

# Medications for patients with first episode psychosis may not meet guidelines

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Many patients with first-episode psychosis receive medications that do not comply with recommended guidelines for first-episode treatment, researchers have found. Current guidelines emphasize low doses of antipsychotic drugs and strategies for minimizing the side effects that might contribute to patients stopping their medication. A study finds that almost 40 percent of people with first-episode psychosis in community mental health clinics across the country might benefit from medication treatment changes.

Psychosis is a mental disorder in which thoughts and emotions are impaired and contact with reality is diminished. People experiencing a first episode of psychosis have different treatment requirements than those with multi-episode psychosis. A recent analysis of prescribing patterns for first-episode psychosis suggests that more effort is needed to promote awareness of first episode-specific medication practices at community facilities. The research was funded by the National Institute of Mental Health (NIMH), part of the National Institutes of Health, and funds from the Recovery Act.

Dr. John Kane of Hofstra North Shore-Long Island Jewish School of Medicine and The Zucker Hillside Hospital, Glen Oaks, New York, led the RAISE Early Treatment Program team studying 404 individuals between the ages of 15 and 40 with first-episode psychosis who presented for treatment at 34 community-based clinics across 21 states. The study participants had been treated with [antipsychotic drugs](#) for six months or less.

Delbert Robinson, M.D., of the Feinstein Institute for Medical Research, Center for Psychiatric Neuroscience, Manhasset, New York, and colleagues report their findings on Dec. 4, 2014 in the *American Journal of Psychiatry*.

The authors identified 159 people (39.4 percent of those enrolled in the study) who might benefit from

changes in their medication. Of the 159 patients identified by researchers, 8.8 percent were prescribed higher-than-recommended doses of antipsychotics; 23.3 percent were prescribed more than one antipsychotic; 36.5 percent were prescribed an [antipsychotic](#) and an antidepressant without a clear need for the antidepressant; 10.1 percent were prescribed psychotropic medications without an [antipsychotic medication](#); and 1.2 percent were prescribed stimulants. In addition, 32.1 percent were prescribed olanzapine, a medication not recommended for first-episode patients. Some of the 159 fell into multiple categories.

Better [medication treatment](#) early in the illness, particularly strategies that minimize uncomfortable side effects, may lead to better results for patients. To improve prescription practices, the authors recommend additional education for those prescribing medication for patients with first-episode psychosis.

The study is among the first of several to report results from the Recovery After an Initial Schizophrenia Episode (RAISE) project, which was developed by NIMH to examine first-episode psychosis before and after specialized treatment was offered in community settings in the United States. RAISE seeks to change the path and prognosis of schizophrenia through coordinated and intensive treatment in the earliest stages of illness. The findings from these studies identify opportunities for improving the lives of people experiencing first-episode psychosis by highlighting ways existing treatments can be enhanced. For example, the studies make recommendations for improving coordination of mental health care and primary care, and for ensuring that medications follow established guidelines.

"Our data were for prescriptions individuals received before they started the RAISE-Early Treatment Program study. Community [mental](#)

[health](#) clinicians usually have extensive experience treating individuals with multi-episode psychosis," said Robinson. "The challenge for the field is to develop ways to transmit the specialized knowledge about first episode treatment to busy community clinicians. "

NIMH is working with the Substance Abuse and Mental Health Services Administration (SAMHSA) to use the RAISE results to improve [treatment](#) for people with early onset of serious mental illness - including [psychosis](#). This effort includes all US states and territories via SAMHSA's Community Mental Health Services Block Grant.

**More information:** Robinson DG, Schooler NR, John M, Correll CU, Marcy P, Addington J, Brunette MF, Estroff SE, Mueser KT, Penn D, Robinson J, Rosenheck RA, Severe J, Goldstein A, Azrin S, Heinssen R, Kane JM. Medication prescription practices for the treatment of first episode schizophrenia-spectrum disorders: data from the national RAISE-ETP study, *American Journal of Psychiatry*, Dec. 4, 2014

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