

## Appendix A Modified Recommendations

### A. First Episode Schizophrenia

SIGN/Recommendation 1. Use of Antipsychotics. For patients with first episode psychosis ~~offer~~ **recommend** oral antipsychotic medication, ~~in conjunction with psychological interventions (family intervention, individual CBT).~~

**Reason for modification: The panel agreed that evidence regarding the benefits of antipsychotics in treating first episode psychosis warrants them being recommended. At least presently, the evidence for other interventions is less robust.**

SIGN/Recommendation 4. Antipsychotic Dose and Trial Duration. ~~Minimum effective dose of either first or second generation antipsychotics should be used in individuals in the first episode of schizophrenia.~~ Target lower end of therapeutic dose range of antipsychotics to be used in individuals in their first episode of schizophrenia and titrate according to efficacy and tolerability.

**Reason for modification: Minimum effective dose is a goal, but the panel felt more detail was warranted on how this is achieved.**

SIGN/Recommendation 5. Antipsychotic Continuation. Following ~~remission~~ **resolution** of positive symptoms of the first episode of schizophrenia, duration of maintenance treatment with antipsychotics should be at least 18 months.

**Reason for modification: There is considerable debate as to whether antipsychotics can be safely discontinued in terms of increasing risk of relapse. Remission of positive symptoms is not necessarily the same as resolution of psychotic symptoms, and the panel felt that the latter was necessary to entertain antipsychotic discontinuation.**

### B. Acute Exacerbation

SIGN. Following ~~initiation of antipsychotic medication for~~ **an increase or change of antipsychotic medication for** acute exacerbation of schizophrenia, the medication should be continued for at least 4 weeks unless there are significant tolerability issues. Where a partial response is seen after review at four weeks, the medication should be re-assessed after 8 weeks unless there are significant adverse effects.

**Reason for modification: The panel conceptualized this recommendation in the context of individuals currently being treated for psychosis. Accordingly, the recommendation was altered to address decisions clinicians would face in terms of existing treatment.**

### C. Relapse Prevention and Maintenance Treatment (cont'd)

SIGN/Recommendation 1. Antipsychotic Dose. ~~Individuals with schizophrenia, which is in remission~~ **Following an acute episode of schizophrenia**, individuals should be offered maintenance treatment with antipsychotic medication at low or moderate regular dosing of around 300-400 mg of chlorpromazine equivalents, 4-6 mg of risperidone, or other equivalents daily.

**Reason for modification: The panel noted maintenance treatment must be considered in individuals with schizophrenia who do not necessarily meet criteria for remission.**

SIGN/Recommendation 2. Duration of Treatment. ~~Individuals with schizophrenia which is in remission should be offered maintenance treatment with antipsychotic medication for a minimum of two years.~~ **Following resolution of positive symptoms for an acute episode of schizophrenia**, patients should be offered maintenance treatment and antipsychotic medication for two and possibly up to five years or longer.

**Reason for modification: Once again, the panel felt that resolution of psychotic symptoms, versus remission, is a requisite in discussing antipsychotic discontinuation. It also supported including the option of longer-term use given the lack of evidence currently available to guide decision-making in who might discontinue treatment without increased risk of relapse.**

#### **D. Treatment Resistant Schizophrenia (TRS)**

SIGN/Recommendation 2. Clozapine should be considered for patients whose schizophrenia has not responded to two antipsychotics ~~including a second generation antipsychotic medication.~~

**Reason for modification: The panel held that there is no robust evidence to support the position that at least one of the antipsychotic trials has to involve a second generation antipsychotic.**

