Psych Congress Network

Mastering Schizophrenia Treatment:

Optimal Use of Oral Antipsychotics Based on Neurobiological and Clinical Evidence

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Practical Strategies for Optimal Oral Antipsychotic Treatment of Schizophrenia

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Disclosures

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Learning Objectives

- Identify strategies to individualize OAP treatments for patients with schizophrenia, optimizing efficacy and safety with careful consideration of comorbidities and drug-drug interactions

- Apply shared decision-making techniques to improve OAP adherence, monitoring, and overall treatment outcomes in patients with schizophrenia

Optimal OAP Treatment Decisions in Schizophrenia

OAP Treatment Decisions Based on Pharmacological and Clinical Evidence

- **Key Principles**
  - Match pharmacologic profile to therapeutic goals (D2, 5-HT2A, 5-HT1A, H1, M1/M4, α1 activities).
  - Consider partial D2 agonists for patients needing stabilization with lower EPS/metabolic risk.
  - Evaluate pharmacokinetics: half-life, steady-state stability, CYP metabolism, drug–drug interactions.
  - Assess prior treatment response patterns to guide selection (tolerability, adherence, and efficacy history).
  - Consider non-symptom factors: formulation preferences, dosing complexity, pill burden, cost/coverage.
- **Clinical Implications**
  - Tailoring OAP selection enhances symptom control, tolerability, and adherence.
  - Understanding receptor profiles helps reduce adverse effects while addressing unmet symptom domains.

Miyamoto S, et al. *Clin Pharmacol Ther.* 2012;91(1):81–88; Leucht S, et al. *Lancet.* 2013;382(9896):951–962; Correll CU. *Dialogues Clin Neurosci.* 2010;12(3):371–387.

Evaluating OAP Differences in Relation to Specific Symptom Presentations

- **Positive Symptoms**
  - Favor higher D2 blockade or D2 partial agonists for robust antipsychotic effects.
  - Faster onset agents may be preferred in acute agitation or severe psychosis.
- **Negative Symptoms**
  - Consider agents with strong serotonergic modulation (5-HT1A, 5-HT2A) and lower anticholinergic load.
  - Minimize sedation and EPS, which can mimic/worsen negative symptoms. Consider muscarinic agents.
- **Cognitive Impairment**
  - Avoid agents with strong anticholinergic or sedative effects.
  - Consider pro-cognitive properties associated with certain partial agonists, serotonergic or muscarinic activity.
- **Affective/Anxiety Symptoms**
  - OAPs with antidepressant/5-HT1A effects may improve mood, anxiety, and suicidality.

Leucht S, et al. Schizophr Bull. 2007;33(1): 116–129.; Harvey PD, Strassnig M. World Psychiatry. 2012;11(2):73–79; Correll CU, Schooler NR. J Clin Psychiatry. 2020;81(2):19ac13103.

Evaluating OAP Differences in Relation to Comorbidities and Concomitant Medications

- **Cardiometabolic Comorbidity**
  - Prefer weight-neutral or low-metabolic-risk OAPs in patients with obesity, diabetes, or dyslipidemia.
  - Avoid agents associated with high weight gain or insulin resistance.
- **Substance Use Disorders**
  - D2 partial agonists may reduce craving and improve function in co-occurring SUD.
  - Consider interactions with methadone, buprenorphine, or alcohol use.
- **Movement Disorder Risk**
  - Avoid high-potency D2 blockade in older adults, patients with Parkinsonism, or DIMD history.
  - Use lower D2-occupancy, partial agonist, or muscarinic agents to reduce EPS and TD risk.
- **Polypharmacy / CYP Interactions**
  - Monitor interactions with antidepressants, anticonvulsants, and cardiac medications.
  - Select OAPs with fewer CYP450 interactions in medically complex patients.

De Hert M, et al. Nat Rev Endocrinol. 2012;8(2):114–126; Correll CU, et al. World Psychiatry. 2017;16(2):163–180; Citrome L. J Clin Psychopharmacol. 2014;34(5): 527–535.

Patient-Centered Strategies for Discussing Needs and Goals

- **Eliciting Patient Goals**
  - Explore priorities: symptom relief, sleep, thinking clarity, energy, relationships, work/school.
  - Discuss acceptable trade-offs (e.g., mild sedation vs. agitation relief, weight concerns vs. efficacy).
- **Discussing Treatment Preferences**
  - Review previous experiences with medications—benefits, side effects, concerns.
  - Address fears related to stigma, sedation, dependency, or side effects.
- **Improving Engagement**
  - Normalize ambivalence about treatment.
  - Integrate motivational interviewing to align treatment with personal values.

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Shared Decision-Making with Patients and Care Partners

- **Principles of SDM**
  - Provide clear, simple explanations of risks, benefits, and alternatives.
  - Use decision aids comparing OAP options by efficacy, side effects, andlifestyle fit.
  - Encourage questions and ensure patient comprehension.
- **Role of Care Partners**
  - Collaborate with family/caregivers to monitor symptoms, side effects,adherence.
  - Respect autonomy while offering support in complex decisions.
- **Clinical Impact**
  - SDM improves adherence, satisfaction, therapeutic alliance, and outcomes.
  - Enhances trust and reduces perception of coercion.

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Panel Discussion:
Common OAP Treatment Challenges

Addressing Adherence Issues, Mitigating Adverse Effects, and Managing Regimens

Titration Schedules vs Dose Ranges vs Single Fixed Dose (e.g. Lumateperone)

When and How to Switch Between OAPs

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Q&A