



Canadian
Consortium for
**Early Intervention
in Psychosis**

Pharmacotherapy Approach in First Episode Psychosis



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Disclosures

- Research Support: Acadia, Amgen, SyneuRX International
- Paid Speaker: AbbVie, HLS Therapeutics, Janssen, Otsuka, Lundbeck, Sunovion
- Consultant: Abbvie, HLS Therapeutics, Janssen, Otsuka, Lundbeck, Teva



Objectives

- Discuss medication treatment approach in first episode psychosis
- Highlight clinical order sets to help with this approach
- Explore patient decision aids to encourage patients to accept proposed treatments



First Episode Psychosis Treatment Considerations

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 I 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 Approach

- Use metabolically favorable second-generation antipsychotic (SGA) 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 –

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

2. Choose

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

3. SGA - LAI or Clozapine

4. Clozapine



Pharmacotherapy: Safety First Protocol

- Whatever medication is chosen first will usually work in 70-75% of patients for psychosis (1)
- Therefore, tolerability drives choice
- SGA - LAIs are preferred when accepted given high rates of non-adherence
- FGA are not used given negative effects on brain volumes (2,3)



Pharmacotherapy: Safety First Protocol

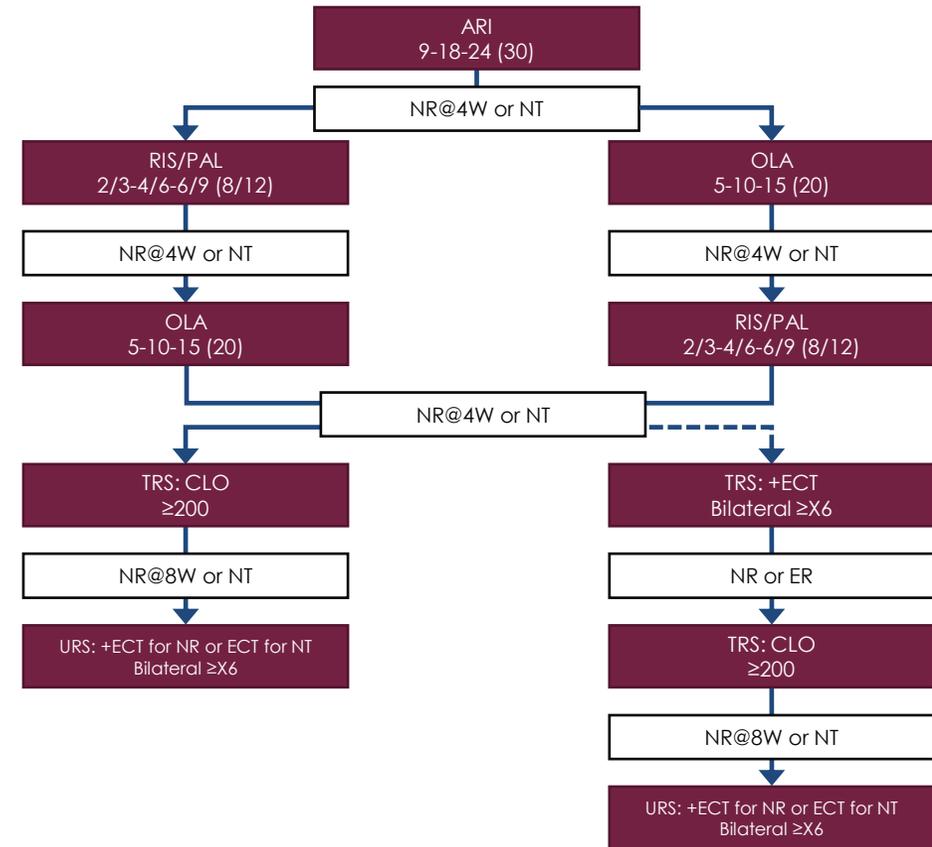
- Whatever medication is chosen, Optimize dose based on efficacy and tolerability
- Goal is to treat to symptom remission
- We do not wait to increase dose; if limited or partial response after 2 weeks, we increase the dose (1)



Some Experts Recommend 3rd-Generation Antipsychotics as First-line Treatment for Antipsychotic-naïve Patients

Japanese Society of Clinical Neuropsychopharmacology Treatment Algorithm

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



ARI, aripiprazole; BE-PSD, Brief Evaluation of Psychosis Symptom Domains; CLO, clozapine; ECT, modified electroconvulsive therapy; EPS, extrapyramidal symptoms; LAI, long-acting injection; OLA, olanzapine; PAL, paliperidone; QUE, quetiapine; RIS, risperidone; TRS, treatment-resistant schizophrenia; URS, ultra-resistant schizophrenia

Order Sets

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

What is a Clinical Order Set?

- A pre-defined template that provides support in making clinical decisions for a specific condition or medical procedure
- A grouping of orders that standardizes and expedites the ordering process for a common clinical scenario
- Clinical order sets guide clinicians while treating patients to ensure that they do not miss any critical components of care
- Order sets can be used to incorporate the latest evidence-based best practice to clinical workflow

Advantages of Clinical Order Sets

- Aligned to provincial mandates (HQO Schizophrenia Care Standard)
- Reduces variability
- Integrates best practices (standardized approach)
- Identifies practice patterns
- Facilitates outcome evaluations
- Can be customized based on existing policies and procedures and to reflect variances in practice
- Can be integrated into Electronic Medical Records

CCEIP Order Sets

In partnership with Think Research, CCEIP has developed four clinical order sets:

- 1. Initiation of Treatment for Early Phase Psychotic Disorders**
- 2. Optimization of Treatment for Early Phase Psychotic Disorders**
- 3. Clozapine initiation**
- 4. Cannabis and early psychosis**

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

Order Set Themes

- **Administration**

- Document Purpose
- Working Diagnosis

- **Substance Use Screening**

- Alcohol Use Disorders Identification Test (AUDIT)
- Drug Abuse Screening Test, DAST-10

- **Additional Information**

- **Psychiatric Symptoms Assessment Tools**

- Clinical Global Impression-Severity (CGI-S) Scale
- Brief Psychiatric Rating Scale (BPRS) 4-Item Positive Symptom Rating Scale

Order Set Themes (con't)

- **Physical Assessment**

- Movement Disorder Assessment Tools
 - Tools for Monitoring Antipsychotic Side Effects (TMAS)
 - Abnormal Involuntary Movement Scale (AIMS)
 - Extrapyramidal Symptom Rating Scale (ESRS)
- Vitals/Monitoring
- Lab Investigations (if not previously obtained)
- Diagnostics

- **Allergies and Medication Review**

- **Antipsychotic Treatment Capacity Assessment**

Order Set Themes (con't)

- **Management of Psychosis**

- It is recommended that preference be given to atypical antipsychotics in the treatment of early psychosis patients
- It is recommended that LAI (Long-Acting Injectable) antipsychotic therapy is offered during all phases of psychotic disorders, including the early phase
- To address high rates of partial/non-adherence in early psychosis patients, preference is given to medications available in a long-acting formulation
- Refer to Antipsychotic Treatment Selection Tool

- **Atypical Antipsychotics**

- **Oral Medication with LAI Formulations**

- **LAI Antipsychotic Medication**

OR

- **Alternate Atypical Antipsychotic Medication**

- *Patient choice; refer to OPTIMA: Offering Patients Therapeutic Information on Medication Alternatives*

Order Set Themes (con't)

- **Adjunctive Management**
 - Anticholinergic Agents
 - Benzodiazepines
 - Other
- **Cognitive Behavioural Therapy**
- **Smoking Cessation**
- **Psychoeducation and Health Lifestyle Information**
 - Provide psychoeducation to patient, refer to iHope tool
- **Referrals**
- **Additional Orders**

Initiation of Treatment for Early Phase Psychotic Disorders Order Set



PATIENT INFORMATION

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

Initiation of Treatment for Early Phase Psychotic Disorders Order Set

ADMIN

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 0-1 adequate trials of antipsychotic medication. 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 at least 6 weeks, 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)³

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)

- _____

Substance Use Screening

Screen for substance use:

- Clinical interview
- Validated screening tool:
 - Alcohol Use Disorders Identification Test (AUDIT): Self-report Clinician guided
 - Drug Abuse Screening Test, DAST-10: Self-report Clinician guided
 - Other (specify): _____

Prescriber to initiate referral for Concurrent Disorders Treatment in the Referrals section, as appropriate

Additional Information

Obtain collateral information from: _____

Submitted by: _____ ID: _____ PRINTED NAME: _____ YYYY-MM-DD HH:MM | Read Back

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

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Initiation of Treatment for Early Phase Psychotic Disorders Order Set



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Initiation of Treatment for Early Phase Psychotic Disorders Order Set ACTION

Psychiatric Symptoms Assessment Tools

Clinical Global Impression-Severity (CGI-S) Scale⁴:
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

Brief Psychiatric Rating Scale (BPRS) 4-Item Positive Symptom Rating Scale available at:
<http://www.scp.sc.edu/sites/default/files/45107%20padforproofing.pdf>

Other (specify): _____

Physical Assessment

Movement Disorder Assessment Tools

Tools for Monitoring Antipsychotic Side Effects (TMAS)
available at: <http://epicanada.org/project/tool-for-monitoring-antipsychotic-side-effects/>

Abnormal Involuntary Movement Scale (AIMS) available at: <http://www.psychiatrytimes.com/clinical-scales-movement-disorders/clinical-scales-movement-disorders/aims-abnormal-involuntary-movement-scale>

Extrapyramidal Symptom Rating Scale (ESRS)

Vitals/Monitoring

Weigh patient, measure height: Weight⁵: _____ kg, Height: _____ m BMI⁵: _____ kg/m²

Waist circumference⁵: _____ cm

T⁵, HR⁵, RR⁵, BP⁵ as per policy/procedure

Lab Investigations (if not previously obtained)

Hematology

CBC⁵

Chemistry

Electrolytes (Na⁺, K⁺, Cl⁻, HCO₃⁻)⁶ Creatinine⁶ ALT⁶ Prolactin²

Urine β HCG Urine drug screen⁶

Additional Lab Investigations

Fasting glucose⁵ A1C⁵ HDL, LDL, Total Cholesterol, Triglycerides²

Prolactin _____

Submitted by: _____ | Read Back

Practitioner: _____ | SIGNATURE

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Initiation of Treatment for Early Phase Psychotic Disorders Order Set



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Psychiatric Symptoms Assessment Tools

Clinical Global Impression-Severity (CGI-S) Scale⁴:
Considering your total clinical experience with this particular population, how mentally ill is the patient at this time?
Select one:
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 6 = Severely ill
 7 = Among the most extremely ill patients

Brief Psychiatric Rating Scale (BPRS) 4-Item Positive Symptom Rating Scale available at:
<http://www.scp.sc.edu/sites/default/files/45107%20padforproofing.pdf>

Other (specify): _____

Physical Assessment

Movement Disorder Assessment Tools

Tools for Monitoring Antipsychotic Side Effects (TMAS)
available at: <http://epicanada.org/project/tool-for-monitoring-antipsychotic-side-effects/>

Abnormal Involuntary Movement Scale (AIMS) available at: <http://www.psychiatryclines.com/clinical-scales-movement-disorders/clinical-scales-movement-disorders/aims-abnormal-involuntary-movement-scale>

Extrapyramidal Symptom Rating Scale (ESRS)

Vitals/Monitoring

Weigh patient, measure height: Weight⁵: _____ kg, Height: _____ m BMI⁵: _____ kg/m²

Waist circumference⁵: _____ cm

T⁶, HR⁶, RR⁶, BP⁶ as per policy/procedure

Lab Investigations (if not previously obtained)

Hematology

CBC⁵

Chemistry

Electrolytes (Na⁺, K⁺, Cl⁻, HCO₃⁻)⁶ Creatinine⁶ ALT⁶ Prolactin²

Urine β HCG Urine drug screen⁶

Additional Lab Investigations

Fasting glucose⁵ A1C⁵ HDL, LDL, Total Cholesterol, Triglycerides²

Prolactin _____

Submitted by: _____ ID: _____ PRINTED NAME: _____ YYYY-MM-DD HH:MM _____ | Read Back

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

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Initiation of Treatment for Early Phase Psychotic Disorders Order Set

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Initiation of Treatment for Early Phase Psychotic Disorders Order Set ACTION

Physical Assessment Continued...

Diagnostics

Routine neuroimaging is not recommended in first episode psychosis in the absence of neurologic signs and symptoms^{1,2}

CT Reason: _____

MRI Reason: _____

ECG² Reason: _____

_____ Reason: _____

Allergies and Medication Review

Allergies (list allergen and reaction): _____

Medication Review

Complete an assessment of current and past medication trials

Document known current/prior antipsychotic trials and details:

Medication (name, dose, duration): _____

Adherence: _____ Side Effects: _____

Rationale for discontinuation: _____

Medication (name, dose, duration): _____

Adherence: _____ Side Effects: _____

Rationale for discontinuation: _____

Other: _____

Antipsychotic Treatment Capacity Assessment

Capable

Incapable, as per local capacity definition/requirements

Further treatment capacity assessment required

Submitted by: ID: _____ PRINTED NAME: _____ YYYY-MM-DD HH:MM | | Read Back

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

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Initiation of Treatment for Early Phase Psychotic Disorders Order Set



PATIENT INFORMATION

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Initiation 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 patients***⁹**
*****It is recommended that LAI (Long-Acting Injectable) antipsychotic therapy is offered during all phases of psychotic disorders, including the early phase***^{9,10}**
*****To address high rates of partial/non-adherence in early psychosis patients, preference is given to medications available in a long acting formulation***⁶**

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

Atypical Antipsychotics

Oral Medication with LAI Formulations

aripiprazole _____ mg PO _____ (frequency) _____ (caution-geriatric)
 paliperidone _____ mg PO _____ (frequency) _____ (caution-geriatric,renal)
 risperidone _____ mg PO _____ (frequency) _____ (caution-geriatric,hepatic,renal)

LAI Antipsychotic Medication

*****Tolerability with equivalent oral antipsychotic should be established prior to initiating treatment with LAI formulation***¹¹**

aripiprazole monohydrate _____ mg IM _____ (frequency) _____ (start date) [caution-geriatric]
 paliperidone palmitate _____ mg IM _____ (frequency) _____ (start date) [caution-geriatric,renal]
 risperidone microspheres _____ mg IM _____ (frequency) _____ (start date) [caution-geriatric,hepatic,renal]

OR

Alternate Antipsychotics

Alternate antipsychotic: _____
 Rationale for using alternate antipsychotic therapy:
 Patient/substitute decision-maker choice
 Side effect concerns with above medications (specify): _____
 Continuation of current medication

Adjunctive Management

Anticholinergic Agents

Benzodiazepines

Rationale for using benzodiazepine(s):
 Akathisia Anxiety Insomnia Agitation Substance withdrawal

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

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Initiation of Treatment for Early Phase Psychotic Disorders Order Set

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Initiation of Treatment for Early Phase Psychotic Disorders Order Set ACTION

Adjunctive Management Continued...

Other

Anticonvulsants: _____

Antidepressants: _____

Other: _____

Cognitive Behavioural Therapy

Is patient appropriate for cognitive behavioural therapy (CBT)² for psychosis?

Yes No Further assessment required

If patient appropriate for CBT and CBT not offered, please provide explanation (e.g. patient refusal): _____

Prescriber to initiate referral for CBT in the Referrals section, as appropriate

Smoking Cessation

Pharmacological treatment combined with counselling is more effective than pharmacological treatment alone¹²

Is patient a smoker? Yes No

If patient is a smoker and not offered smoking cessation education/interventions,^{2,10} please provide explanation (e.g. patient refusal): _____

Prescriber to initiate referral to Smoking Cessation Counsellor in the Referrals section, as appropriate

Pharmacological Management

nicotine patch _____ mg Topically daily for _____ weeks, then notify MD/NP to reassess (14 – 21 mg)

Psychoeducation and Health Lifestyle Information

Provide education to patient on the following topics verbally, in writing, and electronically, as applicable²:

- Diagnosis and course of illness/prognosis/recovery
- Treatment options, including their potential efficacy and side effects
- Alternate treatment options, including clozapine
- Risk of relapse and recognition of warning signs and relapse prevention strategies
- Risk of suicide and monitoring for warning signs
- Impact of substance use (particularly cannabis), including interactions with treatment options as well as illness
- Importance of adherence with treatment and follow-up as well as adherence enhancement strategies

Prescriber to consider use of the iHope tool, available at: <http://epicanada.org/news/ihope-tool>.

Offer family intervention to provide family-focused psychoeducation and support^{2,10}

Provide education on healthy eating, physical activity²

Provide patient and family with contact information for local crisis supports²; (specify) _____

Prescriber to initiate relevant referral(s) in the Referrals section, as appropriate

Submitted by: _____ | Read Back

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

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

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If You Had A Treatment Strategy That:

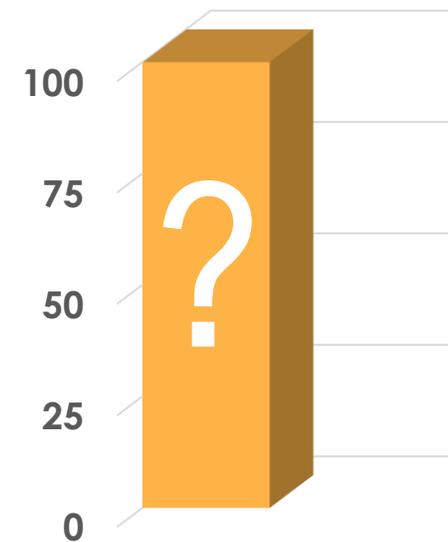
Saved lives

Reduced costs

Diminished family burden

Improved functional outcomes

In what proportion of patients would you use it?



OPTIMA and OPTIC Shared Decision-Making Tools

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

OPTIMA: A Tool For Patient Engagement



OPTIMA PATIENT DECISION AID

SHOULD YOU TAKE MONTHLY MEDICATION FOR YOUR SYMPTOMS?

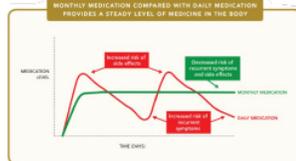
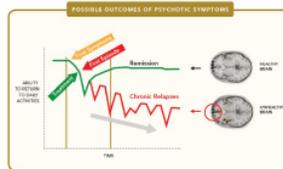
A consult decision aid for people with psychotic symptoms and healthcare professionals to discuss options.

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.¹

- 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.



- 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".²
- This way of giving medication may decrease side effects, such as sleepiness and weight gain, compared with daily oral medication.³ 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.

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. ¹	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. ^{2,3}	Is it important to you to be able to go to school or work?	<input type="checkbox"/>	<input type="checkbox"/>
	Is it important to you to have a better social life?	<input type="checkbox"/>	<input type="checkbox"/>
Over two years, more people stay on treatment with monthly medication than daily medication. ⁴	Is it important to you to be satisfied with your treatment?	<input type="checkbox"/>	<input type="checkbox"/>
	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. ⁵	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. ⁶	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. ¹	Is it important to you to have better long term treatment result and fewer relapses?	<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. ⁷	Is it important to you to recover faster and leave hospital sooner?	<input type="checkbox"/>	<input type="checkbox"/>
Some monthly medication begins to work fast ⁸ This means you may be able to recover faster and leave hospital sooner.	Is it important to you to have fewer side effects?	<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. ⁹	Is it important to you to receive less medication?	<input type="checkbox"/>	<input type="checkbox"/>
You receive less medication with monthly than with daily medication.	Is it important to you not to worry about remembering to take 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 to simplify your medication plan?	<input type="checkbox"/>	<input type="checkbox"/>
Taking monthly treatment may be simpler for you than taking daily.	Is it important to you to stay connected to your treatment team?	<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 protect your brain from the illness?	<input type="checkbox"/>	<input type="checkbox"/>
People taking monthly medication better protect their brain from additional illness than people taking daily medication. ¹⁰			

1. Margolese HC, Steiner W, Lalla F, Cattan C, Perillo A, Arshoff L. 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, from October 6 to 9, 2016, Washington, DC.

OPTIMA

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



Canadian
Consortium for
**Early Intervention
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?

Offering Patients Therapeutic Information on Medication Alternatives

The OPTIMA Tool Has 2 Parts:

1) Education



**OPTIMA PATIENT
DECISION AID**

SHOULD YOU TAKE MONTHLY MEDICATION FOR YOUR SYMPTOMS?

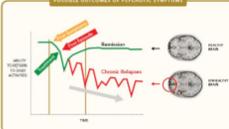
A consult decision aid for people with psychotic symptoms and healthcare professionals to discuss options.

Why are you being offered monthly medication for your symptoms?

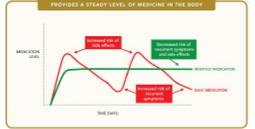
Your symptoms affect your ability to function well at home, school or work, and in your social life. Medication is a vital part of treating your symptoms and restoring your ability to take part in everyday activities. The main goal of taking medication is to help you stay well so you can stay out of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

Uninterrupted medication helps you stay well.¹

- 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".²
- This way of giving medication may decrease side effects, such as sleepiness and weight gain, compared with daily oral medication.³ 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.

2) Motivational Interview

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. ¹	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. ^{2,3}	Is it important to you to be able to go to school or work?	<input type="checkbox"/>	<input type="checkbox"/>
	Is it important to you to have a better social life?	<input type="checkbox"/>	<input type="checkbox"/>
Over two years, more people stay on treatment with monthly medication than daily medication. ⁴	Is it important to you to be satisfied with your treatment?	<input type="checkbox"/>	<input type="checkbox"/>
	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. ⁵	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. ⁶	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. ¹	Is it important to you to have better long term treatment result and fewer relapses?	<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. ⁷	Is it important to you to recover faster and leave hospital sooner?	<input type="checkbox"/>	<input type="checkbox"/>
Some monthly medication begins to work fast ⁸ This means you may be able to recover faster and leave hospital sooner.	Is it important to you to have fewer side effects?	<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. ⁹	Is it important to you to receive less medication?	<input type="checkbox"/>	<input type="checkbox"/>
You receive less medication with monthly than with daily medication.	Is it important to you not to worry about remembering to take 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 to simplify your medication plan?	<input type="checkbox"/>	<input type="checkbox"/>
Taking monthly treatment may be simpler for you than taking daily.	Is it important to you to stay connected to your treatment team?	<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 protect your brain from the illness?	<input type="checkbox"/>	<input type="checkbox"/>
People taking monthly medication better protect their brain from additional illness than people taking daily medication. ¹⁰			

1. Margolese HC, Steiner W, Lalla F, Cattani C, Perillo A, Arshoff L. 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, from October 6 to 9, 2016, Washington, DC.

Patient Handout

3 Important Sections

- Should you...
- Why?
- Education on continuous treatment



Canadian
Consortium for
**Early Intervention
in Psychosis**

**OPTIMA PATIENT
DECISION AID**

SHOULD YOU TAKE MONTHLY MEDICATION FOR YOUR SYMPTOMS?

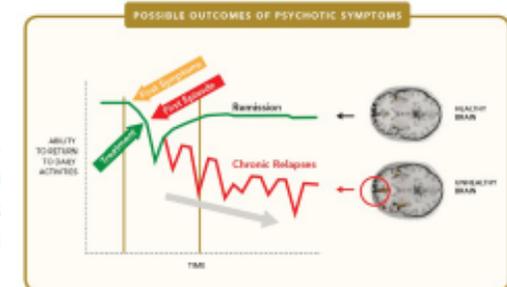
A consult decision aid for people with psychotic symptoms and healthcare professionals to discuss options.

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.¹

- 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.



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. ¹	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. ^{2,3}	Is it important to you to be able to go to school or work?	<input type="checkbox"/>	<input type="checkbox"/>
	Is it important to you to have a better social life?	<input type="checkbox"/>	<input type="checkbox"/>
Over two years, more people stay on treatment with monthly medication than daily medication. ⁴	Is it important to you to be satisfied with your treatment?	<input type="checkbox"/>	<input type="checkbox"/>
	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. ⁵	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 ⁶	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. ¹	Is it important to you to have better long term treatment result and fewer relapses?	<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. ⁷	Is it important to you to recover faster and leave hospital sooner?	<input type="checkbox"/>	<input type="checkbox"/>
Some monthly medication begins to work fast ⁸ This means you may be able to recover faster and leave hospital sooner.	Is it important to you to have fewer side effects?	<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. ⁹	Is it important to you to receive less medication?	<input type="checkbox"/>	<input type="checkbox"/>
You receive less medication with monthly than with daily medication.	Is it important to you not to worry about remembering to take 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 to simplify your medication plan?	<input type="checkbox"/>	<input type="checkbox"/>
Taking monthly treatment may be simpler for you than taking daily.	Is it important to you to stay connected to your treatment team?	<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 protect your brain from the illness?	<input type="checkbox"/>	<input type="checkbox"/>
People taking monthly medication better protect their brain from additional illness than people taking daily medication. ¹⁰			

OPTIC: Offering Patients Therapeutic Information about Clozapine, A Shared Decision-Making Tool

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

Poster presented at SIRS virtual meeting on April 20th, 2021
Submission #3007067

Abstract

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.

The two patient focused parts were developed to assist patients in deciding if clozapine is right for them. The clozapine decision aid clearly highlights the benefits of clozapine compared to other treatments for TRS and discusses how clozapine's side effects can be managed. The clinician administered questionnaire uses motivational interviewing concepts to guide the discussion thereby allowing the patient to reflect on their treatment goals and determine if clozapine is suited to help them. At the end of the questionnaire, the patient is invited to make a decision about taking clozapine if he/she is ready.

The clinician handout discusses the benefits of clozapine in TRS, how to initiate a positive offer of clozapine to patients as well as how to best manage the side effects with lifestyle changes and medications. There is also a guide to initiating clozapine.

CLINICIAN SUPPORT TOOL

OFFERING PATIENTS THERAPEUTIC INFORMATION ON CLOZAPINE (OPTIC)®

Patients suffering from schizophrenia often have an inadequate clinical response and less favourable functional outcome. It is important for physicians to use the most effective treatment possible. Although clozapine has proven its benefits for treatment resistant schizophrenia (TRS), it is still only prescribed in 20-50% of eligible patients. The purpose of OPTIC is to provide guidance for physicians on what information to discuss with patients when offering clozapine as a treatment option. Clozapine should be offered systematically to people with TRS as soon as they become eligible. This tool can facilitate a positive offer and increase acceptance of clozapine by your patient.

CLINICAL RECOMMENDATIONS ON THE USE OF CLOZAPINE

Clozapine is a second-generation antipsychotic medication that has proven to be more effective than other antipsychotics for patients with TRS. Clozapine has been shown to improve remission rates, and reduce psychotic symptoms, risk of relapse, length of hospitalization, suicidal risk, and mortality. Despite its effectiveness, it remains underused in Canada, and is often prescribed as a last resort.¹ Physicians and patients often have negative perceptions towards the medication due to the side effects and specific laboratory monitoring requirements. However, according to Canadian guidelines, clozapine should be offered as a 3rd line therapy, i.e., after two unsuccessful trials of adequate dose and duration using other antipsychotic medications.² This is also referred to as TRS. It is important to discuss clozapine's effectiveness in treating TRS with patients to allow them to make an informed decision about their treatment. Clozapine should be offered to both in-patients and outpatients who have poor treatment response or lingering symptoms due to partial response with their current treatment. Patients who are highly suicidal, who have substance use disorders and who present with polydipsia may also benefit from clozapine.

RECOMMENDED APPROACH TO DISCUSSING CLOZAPINE

WHO

- People with treatment resistant schizophrenia (TRS) - i.e., unsatisfactory response to 2 adequate trials with other antipsychotic medication
- People with schizophrenia that have a high risk of suicidality
- People with schizophrenia and a co-morbid substance abuse disorder (possibly)
- People with schizophrenia who present polydipsia (possibly)³
- **Contraindications:** pre-existing myeloproliferative disorder, neutropenia, known hypersensitivity to clozapine.⁴

WHEN

HOW

Suggestions for initiating the discussion:

- "We have talked about your goals and the importance of medication to manage your symptoms. We have tried different antipsychotics and have not succeeded in treating your symptoms. Now, I would like to talk to you about clozapine, which is an effective antipsychotic that is recommended for people like you who have not responded well to other medications."

Question 1: Why are you being offered clozapine for your symptoms?

Review and help the patient understand the benefits of clozapine after two failed antipsychotic treatments (remission).
Every other trial after the second antipsychotic has a response rate of roughly 10-20%, except for clozapine which has a response rate of 60-77%.⁴

KEY POINTS TO REMEMBER ABOUT CLOZAPINE

1. SIDE EFFECTS

When reviewing clozapine's side effects with patients, it is important to adequately describe them so that patients can have an honest depiction of the medication. However, it should be mentioned that even though they are "common" side effects, not all patients will experience these symptoms. Furthermore, most of them can be adequately managed with a healthy lifestyle and/or pharmaceutical treatments. As for the severe side effects, given that clozapine is an older medication, a lot of information is available about its potential side effects and their associated risks are well documented. Also, many experts have recommended strategies to reduce the incidence of severe side effects. Therefore, they are now considered well-managed.

2. BENEFITS

Clozapine was shown to be more effective than other antipsychotics in many studies. In fact, one particular study showed that after 3 months of treatment with clozapine, patients showed significant improvement in symptoms, improved quality of life and greater improvement in their overall mental health compared to other antipsychotics.⁵

CLOZAPINE DECISION AID

SHOULD YOU TAKE CLOZAPINE FOR YOUR SYMPTOMS?

A decision aid for people with psychotic symptoms and their healthcare professionals to discuss antipsychotic medication options.

Why are you being offered clozapine for your symptoms?

Your psychotic symptoms have not responded to the medications you have taken so far. 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. Clozapine is the gold standard medication for people who have not responded well to two different medications, such as yourself.¹ The main goal of taking medication is to help you stay well so that you can function well, reach your full potential, and, of course, stay out of hospital. Taking medication that can adequately treat your symptoms, such as clozapine, is the best way to accomplish this.

What are the benefits of taking effective medications?

Being well is also called "remission". If the medication you are taking does not fully treat your symptoms, you cannot function well. You may need to be in the hospital more often, as you will have worsening symptoms (relapses). Having relapses affects your brain health and prevents you from recovering fully, as shown in the graph to the side.

REASONS TO CLOZAPINE COMPARED TO ANY OTHER ANTIPSYCHOTIC

Clozapine reduces psychotic symptoms, risk of relapse, length of hospitalization, and mortality for people that have not shown a significant improvement in their symptoms with other antipsychotics.

After you have tried two different medications, trying any medication other than clozapine has a very low chance of making you feel better, roughly 10-20%. This is why we are suggesting that you try clozapine. Clozapine has a high chance of improving your symptoms, with a response rate of 60-77%.²

OFFERING PATIENTS THERAPEUTIC INFORMATION ON CLOZAPINE (OPTIC)®

Person's Name: _____

BENEFITS AND REASONS TO CHOOSE CLOZAPINE	YES	NO
When you take clozapine rather than other 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. People who switch to clozapine say their symptoms, ability to function in their daily life, and satisfaction with treatment is better. ¹	<input type="checkbox"/>	<input type="checkbox"/>
Over two years, more people stay on clozapine than other medication. ⁴	<input type="checkbox"/>	<input type="checkbox"/>
People not optimally treated are more likely to have symptoms and more likely to be hospitalized than people taking clozapine. ⁴	<input type="checkbox"/>	<input type="checkbox"/>
Relapses make it harder for you to recover. Usually, fewer relapses happen with clozapine since it is the most effective treatment for your condition. Long-term treatment results are better with clozapine. ⁴	<input type="checkbox"/>	<input type="checkbox"/>
You are being offered clozapine because you have symptoms that are not responding to other medications and clozapine offers the best chance of response. It is the gold standard of care for your condition. ⁴	<input type="checkbox"/>	<input type="checkbox"/>
Some patients who are now taking multiple medications might be able to take fewer medications when taking clozapine. ⁴	<input type="checkbox"/>	<input type="checkbox"/>
The scheduled laboratory monitoring allows you to be more connected to your treatment team.	<input type="checkbox"/>	<input type="checkbox"/>
Since clozapine causes fewer relapses, people taking clozapine can better protect their brain compared to people taking less effective medication.	<input type="checkbox"/>	<input type="checkbox"/>
Is it important to you to get along better with family and friends? ¹	<input type="checkbox"/>	<input type="checkbox"/>
Is it important to you to be able to go to school or work? ¹	<input type="checkbox"/>	<input type="checkbox"/>
Is it important to you to have a better social life? ¹	<input type="checkbox"/>	<input type="checkbox"/>
Is it important to you to be satisfied with your treatment? ¹	<input type="checkbox"/>	<input type="checkbox"/>
Is it important to you to stay on medication? ⁴	<input type="checkbox"/>	<input type="checkbox"/>
Is it important to you to avoid being hospitalized with symptoms? ⁴	<input type="checkbox"/>	<input type="checkbox"/>
Is it important to you to have a better long-term treatment result and fewer relapses? ⁴	<input type="checkbox"/>	<input type="checkbox"/>
Is it important for you to take the medication with the best chance of response? ⁴	<input type="checkbox"/>	<input type="checkbox"/>
Is it important for you to take the gold standard treatment for your condition? ⁴	<input type="checkbox"/>	<input type="checkbox"/>
Is it important to you to simplify your medication plan? ⁴	<input type="checkbox"/>	<input type="checkbox"/>
Is it important to you to stay connected to your treatment team? ⁴	<input type="checkbox"/>	<input type="checkbox"/>
Is it important to you to protect your brain from the illness? ⁴	<input type="checkbox"/>	<input type="checkbox"/>
RISKS AND REASONS TO AVOID CLOZAPINE	YES	NO
You may experience minimal discomfort when getting your blood tests, but most patients tolerate this well.	<input type="checkbox"/>	<input type="checkbox"/>
Outdated question depending on availability of capillary blood testing If you responded NO to the previous question: For people uncomfortable with blood tests, there is a device that allows for regular monitoring with a simple pinch of a finger. A small drop of blood is then collected from the tip of the finger and is used for testing.	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to tolerate some discomfort caused by regular blood testing? ⁴	<input type="checkbox"/>	<input type="checkbox"/>
If you are uncomfortable with regular blood tests, would this device be an acceptable alternative for you? ⁴	<input type="checkbox"/>	<input type="checkbox"/>
If you ask your doctor if this device is available in your area.	<input type="checkbox"/>	<input type="checkbox"/>
Blood tests are actually administered weekly then every two weeks and after 1 year, every 4 weeks (monthly). ⁴	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to tolerate the inconvenience of the blood monitoring schedule? ⁴	<input type="checkbox"/>	<input type="checkbox"/>
Clozapine side effects may include sedation (tiredness), weight gain, hypersalivation (drooling or excess saliva), constipation and dry mouth. Most of these side effects can be adequately managed with diet, exercise, or other medication. ⁴	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to exercise, eat healthy foods and take additional medication to manage side effects if they occur? ⁴	<input type="checkbox"/>	<input type="checkbox"/>
Like all of the medications offered to you, clozapine does have potential side effects. To gain a better understanding of clozapine's side effects, we should discuss them in comparison with any alternative medication.	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you would be able to tolerate some of the potential side effects of clozapine? ⁴	<input type="checkbox"/>	<input type="checkbox"/>

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) under clinical tools.

1. Howes, Oliver D et al. "Treatment-Resistant Schizophrenia: Treatment Response and Resistance in Psychosis (TRRIP) Working Group Consensus Guidelines on Diagnosis and Terminology." The American journal of psychiatry vol. 174,3 (2017): 216-229. Agid, Ofer et al. "Early use of clozapine for poorly responding first-episode psychosis." Journal of clinical psychopharmacology vol. 27,4 (2007): 369-73.
2. Williams, Richard et al. "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 (2017): 109-114.
3. Canadian Psychiatric Association. Clinical practice guidelines: treatment of schizophrenia. The Canadian Journal of Psychiatry. 2005;50(13):1s-57s.
4. Margolese HC, Steiner W, Lalla F, Cattani C, Perillo A, Arshoff L. 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 6-9 2016, Washington DC

OPTIC Consists of 3 Parts:

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

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



OPTIC - Patient Handout

- A one-page double sided handout
- Provides information to guide the discussion:
 - **Why are you being offered clozapine for your symptoms?**
 - Effective medication helps you stay well
- What you need to know about clozapine:
 - Common and rare but serious side effects
 - Laboratory monitoring



OPTIC - Decision Aid Questionnaire

- Questions are designed to highlight the potential benefits and discuss the potential side effects in a balanced manner
- At the end you ask for a decision and leave room of course for further discussion at another visit.

What are your options?

- A) Take clozapine
- B) Do not take clozapine
 - Talk to your doctor about other antipsychotic medication.



TMAS: Tool for Monitoring Antipsychotic Side Effects

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

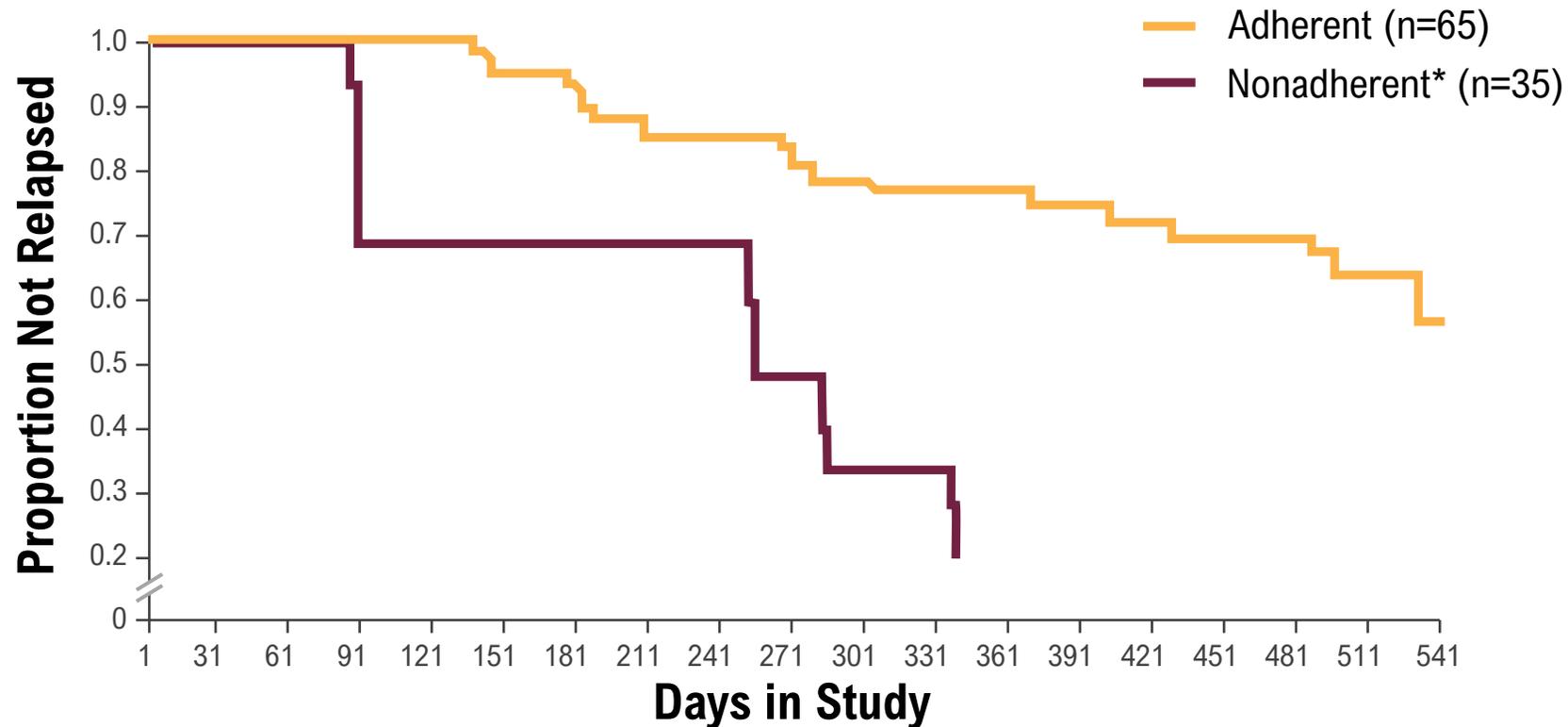
Tool for Monitoring Antipsychotic Side Effects (TMAS)

Tool for Monitoring Antipsychotic Side Effects (TMAS)																																																							
Person's Name: _____																																																							
<p>WHY MONITOR? Schizophrenia^{9,34} and use of antipsychotics^{13, 19, 26, 32, 33, 36} are independently associated with increased motor and metabolic abnormalities, which can contribute to non-adherence to medication, and increased morbidity and mortality^{6, 18, 19, 22, 27, 38, 39, 41, 42}.</p> <p>MINIMUM MONITORING FREQUENCY. For newly initiated medication: baseline, 1 (motor side effects only), 3 and 12 months. For persons on the same medication > 1 year: q 12 months.</p>																																																							
A. MOTOR SIDE EFFECTS																																																							
Medical History <input type="checkbox"/> No relevant motor/neurological history <input type="checkbox"/> Motor/neurological disorders Details: _____																																																							
Family History in First Degree Relative <input type="checkbox"/> No relevant motor/neurological history <input type="checkbox"/> Motor/neurological disorders Details: _____																																																							
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Trunk – neck, shoulders, hips																																																							
Lower extremities – ankles/toes	R L	R L	R L	R L	R L	R L																																																	
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B. ISSUE/ACTION/OUTCOME																																																							
DATE	ISSUE	ACTION	OUTCOME																																																				

Tool for Monitoring Antipsychotic Side Effects (TMAS)							
Person's Name: _____							
C. METABOLIC SIDE EFFECTS							
Baseline Medical History Date: _____ Weight: _____ Height: _____ BMI $\left(\frac{\text{Weight (kg)}}{\text{Height (m)}^2}\right) =$ _____ <input type="checkbox"/> No relevant metabolic history <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Obesity (BMI>30) ⁷ <input type="checkbox"/> Smoker <input type="checkbox"/> Sedentary lifestyle (< 30 min exercise at least 4 days/week) ⁴⁰							
Family History in First Degree Relative <input type="checkbox"/> No relevant metabolic history <input type="checkbox"/> Cardiovascular (< age 60) <input type="checkbox"/> Hypertension <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Obesity Details: _____							
Assessment Date (dd/mm/yy) _____							
Assessment Completed By: _____							
Date Requisition Provided (*if applicable) _____							
Date Blood Work Completed (*if applicable) _____							
Current Medication(s) _____							
Risk Factor	Abnormal Level	Test Results	Test Results	Test Results	Test Results	Test Results	Test Results
Weight kgs/lbs	≥ 5% increase from baseline (i.e., _____ kgs/lbs)	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result
Waist circumference ⁷ cm (inches)	M > 102 (40) F > 88 (35)	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result
Blood pressure ³⁵ mmHg	> 140/90 or > 130/80 if diabetic	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result
Triglycerides ³⁶ mmol/L	> 1.7	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result
Fasting glucose ³⁷ mmol/L	> 5.6	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result
HDL cholesterol ³⁷ mmol/L	M ≤ 1.03 F ≤ 1.30	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result
LDL cholesterol ⁴⁴ mmol/L	≥ 5.0	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result
Hemoglobin A1c (as indicated) ⁸ %	< 6.0 normal < 7.0 for most diabetic persons	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result	<input type="checkbox"/> Abnormal result
*NB.: The Canadian Diabetes Association provides gender and ethnicity based guidelines for waist circumference							
D. OTHER SIDE EFFECTS							
DATE	SIDE EFFECT NOTED (e.g. GI, sedation, sexual, etc.)	DATE	SIDE EFFECT NOTED (e.g. GI, sedation, sexual, etc.)				
E. ISSUE/ACTION/OUTCOME							
DATE	ISSUE	ACTION	OUTCOME				

Treatment Adherence and Relapse

Nonadherence Predicts Relapse in Patients with Recent-Onset Schizophrenia

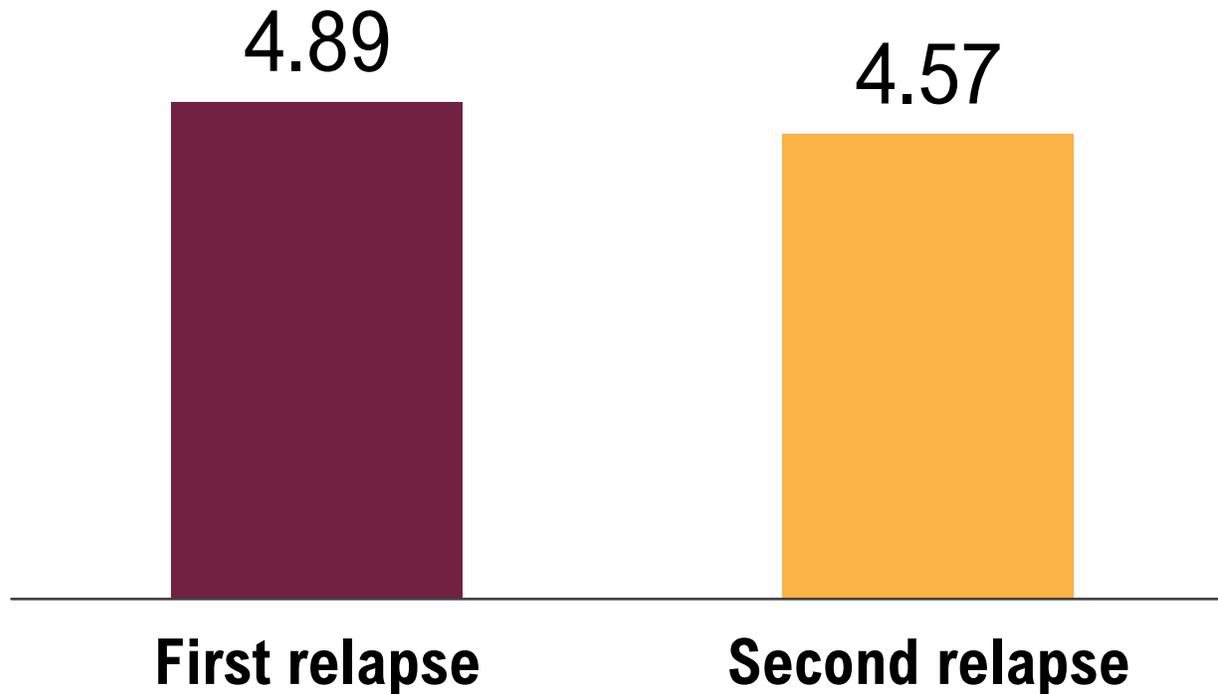


Missing as little as 25% of the prescribed dosage over a period of ≥ 2 weeks significantly raised the risk of returning psychotic symptoms.

*For this study, nonadherence was defined as patients with $< 50\%$ adherence of the prescribed medication dose for at least 2 weeks.

Stopping Medication is the Most Powerful Predictor of Relapse

Hazard Ratio compared to continuing therapy
(n=104)



Stopping medication is associated with a 4- to 5- fold risk of relapse compared to continuing therapy

Key Contributors to Nonadherence

- Lack of insight^{1,2}
- Medication beliefs²
- Substance abuse²
- Complex dosing regimens³
- Adverse events⁴
- Stigma of antipsychotic medication⁵

1. Dassa D, et al. *Aust N Z J Psychiatry* 2010; 44(10):921-8.
2. Higashi K, et al. *Ther Adv Psychopharmacol* 2013; 3(4):200-18.
3. Pfeiffer PN, et al. *Psychiatr Serv* 2008; 59(10):1207-10.
4. DiBonaventura M, et al. *BMC Psychiatry* 2012; 12:20.
5. Hudson TJ, et al. *J Clin Psychiatry* 2004; 65(2):211-6.



Key Contributors to Relapse

- Nonadherence – 4X
- Substance use – 3X
- Highly critical family / Significant others - 2X
- Family history / Biology - 2x



How Long Should We Continue Treatment After An Initial Episode?

Key question with no clear answers.



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in Psychosis**

Q & A

**To submit a question please use the “Ask A Question”
button on the top right of your screen.**





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