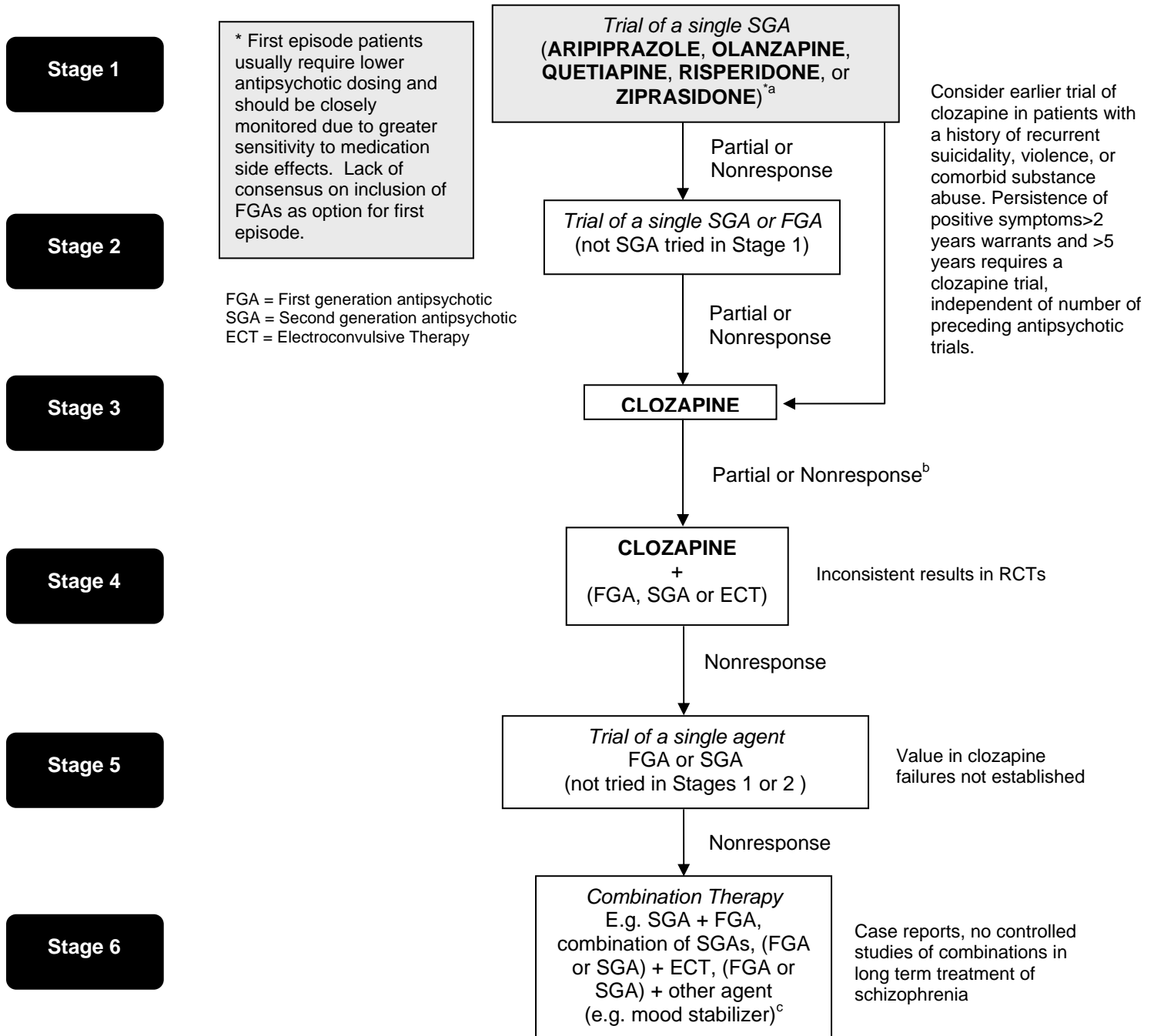


Algorithm for the Treatment of Schizophrenia

Choice of antipsychotic (AP) should be guided by considering the clinical characteristics of the patient and the efficacy and side effect profiles of the medication

Any stage(s) can be skipped depending on clinical picture or history of antipsychotic failure and returning to an earlier stage may be justified by history of past response



^a If patient is inadequately adherent at any stage, the clinician should assess and consider a long-acting antipsychotic preparation, such as risperidone microspheres, haloperidol decanoate or fluphenazine decanoate.

^b A treatment refractory evaluation should be performed to reexamine diagnosis, substance abuse, medication adherence, and psychosocial stressors. Cognitive Behavioral Therapy (CBT) or Psychosocial augmentation should be considered.

^c Whenever a second medication is added to an antipsychotic (other than clozapine) for the purpose of improving **psychotic** symptoms, the patient is considered to be in Stage 6.