotic
Blurred vision	Recommend not to drive
Headache	Recommend paracetamol if there are no interactions
Hypersalivation	An anticholinergic such as hyoscine may be prescribed, but may cause increased constipation. Some people find propping up pillows at night can help
Sexual dysfunction	Discuss with doctor. Consider changing antipsychotic or augmenting with aripiprazole

schizophrenia – defined as a “lack of satisfactory clinical improvement despite the use of adequate doses of at least two different antipsychotic agents, including an atypical antipsychotic agent, prescribed for adequate duration”.

Routine monitoring is a must with clozapine because of the risk of neutropenia and agranulocytosis, which cause an increased sensitivity to infection. Regular blood tests are required and dispensing must not occur without a “valid” blood test. Prescribers and pharmacists must be registered with the manufacturer of the different brands (Clozaril, Denzapine and Zaponex) in order to be able to dispense clozapine.

Due to a high occurrence of side effects, clozapine is slowly titrated (increased) to a treatment dose. A break in treatment of over 48 hours requires re-titration due to the increased risk of seizures, cardiac issues and enhanced sedation.

• **Depots or long-acting injectable (LAI) antipsychotics**  
These are administered by deep intramuscular injection every few weeks. They are slowly released from the injection site, giving relatively stable plasma drug levels over long periods. They often increase drug adherence but have a lack of flexibility of administration.

#### Promoting recovery

It is uncertain whether maintenance drug treatment is required for all people with schizophrenia as around 20 per cent of individuals will only experience a single episode. While a high proportion respond to initial treatment with antipsychotic medication, around 80 per cent will relapse within five years of a treated first episode, which can be partly explained by discontinuation of medication.

Risk factors for relapse include the presence of persistent symptoms, poor

adherence to treatment, lack of insight and substance misuse.

Many guidelines recommend informing the service user that there is a high risk of relapse if they stop medication in the next one to two years. Abrupt withdrawal dramatically increases the risk of relapse in the short to medium term, so withdrawal should be gradual, with regular monitoring for signs and symptoms of relapse. After the antipsychotic is withdrawn, monitoring should continue for at least two years.

#### Overcoming the stigma

The stigma of schizophrenia has been well documented, but the idea that it is a

severe, intractable and often deteriorating lifelong illness has not been shown in long-term studies. Media coverage of psychosis and schizophrenia has not helped, often labelling patients as dangerous, yet research has shown that while psychiatrically unrelated homicides have increased, homicides by people sent for psychiatric treatment have not.

Schizophrenia patients have an increased risk of suicide and violent death compared with the general population, so are more harmful to themselves than to others. The “Time to Change” campaign addresses these issues. See: [time-to-change.org.uk](http://time-to-change.org.uk).

Side effects of medication, such as hypersalivation, involuntary movements, sedation and severe weight gain, as well as the less than careful use of diagnostic labels, can also contribute to singling out people with schizophrenia as “different”.

To promote recovery, it is important to review medication continually for any side effects as this may lead to a poor response to treatment and non-adherence. Medication should be optimised (using the lowest effective dose) or the use of another antipsychotic could be discussed. Note that while some people never experience complete recovery, they manage to sustain an acceptable quality of life if given support and help.

“Schizophrenia is usually treated with a combination of medication and therapy”

#### How community pharmacy can help

The stigma of schizophrenia can have a profound effect on patients and carers, but the pharmacy team can play a vital role by offering support and advice, as well as by ensuring that medication for the treatment of schizophrenia is used effectively and safely. Pharmacy teams can also:

- Provide information about support groups
- Provide information from recognised sources
- Inform patients about the importance of adherence with medication
- Ensure that medication is used within the recommended dosage
- Give advice on side effects and how to minimise or treat them (see Table 1)
- Monitor physical health, suggest lifestyle advice (particularly advice on smoking cessation), dietary advice and local exercise groups.



#### reflective exercise

About 50 per cent of people with schizophrenia are believed to be non-adherent with their medication. What could you do to help these patients?

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**Next month:** We focus on type 2 diabetes.

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