



Document allergies on approved form and ensure medication reconciliation has been reviewed as per organizational process

Optimization of Treatment for Early Phase Psychotic Disorders Order Set

ACTION

Administration

Document Purpose

This order set may be used for adult patients in both inpatient and outpatient care settings.

This order set is intended for patients who have had experienced suboptimal response to **at least 1 adequate trial** of antipsychotic medication. This order set is also intended for patients who have responded to their initial trial but who can benefit from a review of treatment options to optimize their current treatment.

An 'adequate trial of antipsychotic medication' for the purpose of this document considers adequacy in terms of dose,¹ duration¹ and adherence.²

- Duration: oral antipsychotic medication trial for a minimum of 6 weeks,^{3,4} or long acting injectable (LAI) antipsychotic for at least 4 injection cycles
- Estimated adherence: at least 75% of the time

Working Diagnosis

*****Diagnosis based on criteria from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)***⁵**

Select one:

- Unspecified Schizophrenia Spectrum and Other Psychotic Disorder
- Schizophrenia
- Schizoaffective Disorder
- Schizophreniform Disorder
- Brief Psychotic Disorder
- Delusional Disorder
- Other (specify): _____

Comorbid Diagnoses (Medical and Psychiatric)

Risk Assessment

- Assess for suicide risk⁶:
 - Clinical interview
 - Validated screening tool: _____
- Assess for risk of violence⁶:
 - Clinical interview
 - Validated screening tool: _____

Reference Document Only
© 2015 Think Research Corporation. All rights reserved. Unauthorized use, reproduction or disclosure is prohibited.

Submitted by: _____ Read Back

ID PRINTED NAME YYYY-MM-DD HH:MM

Practitioner: _____

ID PRINTED NAME YYYY-MM-DD HH:MM SIGNATURE



Document allergies on approved form and ensure medication reconciliation has been reviewed as per organizational process

Optimization of Treatment for Early Phase Psychotic Disorders Order Set

ACTION

Further Assessments Continued...

Lab Investigations (if not previously obtained)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> A1C ^{8,9} | <input type="checkbox"/> ALT ³ | <input type="checkbox"/> CBC ³ with differential | <input type="checkbox"/> Creatinine ³ |
| <input type="checkbox"/> Electrolytes (Na ⁺ , K ⁺ , Cl ⁻ , HCO ₃ ⁻) ³ | <input type="checkbox"/> Fasting glucose ^{8,9} | <input type="checkbox"/> HDL, LDL, Total Cholesterol, Triglycerides ^{2,8} | |
| <input type="checkbox"/> Prolactin ² | <input type="checkbox"/> Urine β HCG | <input type="checkbox"/> Urine drug screen ³ | |
| <input type="checkbox"/> Other (specify): _____ | | | |
| <input type="checkbox"/> _____ | Reason: _____ | | |
| <input type="checkbox"/> _____ | Reason: _____ | | |

Allergies

Allergies (list allergen and reaction): _____

Medication Review

*****Reduce antipsychotic polypharmacy where possible***^{3,4}**

- Complete an assessment of current and past antipsychotic medication trials⁶
- Document known current/prior antipsychotic trials and details:
 - Current Medication (name, dose, duration): _____
 - Adherence: full partial none unknown Comments: _____
 - Response: full partial none Comments: _____
 - Side Effects: _____
 - Rationale for discontinuation: _____
 - Previous Medication (name, dose, duration): _____
 - Adherence: full partial none unknown Comments: _____
 - Response: full partial none Comments: _____
 - Side Effects: _____
 - Rationale for discontinuation: _____
 - Other current medications: _____

Reference Document Only
© 2015 Think Research Corporation. All rights reserved. Unauthorized use, reproduction or disclosure is prohibited.

Submitted by:	ID	PRINTED NAME	YYYY-MM-DD HH:MM	<input type="checkbox"/> Read Back
Practitioner:	ID	PRINTED NAME	YYYY-MM-DD HH:MM	SIGNATURE



Document allergies on approved form and ensure medication reconciliation has been reviewed as per organizational process

Optimization of Treatment for Early Phase Psychotic Disorders Order Set ACTION

Psychiatric Symptoms Assessment Tools

Clinical Global Impression-Severity (CGI-S) Scale¹²:

Considering your total clinical experience with this particular population, how mentally ill is the patient at this time?

Select one:

- 1 = Normal
2 = Borderline mentally ill
3 = Mildly ill
4 = Moderately ill
5 = Markedly ill
6 = Severely ill
7 = Among the most extremely ill patients

Clinical Global Impression-Improvement (CGI-I) Scale¹²:

Rate total improvement whether or not, in your judgement, it is due entirely to drug treatment. Compared to their condition at admission to the program, how much have they changed?

Select one:

- 1 = Very much improved
2 = Much improved
3 = Minimally improved
4 = No change
5 = Minimally worse
6 = Much worse
7 = Very much worse

Other (specify):

Antipsychotic Treatment Capacity Assessment

- Capable
Incapable, as per local capacity definition/requirements
Further treatment capacity assessment required

Reference Document Only
© 2015 Think Research Corporation. All rights reserved. Unauthorized use, reproduction or disclosure is prohibited.

Submitted by: ID PRINTED NAME YYYY-MM-DD HH:MM Read Back
Practitioner: ID PRINTED NAME YYYY-MM-DD HH:MM SIGNATURE



Document allergies on approved form and ensure medication reconciliation has been reviewed as per organizational process

Optimization of Treatment for Early Phase Psychotic Disorders Order Set

ACTION

Management of Psychosis

It is recommended that preference be given to atypical antipsychotics in the treatment of early psychosis patients¹³

It is recommended that LAI antipsychotic therapy is offered during all phases of psychotic disorders, including the early phase^{13,14}

To address high rates of partial/non-adherence in early psychosis patients, preference is given to medications available in a long acting formulation

If CGI-I is 1, or 2, consider psychosocial interventions, including treatment for substance use disorder, and consider LAIs for long-term stabilization

If CGI-I is >2, consider psychosocial interventions, including treatment for substance use disorder, consider change of medication, or consider LAIs for adherence issues

Refer to Antipsychotic Treatment Selection Tool available at: <https://vivomap.ca/lib/surveyStandalone/psychosis.php>

Refer to the OPTIMA Tool, available at: http://epicanada.org/wp-content/uploads/2017/03/M238-OPTIMA-Patient-decision-aid-Questionnaire-FINAL_no-numbers.pdf

- aripiprazole _____ mg PO _____ (frequency) _____ [caution-geriatric]
- aripiprazole monohydrate _____ mg IM _____ (frequency) _____ [caution-geriatric]
- asenapine _____ mg Sublingual _____ (frequency) _____ [caution-geriatric,hepatic]
- brexpiprazole _____ mg PO _____ (frequency) _____ [caution-geriatric,hepatic,renal]
- lurasidone _____ mg PO _____ (frequency) _____ [caution-geriatric,hepatic,renal]
- olanzapine _____ mg PO _____ (frequency) _____ [caution-geriatric]
- paliperidone _____ mg PO _____ (frequency) _____ [caution-geriatric,renal]
- paliperidone palmitate _____ mg IM _____ (frequency) _____ [caution-geriatric,renal]
- quetiapine _____ mg PO _____ (frequency) _____ [caution-geriatric,hepatic]
- risperidone _____ mg PO _____ (frequency) _____ [caution-geriatric,hepatic,renal]
- risperidone microspheres _____ mg IM _____ (frequency) _____ [caution-geriatric,hepatic,renal]
- ziprasidone _____ mg PO _____ (frequency) _____ [caution-geriatric]
- Other (specify): _____

Initiation of Clozapine

Clozapine should be considered for patients who have failed to respond to two previous adequate trials of antipsychotic medications^{4,14}

- Initiate clozapine pretreatment assessment and refer to your site's clozapine initiation protocol
- Other (specify): _____

Adjunctive Management

- Anticholinergic Agents: _____
- Benzodiazepines: _____

Other

- Anticonvulsants: _____
- Antidepressants: _____
- Other (specify): _____
- Other (specify): _____

Submitted by: _____ Read Back

ID _____ PRINTED NAME _____ YYYY-MM-DD HH:MM _____

Practitioner: _____

ID _____ PRINTED NAME _____ YYYY-MM-DD HH:MM _____ SIGNATURE _____



Document allergies on approved form and ensure medication reconciliation has been reviewed as per organizational process

Optimization of Treatment for Early Phase Psychotic Disorders Order Set

ACTION

Implementation Considerations

The recommendations in this document are intended as general guidance, and do not replace clinical judgement. Physicians must consider relative risks and benefits in each patient when applying these recommendations

- **Antipsychotic Adequate Trial Duration:** This order set includes a definition for duration of adequate trial of antipsychotic medication, according to review of current treatment guidelines^{3,4} and expert consensus.
- **Choice of Antipsychotics:** This order set reflects the general preference toward initiation of atypical antipsychotics prior to typical antipsychotics, according to review of current treatment guidelines^{3,17} and expert consensus.
- **Diagnostic Imaging:** Evidence suggests that routine neuroimaging in first episode psychoses does not yield findings which alter clinical management in a meaningful way.¹⁸ Consider selective use of neuroimaging to exclude organic causes of psychosis where patient's symptoms, or other aspects of their presentation, suggest a higher likelihood of an underlying organic cause.¹⁹
- **Discharge Planning from Inpatient Admission:** Arrange for community follow-up appointment within 7 days of discharge from inpatient setting.¹⁴ When discharging patient from inpatient setting, send the patient's care plan to their community team/provider who is accountable for coordinating, communicating and providing their care.¹⁴
- **Drug-specific Reminders:** Drug-specific reminders are intended to alert prescribers to potentially harmful drug properties for certain susceptible patients. The following caution flags are for the organization's consideration when developing an order set: [caution-geriatric,hepatic,renal]. For a comprehensive list of drug cautions and contraindications, consult product monographs and/or alternative resources.
- **Response-based Treatment Recommendations:** This order set includes treatment recommendations based on patient's response (e.g. CGI-I score), according to review of current treatment guidelines^{2,4} and expert consensus.

References

Key references¹⁻¹⁹ Other references^{20,21}

All medications have been reviewed using Lexicomp and Compendium of Pharmaceuticals and Specialties (eCPS).

1. Agid O, Arenovich T, Sajeev G, et al. An algorithm-based approach to first-episode schizophrenia: response rates over 3 prospective antipsychotic trials with a retrospective data analysis. *J Clin Psychiatry*. 2011;72(11):1439-1444. doi:10.4088/JCP.09m05785yel.
2. National Institute for Health and Care Excellence. Psychosis and schizophrenia in adults: the NICE guideline on treatment and management. *Natl Inst Heal Care Excell*. 2014:1-685. www.nice.org.uk.
3. Canadian Psychiatric Association. Clinical practice guidelines: treatment of schizophrenia. *Can J Psychiatry*. 2005;50:1s-57s. www.cpa-apc.org.
4. Remington G, Addington D, Honer W, Ismail Z, Raedler T, Teehan M. Guidelines for the pharmacotherapy of schizophrenia in adults. *Can J Psychiatry*. 2017;62(9):604-616. doi:10.1177/0706743717720448.
5. American Psychiatric Association. Schizophrenia spectrum and other psychotic disorders. In: *Diagnostic and Statistical Manual of Mental Health Disorders. DSM-5*. Ed 5th. Arlington, VA: American Psychiatric Association; 2013:87-122.

Reference Document Only
© 2015 Think Research Corporation. All rights reserved. Unauthorized use, reproduction or disclosure is prohibited.

Submitted by:				<input type="checkbox"/> Read Back
	ID	PRINTED NAME	YYYY-MM-DD HH:MM	
Practitioner:				
	ID	PRINTED NAME	YYYY-MM-DD HH:MM	SIGNATURE



Document allergies on approved form and ensure medication reconciliation has been reviewed as per organizational process

Optimization of Treatment for Early Phase Psychotic Disorders Order Set

ACTION

6. Addington D, Abidi S, Garcia-Ortega I, Honer WG, Ismail Z. Guidelines for the assessment and diagnosis of patients with schizophrenia spectrum and other psychotic disorders. *Can J Psychiatry*. 2017;62(9):594-603. doi:10.1177/0706743717719899.
7. Stead LF, Lancaster T. Behavioural interventions as adjuncts to pharmacotherapy for smoking cessation. In: Stead LF, ed. *Cochrane Database of Systematic Reviews*. Chichester, UK: John Wiley & Sons, Ltd; 2012. doi:10.1002/14651858.CD009670.
8. Pringsheim T, Kelly M, Urness D, Teehan M, Ismail Z, Gardner D. Physical health and drug safety in individuals with schizophrenia. *Can J Psychiatry*. 2017;62(9):673-683. doi:10.1177/0706743717719898.
9. Robinson DJ, Luthra M, Vallis M. Clinical practice guidelines for the prevention and management of diabetes in Canada: diabetes and mental health. *Can J Diabetes*. 2013;37:S87-S92. www.guidelines.diabetes.ca.
10. Centers for Disease Control and Prevention. Calculating BMI using the metric system. Centers for Disease Control and Prevention. https://www.cdc.gov/nccdphp/dnpao/growthcharts/training/bmiage/page5_1.html. Published 2014. Accessed November 17, 2017.
11. Centers for Disease Control and Prevention. Calculating BMI using the English system. *Centers for Disease Control and Prevention*. https://www.cdc.gov/nccdphp/dnpao/growthcharts/training/bmiage/page5_2.html. Published 2014. Accessed November 17, 2017.
12. Guy W, ed. *ECDEU Assessment Manual for Psychopharmacology*. Rockville, Maryland: U.S. Department of Health, Education, and Welfare; 1976.
13. Malla A, Tibbo P, Chue P, et al. Long-acting injectables antipsychotics: recommendations for clinicians. *Can J Psychiatry*. 2013;58(5):30S-35S.
14. Health Quality Ontario. Schizophrenia: care for adults in hospitals. 2016:1-40. <http://www.hqontario.ca/portals/0/documents/evidence/quality-standards/qs-schizophrenia-clinical-guide-1609-en.pdf>.
15. Norman R, Lecomte T, Addington D, Anderson E. Canadian treatment guidelines on psychosocial treatment of schizophrenia in adults. *Can J Psychiatry*. 2017;62(9):617-623. doi:10.1177/0706743717719894.
16. Crockford D, Addington D. Canadian schizophrenia guidelines: schizophrenia and other psychotic disorders with coexisting substance use disorders. *Can J Psychiatry*. 2017;62(9):624-634. doi:10.1177/0706743717720196.
17. Lehman AF, Lieberman JA, Dixon LB, et al. Practice guideline for the treatment of patients with schizophrenia. *Am Psychiatr Assoc*. 2004:1-184. www.psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/schizophrenia.pdf.
18. Choosing Wisely Canada. Thirteen things physicians and patients should questions. *Choosing Wisely Canada*. www.choosingwiselycanada.org. Published 2015.

Reference Document Only
© 2015 Think Research Corporation. All rights reserved. Unauthorized use, reproduction or disclosure is prohibited.

Submitted by:

ID

PRINTED NAME

YYYY-MM-DD HH:MM

Read Back

Practitioner:

ID

PRINTED NAME

YYYY-MM-DD HH:MM

SIGNATURE



Document allergies on approved form and ensure medication reconciliation has been reviewed as per organizational process

Optimization of Treatment for Early Phase Psychotic Disorders Order Set	ACTION
---	--------

19. National Institute for Health and Care Excellence. Technology appraisal guidance: structural neuroimaging in first-episode psychosis. *Natl Inst Heal Care Excell.* 2008;1-25. www.nice.org.uk.

20. Goulet K, Deschamps B, Evoy F, Trudel J-F. Use of brain imaging (computed tomography and magnetic resonance imaging) in first-episode psychosis: review and retrospective study. *Can J Psychiatry.* 2009;54(7):493-501.

21. Khandanpour N, Hoggard N, Connolly DJA. The role of MRI and CT of the brain in first episodes of psychosis. *Clin Radiol.* 2013;68(3):245-250. doi:10.1016/j.crad.2012.07.010.

Reference Document Only
© 2015 Think Research Corporation. All rights reserved. Unauthorized use, reproduction or disclosure is prohibited.

Submitted by:				<input type="checkbox"/> Read Back
	ID	PRINTED NAME	YYYY-MM-DD HH:MM	
Practitioner:				
	ID	PRINTED NAME	YYYY-MM-DD HH:MM	SIGNATURE