



Canadian  
Consortium for  
**Early Intervention  
in Psychosis**

# Personalizing the Pharmacotherapy approach in first episode psychosis based on patient need

**Howard C. Margoless, MDCM, MSc, FRCPC**

Associate Professor, Dept. of Psychiatry, McGill University  
Director, PEPP-MUHC, First Episode Psychosis Program

# Welcome



**Kellie Ledrew, BSc, BMSc, MD, FRCP(C)**

Board Member, CCEIP

PIER Program (Early Psychosis Program) Newfoundland and Labrador



# Thank you!

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# The Canadian Consortium for Early Intervention in Psychosis

The Canadian Consortium for Early Intervention in Psychosis (CCEIP) is a national, not-for-profit organization of clinicians and researchers dedicated to improving the quality of care for individuals in early phase psychosis.



# How to find us

## Website

- For doctors and healthcare practitioners: <http://epicanada.org/>
- For patients and their family: <https://www.earlypsychosisintervention.ca/>

## Social Media

- X: @EPI\_Canada



# Reminder of our full webinar series

**November 17, 2023:**

Reality Based CBT Skills Training for Early Psychosis

Dr Martin Lepage

To register please visit

**<https://www.meetview.com/EPlexperts2023/>**

*Recordings of completed webinars are available on the CCEIP website.*



# Today's Presenter



**Howard C. Margoless, MDCM, MSc, FRCPC**

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# Disclosures:

- **Research Support:** MGH hospital foundation, AiFred, SyneuRX International
- **Consultant/Paid Speaker:** Abbvie, BI, HLS Therapeutics, Janssen, Newron Otsuka, Lundbeck, Teva



# Objectives

- Discuss medication treatment approach in first episode psychosis
- Chose medication based on tolerability and address side effects.
- Highlight importance of treating co-morbidities
- Introduce shared decision-making concepts to improve therapeutic alliance and improve medication acceptance and adherence



# **First Episode Psychosis Treatment Considerations**

# Strategies for Engaging Patients in Treatment

## **Therapeutic engagement of young people with a psychotic illness:**

1. Improves if staff do not insist that the young person accepts the diagnosis as soon as possible
2. Is helped if staff search for common ground to understand clients' experiences
3. Is helped by consistent and persistent contact with a key worker
4. Explores and discusses openly the young person's future goals and also their fears....their perspective
5. Do not be judgmental – especially around the topic of drug use



# What are Obstacles to Improving Outcome?

- Difficulty establishing diagnosis
- Delay in adequate treatment
- Remission not achieved or sustained
- Non-adherence to treatment
- Substance abuse
- Limited response to medication for negative symptoms, a major driver of functional outcome
- Difficulty treating cognitive and depressive symptoms



# Goals of Pharmacotherapy in FEP

- Reduce DUP
- Achieve and maintain remission
- Improve quality of life
- Prevent progression of the disease



# Pharmacotherapy Discussion Points with FEP patients

- Often useful to include the family in this discussion
- Discuss all treatment options with patients – including LAIs and clozapine
- Most patients will refuse LAIs, but if discussed early, not seen as a punishment and can be discussed again later
- When discussing PO options, focus on side effects, tolerability, etc.
- Discuss adherence
- Discuss use of medications with ETOH and Cannabis



# Pharmacotherapy Choices



# Pharmacotherapy Approach

- Use metabolically favorable second or third generation antipsychotic (SGA, TGA) medications first
- Offer LAI early in the course of treatment – discussed at very first or second visit.
- If complete or partial non-adherence is suspected, LAI re-discussed
- If 2 failed adequate trials – we strongly suggest clozapine
- We prefer a trial of an LAI before clozapine to differentiate between lack of efficacy and partial/non-adherence



# Pharmacotherapy: Safety First Protocol

## 1. Metabolically favourable SGA/TGA –

- Aripiprazole, Brexpiprazole, Cariprazine, Lurasidone, Asenapine (rarely used), Ziprasidone (rarely used);
- Or Arip, Risp or Palip if LAI is being considered
- Or straight to SGA/TGA- LAI – Aripiprazole or Paliperidone

## 2 . Choose

- Different MF SGA/TGA if intolerability, lack of efficacy.
- If Partial/non-adherence suspected choose SGA/TGA-LAI.
- If severe EPS consider quetiapine

## 3. SGA/TGA - LAI or Clozapine

## 4. Clozapine



# Pharmacotherapy: Safety first protocol

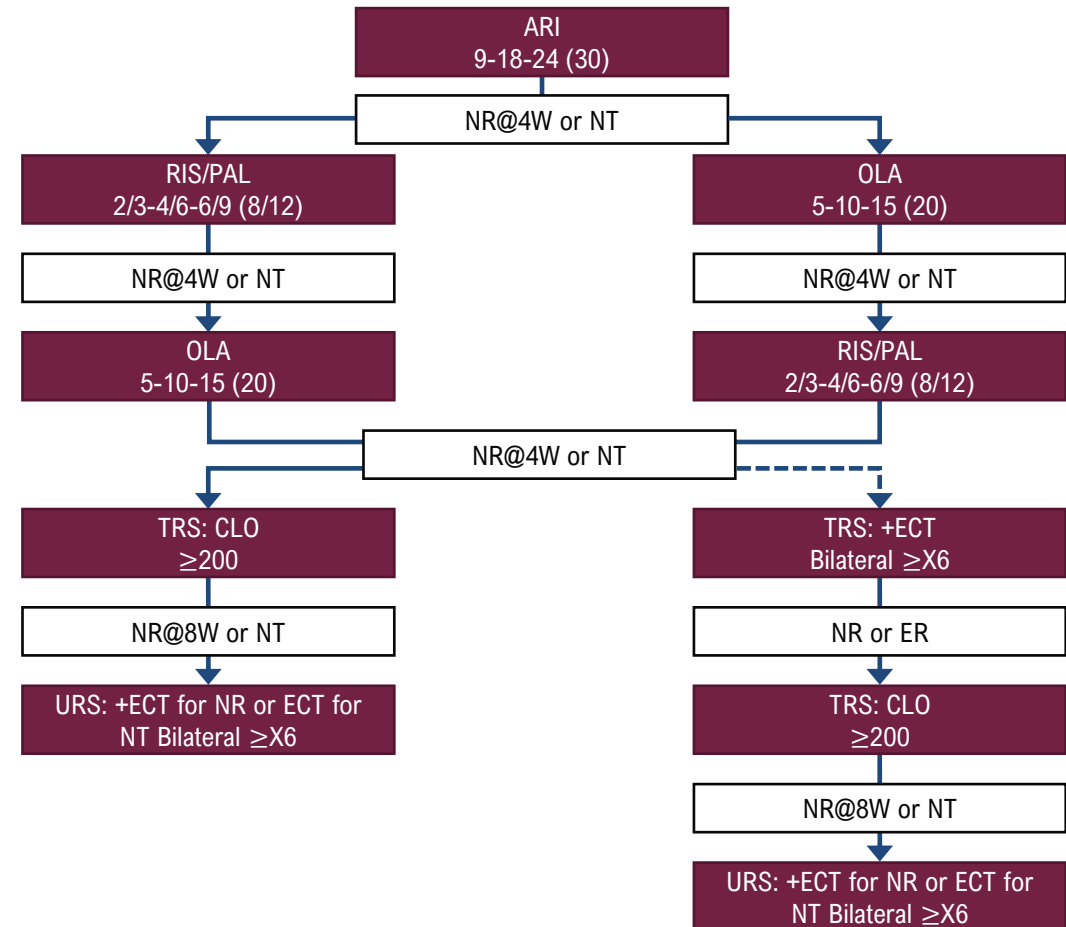
- Whatever medication is chosen first will usually work in 70-75% of patients for psychosis<sup>1</sup> – and even up to 87% in some studies
- Therefore, tolerability drives choice
- Goal is to treat to symptom remission
- We do not wait to increase dose; if limited or partial response after 2 weeks, we increase the dose<sup>1</sup>
- SGA - LAIs are preferred when accepted given high rates of non-adherence
- FGA are not used given negative effects on brain volumes<sup>1,2</sup>



# Some Experts Recommend 3<sup>rd</sup>-generation Antipsychotics as First-line Treatment for Antipsychotic-naïve Patients

## Japanese Society of Clinical Neuropsychopharmacology Treatment Algorithm

- 1<sup>st</sup>-line: Aripiprazole
- 2<sup>nd</sup>-, 3<sup>rd</sup>-line: Risperidone / paliperidone or olanzapine
- 4<sup>th</sup>-line: Clozapine



# If you had a Treatment Strategy that:

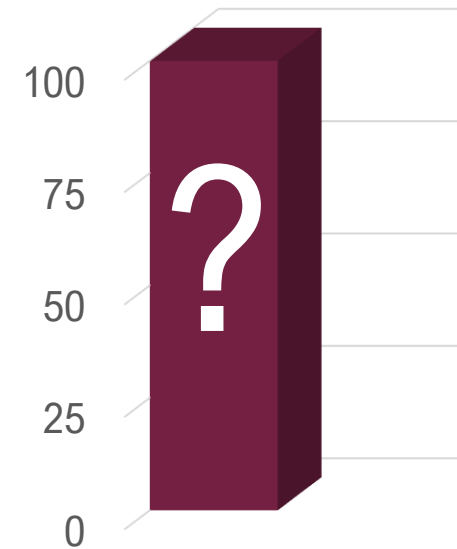
- Saved lives
- Reduced costs
- Diminished family burden
- Improved functional outcomes



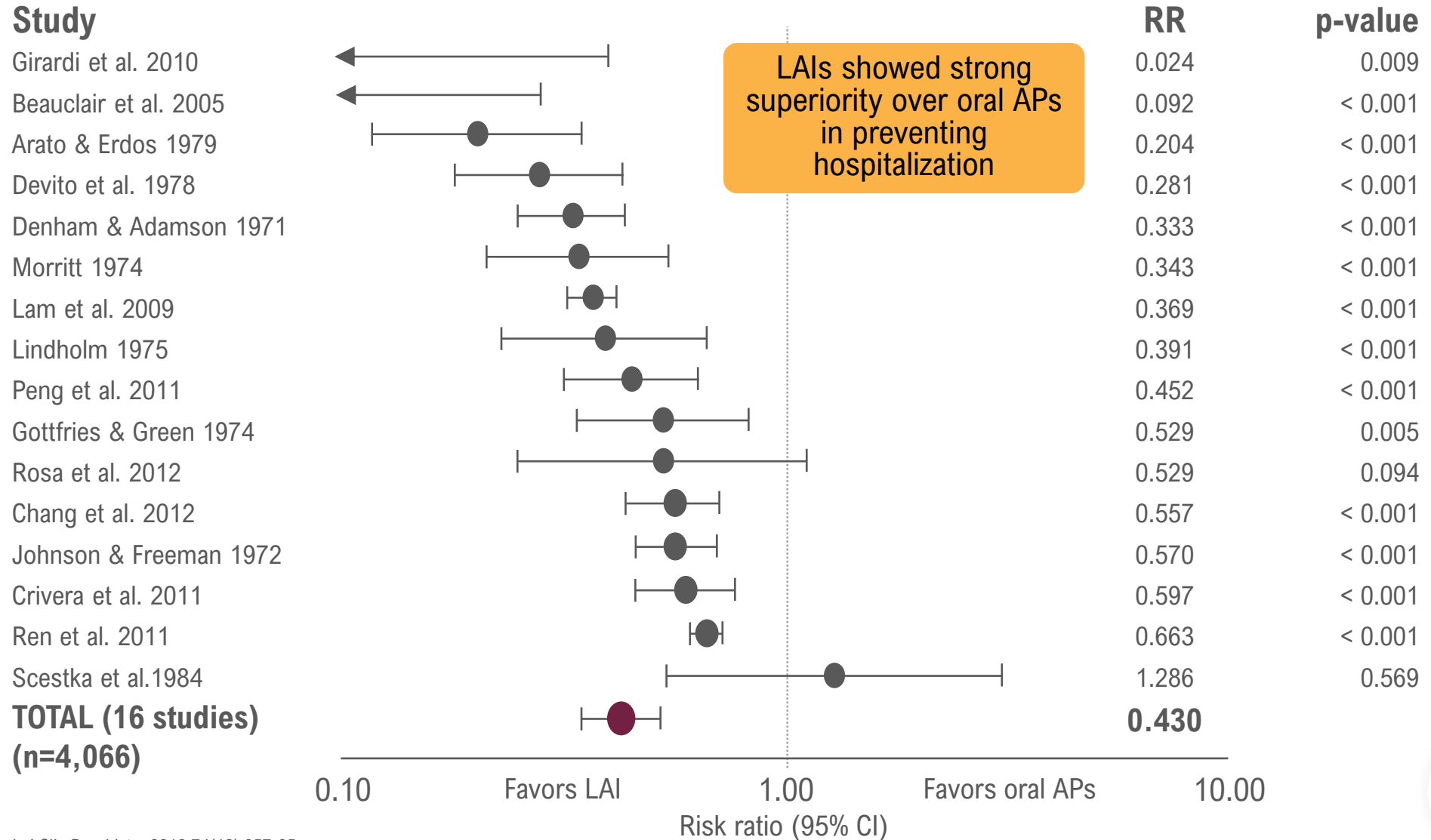
# If you had a Treatment Strategy that:

- Saved lives
- Reduced costs
- Diminished family burden
- Improved functional outcomes

In what proportion of patients would you use it?



# In Mirror-Image Studies, LAIs Reduce Risk of Hospitalization Compared with Oral Antipsychotics



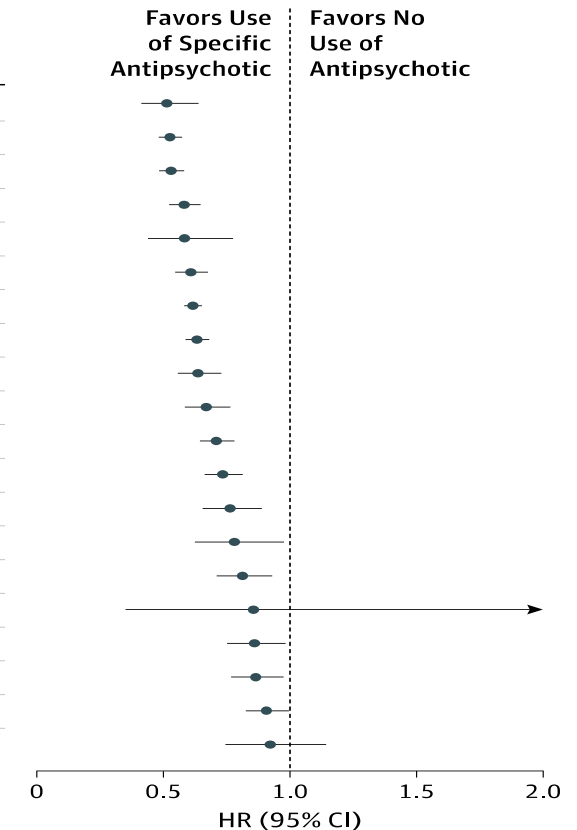
# Shaping the discussion with the patient on LAI/Clozapine

## Decreased Risk of Rehospitalization With LAIs/Clozapine

Adjusted Hazard Ratios (HRs) and 95% CIs for Psychiatric Rehospitalisation During Monotherapy Compared With No Use of Antipsychotic in Within-Individual Analyses in the Prevalent Population



Treatment	HR (95% CI)
LAI paliperidone	0.51 (0.41-0.64)
LAI zuclopenthixol	0.53 (0.48-0.57)
Oral clozapine	0.53 (0.48-0.58)
LAI perphenazine	0.58 (0.52-0.65)
LAI olanzapine	0.58 (0.44-0.77)
LAI risperidone	0.61 (0.55-0.68)
Polytherapy	0.62 (0.58-0.65)
Oral olanzapine	0.63 (0.59-0.68)
LAI haloperidol	0.64 (0.56-0.73)
Oral zuclopenthixol	0.67 (0.59-0.76)
Oral risperidone	0.71 (0.64-0.78)
Oral aripiprazole	0.73 (0.66-0.81)
Oral levomepromazine	0.76 (0.66-0.89)
LAI flupentixol	0.78 (0.62-0.98)
Oral haloperidol	0.81 (0.71-0.93)
LAI fluphenazine	0.86 (0.35-2.08)
Other oral formulations	0.86 (0.75-0.98)
Oral perphenazine	0.86 (0.77-0.97)
Oral quetiapine	0.91 (0.83-1.00)
Oral flupentixol	0.92 (0.74-1.14)





# Adverse Effects of Key Antipsychotics

	Extrapyramidal	Sedation	Weight gain	Hyperglycaemia	Anticholinergic	Orthostatic hypotension
<b>Atypical antipsychotics</b>						
Risperidone	●●	●● initially	●●	●●	●	●● initially
Quetiapine	●*	●●●	●●	●●●	●●	●●
Olanzapine	●	●●●	●●●	●●●	●●●	●
Clozapine	●	●●●	●●●	●●●	●●●	●●
Amisulpride	●●*	●	●	●	●	●
Aripiprazole	●	●	●	●	●	●
Ziprasidone	●	●●	●	●	●	●●
<b>Typical antipsychotics</b>						
Haloperidol	●●●	●	●●	●●	●	●
Chlorpromazine	●●	●●●	●●●	●●●	●●●	●●●

Approximate frequency of adverse effects: ● (<2%) = negligible or absent; ● (>2%) = infrequent; ●● (>10%) = moderately frequent; ●●● (>30%) = frequent. \* rarely a problem at usual therapeutic doses



# Pharmacotherapy of Side Effects

## Some Treatment Options

### **Prolactin elevation**

- Add a dopamine partial agonist e.g., aripiprazole, brexpiprazole, cariprazine

### **Constipation**

- Add stool softeners

### **Weight gain/metabolic syndrome**

- Diet/exercise, add metformin, ? semaglutide

### **Sedation**

- Change timing of dose, look at sleep habits, r/o OSA

### **Insomnia**

- Sleep hygiene, CBT for insomnia, then medication – many options ( Trazodone, Doxepin, Z drugs, Lemborexant, **Quetiapine**)



# Pharmacotherapy of EPS Side Effects

## Some Treatment Options

### **Akathisia**

- Propranolol, gabapentin, benzodiazepines, low dose mirtazapine

### **Parkinsonism**

- Benztropine, amantadine

### **Dystonia**

- Benztropine, amantadine

### **Tardive Dyskinesia**

- Stop anticholinergics, switch to quetiapine or clozapine, add tetrabenazine



**Which medication is best for your patient?**

# Pharmacotherapy of Co-morbidities:

## Anxiety, Depression, ADHD, SUD

- Antidepressants – often used for co-morbid anxiety and depression in Schizophrenia/Psychosis.
- Be aware of potential drug-drug interactions – Many SSRIs will slow metabolism and raise antipsychotic blood levels
- Citalopram and escitalopram have fewer drug interactions among SSRIs; Desvenlafaxine (pristiq) among the SNRIs
- Pregabalin or gabapentin can be considered for anxiety as well
- Limit use of benzodiazepines
- Stimulants for ADD/ADHD – only if adherence to antipsychotics is assured
- Consider naltrexone for AUD, and possibly CUD



# Adherence to Treatment

- Delicate to assess – strong evidence that clinicians tend to overestimate
- A variety of approaches have yielded positive results, including:
  - Family intervention
  - Psycho-education
  - Financial incentives
  - Variety of integrated care approaches
  - SMS reminders
- Experts' consensus: need for a personally tailored approach

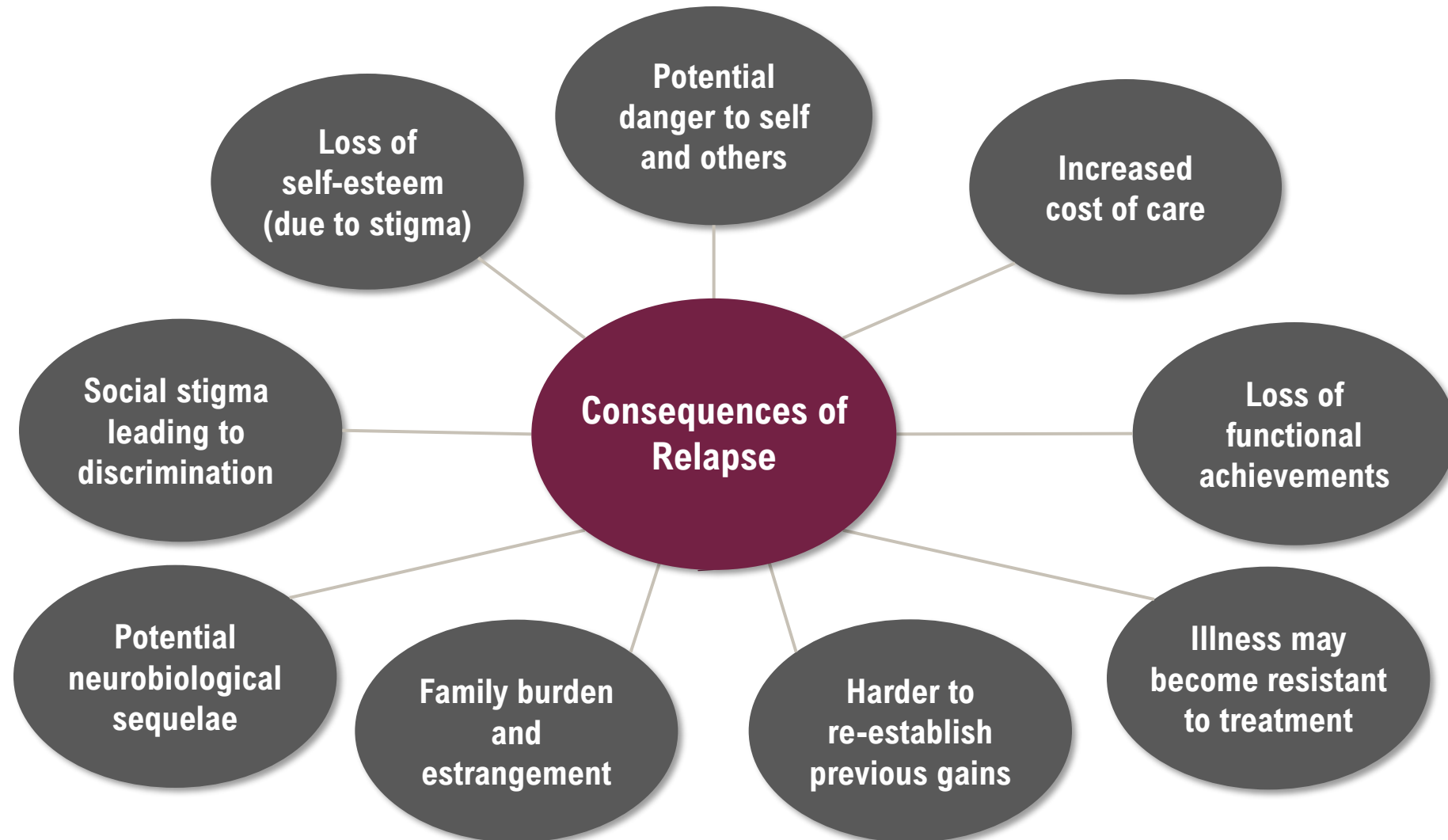


# Strategies to Decrease Nonadherence with Treatment

- Ensure positive patient-physician relationship, build “therapeutic alliance”
- Develop treatment plan
- Involve caregivers/family
- Identify risk factors for nonadherence
- Choose treatment strategies promoting maximum efficacy and minimal side effects
- Follow evidence-based guidelines
- Prescribe simplest titration and dosage regimen (once-daily oral or long-acting injection)
- Use monotherapy where possible
- Manage side effects rapidly and effectively
- Provide education about illness and treatment (written and verbal)
- Discuss risks and benefits regularly
- Assess and monitor adherence regularly
- Review goals of treatment and patient expectations periodically
- Minimize disruption and inconvenience
- Ensure reimbursement of cost



# Consequences of Relapse





# **SDM: OPTIMA and OPTIC**

## Shared Decision-Making Tools

<https://www.epicanada.org/tools-shareddecisionmaking>

# Classic SDM: Shared Decision-Making Paradigm

## **SIX STEPS in the shared decision-making process:**

1. Inform the patient which decisions must be made
2. Ask the patient how and to what extent he or she wants to be informed and included in decision-making
3. Inform the patient that different (more than one) treatment options are available
4. Present to the patient the different treatment options
5. Help the patient to find his or her own preferences
6. Discuss, make or defer the decision



# How to Proceed with “Difficult Decisions”

**One option is better than all others (according to evidence, team consensus) but there is (feared or apparent) resistance from the patient’s side, e.g.:**

- Take antipsychotics or not
- Medication treatment with LAI, clozapine, lithium....
- Court ordered treatment of not



# Harvard Model

**Basic idea:** Avoid confrontation (struggle)

**Goal:** Create an optimal environment for a shared-decision

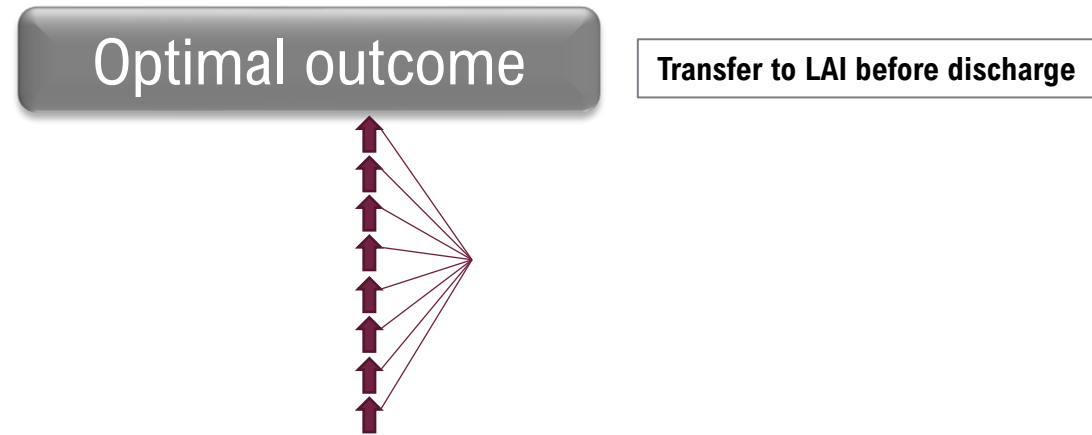
*Example:*

- During rounds, a patient says that they want to stop treatment immediately and leave the ward
- Problematic reaction of the HCP/team: instant (likely emotional less rational) reaction



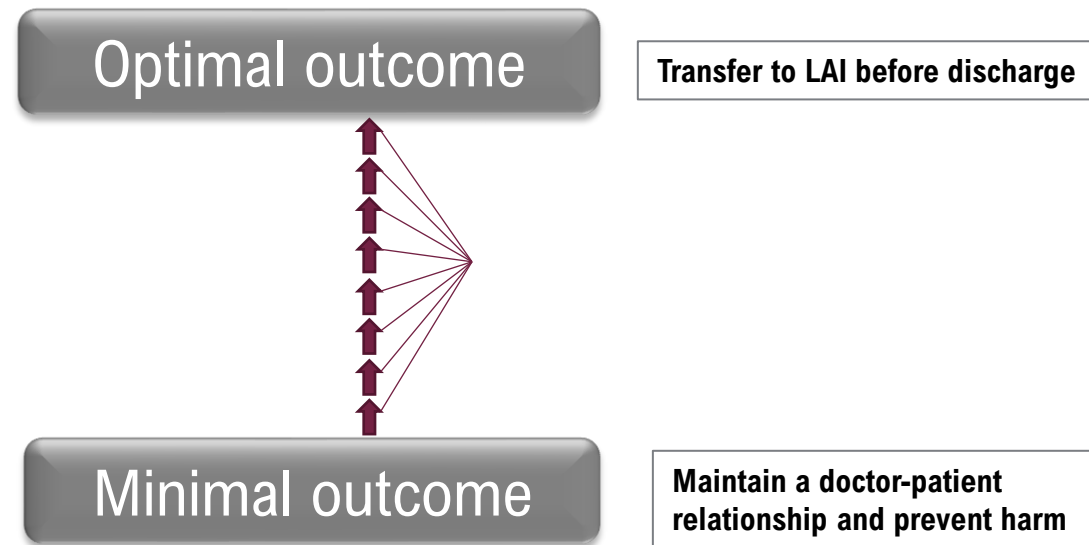
# BATNA “Best Alternative To A Negotiated Agreement”

*“I am not taking any treatment because I am not sick”*



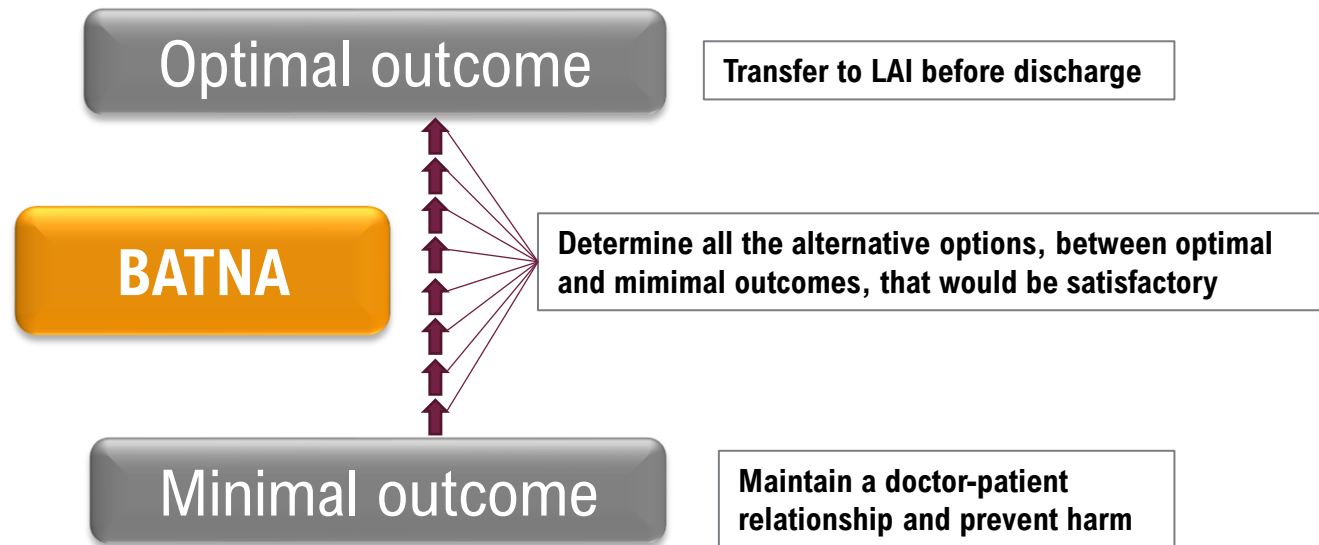
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# OPTIMA: A Tool for Patient Engagement



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OPTIMA PATIENT  
DECISION AID

SHOULD YOU TAKE MONTHLY MEDICATION FOR YOUR SYMPTOMS?

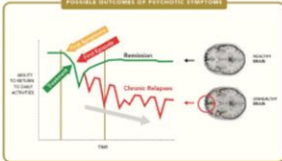
A consult decision aid for people with psychotic symptoms and healthcare professionals to discuss options.

**Why are you being offered monthly medication for your symptoms?**

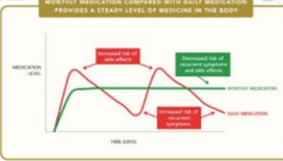
Your symptoms affect your ability to function well at home, school or work, and in your social life. Medication is a vital part of treating your symptoms and restoring your ability to take part in everyday activities. The main goal of taking medication is to help you stay well so you can stay out of hospital. Starting medication when symptoms first happen is the best way to do this.

**Uninterrupted medication helps you stay well.<sup>1</sup>**

- Being well is known as remission. This is shown in the graph titled "Possible Outcomes of Psychotic Symptoms".
- If you do not take medication for your symptoms, you cannot function well. You may need to be in hospital often, as you will have symptoms (relapses). Having relapses affects your brain and prevents full recovery. This is shown in the graph.




**MONTHLY MEDICATION COMPARED WITH DAILY MEDICATION PROVIDES A STEADY LEVEL OF MEDICINE IN THE BODY**



- Taking medication for your symptoms monthly provides steady levels of medication in the body, as shown in the graph titled "Monthly Medication Compared with Daily Medication Provides a Steady Level of Medication in the Body".<sup>2</sup>
- This way of giving medication may decrease side effects, such as sleepiness and weight gain, compared with daily oral medication.<sup>3</sup> Daily medication is shown in the graph.

- Monthly medication may also increase effectiveness, as it decreases the risk of recurrent symptoms, compared with oral medication.
- With monthly medication, you receive less medication than with daily medication.



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What are your options?

- Take medication monthly.
- Do not take medication monthly. Talk to your doctor about daily oral medication.

<sup>1</sup> Lieberman JA, Koren AR, Chakos M, et al. Factors influencing treatment response and outcome of first-episode schizophrenia: implications for understanding the pathophysiology of schizophrenia. *J Clin Psychiatry*. 1996;57(Suppl 7):5-9.

<sup>2</sup> Sheehan JJ, Reilly KR, Fu D-J, Alpts L. Comparison of the peak-to-trough fluctuation in plasma concentration of long-acting injectable antipsychotics and their oral equivalents. *Innov Clin Neurosci*. 2012;9(7-8):17-23

<sup>3</sup> Taylor D. Psychopharmacology and adverse effects of antipsychotic long-acting injections: a review. *Br J Psychiatry* 2009;(Suppl 52):S13-9.

OFFERING PATIENTS THERAPEUTIC INFORMATION MEDICATION ALTERNATIVES (OPTIMA) <sup>©</sup>

Person's Name:

BENEFITS AND REASONS TO CHOOSE MONTHLY MEDICATION		YES	NO
When you take monthly medication rather than daily medication, you may get along at home better, be able to go to school or work, have a better social life and be more satisfied with treatment. <sup>1</sup>	Is it important to you to get along better with family and friends?	<input type="checkbox"/>	<input type="checkbox"/>
People who switch to monthly medication say their symptoms, ability to function in their daily life, and satisfaction with treatment are much better with monthly medication. <sup>2,3</sup>	Is it important to you to be able to go to school or work?	<input type="checkbox"/>	<input type="checkbox"/>
Over two years, more people stay on treatment with monthly medication than daily medication. <sup>4</sup>	Is it important to you to have a better social life?	<input type="checkbox"/>	<input type="checkbox"/>
If you need to be hospitalized with symptoms, you may spend much less time in hospital with monthly medication than with daily medication, about two-thirds less time. <sup>5</sup>	Is it important to you to be satisfied with your treatment?	<input type="checkbox"/>	<input type="checkbox"/>
People who forget to take their medication daily are more likely to have symptoms and more likely to be hospitalized than people taking monthly medication. <sup>6</sup>	Is it important to you to stay on medication?	<input type="checkbox"/>	<input type="checkbox"/>
Over a one-year period, people taking daily medication are three times more likely to be hospitalized with symptoms than people taking monthly medication. <sup>1</sup>	Is it important to you to spend less time in hospital?	<input type="checkbox"/>	<input type="checkbox"/>
Relapses make it harder for you to recover. Usually, fewer relapses happen with monthly than with daily medication. Long-term treatment results are better with monthly medication. <sup>7</sup>	Is it important to you to avoid being hospitalized with symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
Some monthly medication begins to work fast. <sup>8</sup> This means you may be able to recover faster and leave hospital sooner.	Is it important to you to have better long term treatment result and fewer relapses?	<input type="checkbox"/>	<input type="checkbox"/>
When you take monthly medication, you have more steady and even levels of medication in the body and may have fewer side effects, such as sleepiness and weight gain, than with daily medication. <sup>9</sup>	Is it important to you to recover faster and leave hospital sooner?	<input type="checkbox"/>	<input type="checkbox"/>
You receive less medication with monthly than with daily medication.	Is it important to you to have fewer side effects?	<input type="checkbox"/>	<input type="checkbox"/>
When you take medication monthly, you do not need to worry about remembering to take medication daily.	Is it important to you to receive less medication?	<input type="checkbox"/>	<input type="checkbox"/>
Taking monthly treatment may be simpler for you than taking daily.	Is it important to you not to worry about remembering to take medication?	<input type="checkbox"/>	<input type="checkbox"/>
If you forget to go for your monthly medication, we will reschedule your appointment with your treatment team to maintain your medication's effectiveness.	Is it important to you to simplify your medication plan?	<input type="checkbox"/>	<input type="checkbox"/>
People taking monthly medication better protect their brain from additional illness than people taking daily medication. <sup>10</sup>	Is it important to you to stay connected to your treatment team?	<input type="checkbox"/>	<input type="checkbox"/>
	Is it important to you to protect your brain from the illness?	<input type="checkbox"/>	<input type="checkbox"/>

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# OPTIMA

<https://www.epicanada.org/optima>



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in Psychosis**

## OPTIMA PATIENT DECISION AID

### SHOULD YOU TAKE MONTHLY MEDICATION FOR YOUR SYMPTOMS?

A consult decision aid for people with psychotic symptoms and healthcare professionals to discuss options.


*What does the acronym OPTIMA stand for?*

**O**ffering **P**atients **T**herapeutic **I**nformation on **M**edication **A**lternatives



# The OPTIMA Tool has 3 Parts

## Education for: 1) HCP and 2) Patient

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### OPTIMA PATIENT DECISION AID

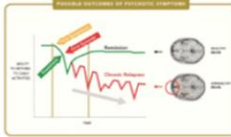
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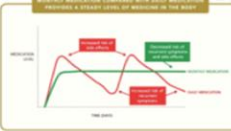
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**Steady medication compared with daily medication provides a steady level of medication in the body.<sup>2</sup>**

- Taking medication for your symptoms monthly provides steady levels of medication in the body, as shown in the graph titled "Monthly Medication Compared with Daily Medication Provides a Steady Level of Medication in the Body".<sup>2</sup>
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#### What are your options?

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## 3) Motivational Interview

**OFFERING PATIENTS THERAPEUTIC INFORMATION MEDICATION ALTERNATIVES (OPTIMA) ®**

Person's Name: \_\_\_\_\_

BENEFITS AND REASONS TO CHOOSE MONTHLY MEDICATION	YES	NO
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If you need to be hospitalized with symptoms, you may spend much less time in hospital with monthly medication than with daily medication, about two-thirds less time. <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>
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People taking monthly medication better protect their brain from additional illness than people taking daily medication. <sup>6</sup>	<input type="checkbox"/>	<input type="checkbox"/>


1



# Patient Handout

## 3 Important Sections:

- a) Should you...
- b) Why?
- c) Education on continuous treatment



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OPTIMA PATIENT  
DECISION AID

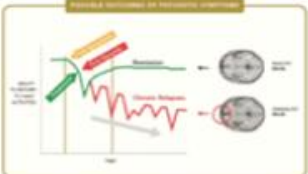
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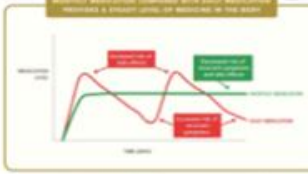
**Why are you being offered monthly medication for your symptoms?**  
Your symptoms affect your ability to function well at home, school or work, and in your social life. Medication is a vital part of treating your symptoms and restoring your ability to take part in everyday activities. The main goal of taking medication is to help you stay well so you can stay out of hospital. Starting medication when symptoms first happen is the best way to do this.

**Uninterrupted medication helps you stay well.<sup>1</sup>**

- Being well is known as remission. This is shown in the graph titled "Possible Outcomes of Psychotic Symptoms".
- If you do not take medication for your symptoms, you cannot function well. You may need to be in hospital often, as you will have symptoms (relapses). Having relapses affects your brain and prevents full recovery. This is shown in the graph.



**MONTHLY MEDICATION COMPARED WITH DAILY MEDICATION PROVIDES A STEADY LEVEL OF MEDICATION IN THE BODY**



- Taking medication for your symptoms monthly provides steady levels of medication in the body, as shown in the graph titled "Monthly Medication Compared with Daily Medication Provides a Steady Level of Medication in the Body".<sup>2</sup>
- This way of giving medication may decrease side effects, such as sleepiness and weight gain, compared with daily oral medication.<sup>3</sup> Daily medication is shown in the graph.
- Monthly medication may also increase effectiveness, as it decreases the risk of recurrent symptoms, compared with oral medication.
- With monthly medication, you receive less medication than with daily medication.



# OPTIMA Questionnaire

## Instructions

- Questionnaire lists benefits and risk (discomfort) of monthly medication and is the core of decision aid
- Series of questions about importance to patient of specific benefits of monthly medication
- Each question preceded by evidence statement
- Review each question to ensure patient understands
- Have patient respond **Yes or No** to each question
- Record response on decision aid

OFFERING PATIENTS THERAPEUTIC INFORMATION MEDICATION ALTERNATIVES (OPTIMA) ©

Person's Name:

BENEFITS AND REASONS TO CHOOSE MONTHLY MEDICATION		YES	NO
When you take monthly medication rather than daily medication, you may get along at home better, be able to go to school or work, have a better social life and be more satisfied with treatment. <sup>1</sup>	Is it important to you to get along better with family and friends?	<input type="checkbox"/>	<input type="checkbox"/>
	Is it important to you to be able to go to school or work?	<input type="checkbox"/>	<input type="checkbox"/>
People who switch to monthly medication say their symptoms, ability to function in their daily life, and satisfaction with treatment are much better with monthly medication. <sup>2,3</sup>	Is it important to you to have a better social life?	<input type="checkbox"/>	<input type="checkbox"/>
	Is it important to you to be satisfied with your treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Over two years, more people stay on treatment with monthly medication than daily medication. <sup>4</sup>	Is it important to you to stay on medication?	<input type="checkbox"/>	<input type="checkbox"/>
If you need to be hospitalized with symptoms, you may spend much less time in hospital with monthly medication than with daily medication, about two-thirds less time. <sup>5</sup>	Is it important to you to spend less time in hospital?	<input type="checkbox"/>	<input type="checkbox"/>
People who forget to take their medication daily are more likely to have symptoms and more likely to be hospitalized than people taking monthly medication. <sup>6</sup>	Is it important to you to avoid being hospitalized with symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
Over a one-year period, people taking daily medication are three times more likely to be hospitalized with symptoms than people taking monthly medication. <sup>1</sup>			
Relapses make it harder for you to recover. Usually, fewer relapses happen with monthly than with daily medication. Long-term treatment results are better with monthly medication. <sup>7</sup>	Is it important to you to have better long term treatment result and fewer relapses?	<input type="checkbox"/>	<input type="checkbox"/>
Some monthly medication begins to work fast. <sup>8</sup> This means you may be able to recover faster and leave hospital sooner.	Is it important to you to recover faster and leave hospital sooner?	<input type="checkbox"/>	<input type="checkbox"/>
When you take monthly medication, you have more steady and even levels of medication in the body and may have fewer side effects, such as sleepiness and weight gain, than with daily medication. <sup>9</sup>	Is it important to you to have fewer side effects?	<input type="checkbox"/>	<input type="checkbox"/>
You receive less medication with monthly than with daily medication.	Is it important to you to receive less medication?	<input type="checkbox"/>	<input type="checkbox"/>
When you take medication monthly, you do not need to worry about remembering to take medication daily.	Is it important to you not to worry about remembering to take medication?	<input type="checkbox"/>	<input type="checkbox"/>
Taking monthly treatment may be simpler for you than taking daily.	Is it important to you to simplify your medication plan?	<input type="checkbox"/>	<input type="checkbox"/>
If you forget to go for your monthly medication, we will reschedule your appointment with your treatment team to maintain your medication's effectiveness.	Is it important to you to stay connected to your treatment team?	<input type="checkbox"/>	<input type="checkbox"/>
People taking monthly medication better protect their brain from additional illness than people taking daily medication. <sup>10</sup>	Is it important to you to protect your brain from the illness?	<input type="checkbox"/>	<input type="checkbox"/>

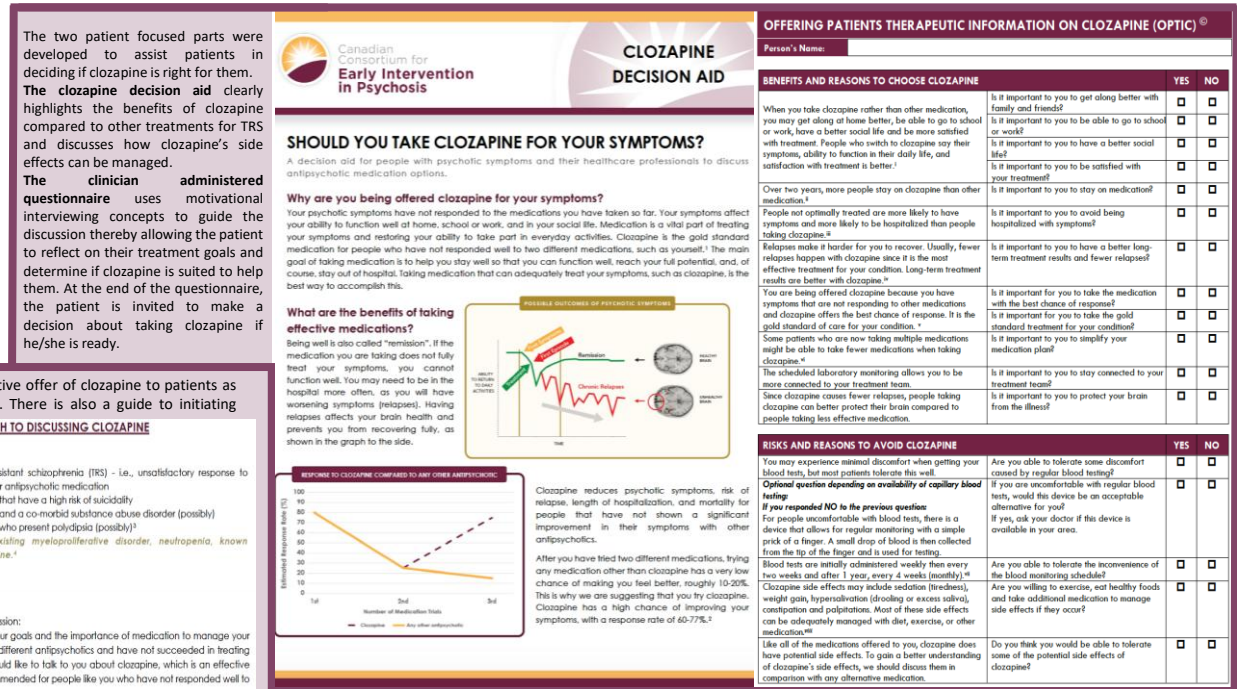
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by Lauren Said, Pharm.D and Howard C. Margolese, MD, CM, MSc, FRCPC

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- Patients suffering from treatment resistance schizophrenia (TRS) often have an inadequate clinical response and a less favorable functional outcome. Therefore, it is important to use the most effective treatment available.
- Although clozapine has proven benefits in treating TRS compared to other antipsychotics, it is only prescribed in less than 50% of eligible patients. Clozapine's list of side effects and blood monitoring requirements give it a negative reputation amongst patients and some physicians.
- The primary focus of the OPTIC tool is to facilitate a balanced discussion between clinicians and patients that emphasizes the benefits of clozapine as the gold standard treatment for TRS. When clinicians are confident that clozapine is the best treatment for their patients, their genuine approach to offering clozapine will be better received.
- The OPTIC tool is composed of three parts, a clinician information handout, a patient handout and patient questionnaire.



## Discussion

OPTIC provides the necessary information to initiate a balanced discussion between clinician and clozapine eligible patient. It changes the conversation from a list of clozapine's many side effects to a discussion about how its benefits on reducing TRS symptoms significantly outweigh its side effects. The main objective is for clozapine to be adequately offered systematically to people with TRS as soon as they become eligible. This tool can facilitate a positive offer and increase acceptance of clozapine. The OPTIC tool is based on the OPTIMA tool which discusses the place of LAI in treatment of psychosis.

## Conclusion

We hope that the use of the OPTIC tool will facilitate positive offers of clozapine thus increasing its acceptance amongst patients with TRS as soon as they become eligible. This will hopefully be translated by an increase in the number of TRS patients effectively treated with clozapine. The OPTIC tool has not yet been distributed as it was just recently finalized, therefore its impact on clozapine prescription rates cannot be measured at this time. It will be available for free on the *Canadian Consortium for Early Intervention in Psychosis* website ([epicanada.org](http://epicanada.org)) under clinical trials.

## References

- Howes, Oliver D et al. "Treatment-Resistant Schizophrenia: Treatment Response and Resistance in Psychosis (TRRAP) Working Group Consensus Guidelines on Diagnosis and Terminology." *The American journal of psychiatry*. vol. 174(17): 216-229. April, 2017. Early use of clozapine for poorly responding first-episode psychosis." *Journal of clinical psychopharmacology*. vol. 37(4):369-73.
- Williams, Richard A. "What is the Place of Clozapine in the Treatment of Early Psychosis in Canada?" *Canadian journal of psychiatry*. *Revue canadienne de psychiatrie*. vol. 62(2):1017-1014.
- Canadian Psychiatric Association. Clinical practice guidelines: treatment of schizophrenia. The Canadian Journal of Psychiatry. 2005;50(13):15-57s.
- Margolese HC, Steiner W, Lalla F, Cattain C, Perillo A, Arnsperg C. Development of a patient decision aid to educate patients with acute psychoses about long-acting injectable antipsychotic therapy. Institute on Psychiatric Services (IPS). 2016: The mental Health Services Conference, October 6-8 2016, Washington DC.

# OPTIC Consists of 3 Parts

## **1. Healthcare provider information brochure**

- Provides information about clozapine

## **2. Patient handout**

- Gives basic information about why clozapine is a good choice for them

## **3. Decision aid questionnaire**

- Uses questions to facilitate discussion of benefits and risks of clozapine vs. other treatments

<https://www.epicanada.org/optic>



# Should I Continue an Antipsychotic? And if Yes, for How Long?

## Benefits

- Relapse prevention
- RRR= 0.36-0.57
- Reduced mortality
- RR= 0.39-0.73



## Risks

- Medication side effects
- Less recovery?



# Conclusions

- When choosing your initial treatment, decide based on current and possibly future individual patient needs
- Engage patient in their treatment choice using a shared decision making (SDM) approach as this can improve adherence
- Treat both side effects and co-morbid conditions to better address individual patient needs
- Consider LAIs and when TRS is established clozapine earlier in the treatment trajectory as these medications can improve outcomes







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**Early Intervention  
in Psychosis**

## **Discussion: Questions & Comments**



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## Evaluation

**Please click on the link provided in the chat box.**

**Your feedback is so valuable!**