

# 45 - First episode schizophrenia

## First-episode schizophrenia

Schizophrenia and related psychoses CHAPTER 1 Either: Agree the choice of antipsychotic medication with patient<sup>1</sup> and/or carer Or, if not possible: Start second-generation antipsychotic medication (select one that is available in long-acting injection formulation)<sup>2,3</sup> Treatment algorithm Titrate, as necessary, to minimum effective dose (see section on 'minimum effective dose in this chapter) Adjust dosage regimen according to therapeutic response and tolerability/safety Change drug and follow above process Assess over 2–3 weeks\* Clozapine\*\*\* If poor adherence related to poor tolerability, discuss with patient and change to drug with more favourable adverse-effect profile When efficacy and tolerability established, switch to long-acting injection Continue at dose established as effective Switch to depot/long-acting injection before discharge\*\* Effective No effect Not effective Not tolerated or poor medication adherence

- Any improvement is likely to be apparent within 2–3 weeks of receiving an effective dose.<sup>4</sup> Most improvement occurs during this period.<sup>5</sup> If no effect by 2–3 weeks, increase the dose or change the drug. If some response detected, continue for a total of 10 weeks before abandoning treatment.<sup>6</sup> \*\* Relapse and readmission rates are vastly reduced by early use of depot/long-acting injections in this patient group.<sup>7–9</sup> Patients with first-episode schizophrenia will accept long-acting injections.<sup>10</sup> \*\*\* Early use of clozapine much more likely than anything else to be successful.<sup>6,11</sup> Reluctance to use clozapine is associated with poor outcomes.<sup>12</sup> Delaying the use of clozapine diminishes response to clozapine.<sup>13</sup> Treatment algorithms for schizophrenia First-episode schizophrenia

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