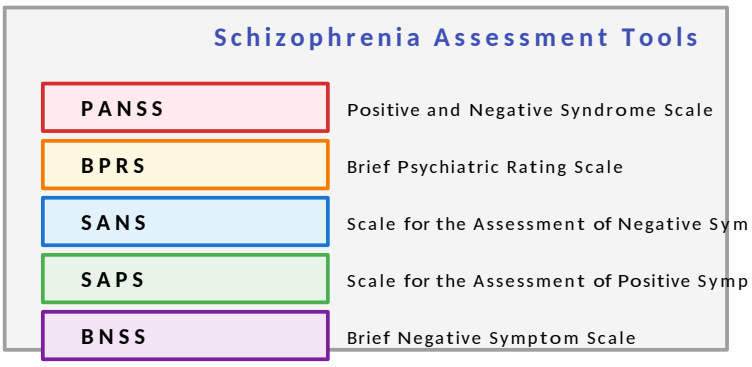
Psychiatric NP Cheat Sheet: Schizophrenia Spectrum Disorders

🧠 Schizophrenia

🚩 Diagnostic Criteria (DSM-5)

- ≥2 of the following symptoms for a significant portion of time during a 1-month period:
  - Delusions
  - Hallucinations
  - Disorganized speech
  - Grossly disorganized or catatonic behavior
  - Negative symptoms (diminished emotional expression, avolition)
- At least one symptom must be delusions, hallucinations, or disorganized speech
- Level of functioning significantly below premorbid level
- Continuous signs of disturbance for ≥6 months (including ≥1 month of active symptoms)
- Not attributable to substance or medical condition
- Not better explained by another mental disorder

📊 Assessment Tools



💊 Treatment Approaches

🎯 First-Line Pharmacotherapy

Second-Generation Antipsychotics (SGAs)

- Risperidone: 2-6 mg daily
- Olanzapine: 5-20 mg daily
- Quetiapine: 300-800 mg daily
- Aripiprazole: 10-30 mg daily
- Ziprasidone: 80-160 mg daily
- Paliperidone: 3-12 mg daily
- Lurasidone: 40-160 mg daily
- Brexpiprazole: 2-4 mg daily

🔄 Second-Line Pharmacotherapy

First-Generation Antipsychotics (FGAs)

- Haloperidol: 2-20 mg daily
- Fluphenazine: 2-20 mg daily
- Perphenazine: 8-32 mg daily
- Loxapine: 20-100 mg daily

⚠️ Treatment-Resistant Schizophrenia

Clozapine

- Dosage: 300-900 mg daily
- Consider after failure of 2-3 adequate antipsychotic trials

- Requires REMS program monitoring
- Target levels: 350-500 ng/mL

💉 Long-Acting Injectable (LAI) Antipsychotics

Second-Generation LAIs

- Risperidone (Risperdal Consta): 25-50 mg q2wk
- Paliperidone (Invega Sustenna): 39-234 mg q4wk
- Paliperidone (Invega Trinza): 273-819 mg q3mo
- Aripiprazole (Abilify Maintena): 300-400 mg q4wk
- Aripiprazole (Aristada): 441-882 mg q4-6wk
- Olanzapine (Zyprexa Relprevv): 150-405 mg q2-4wk

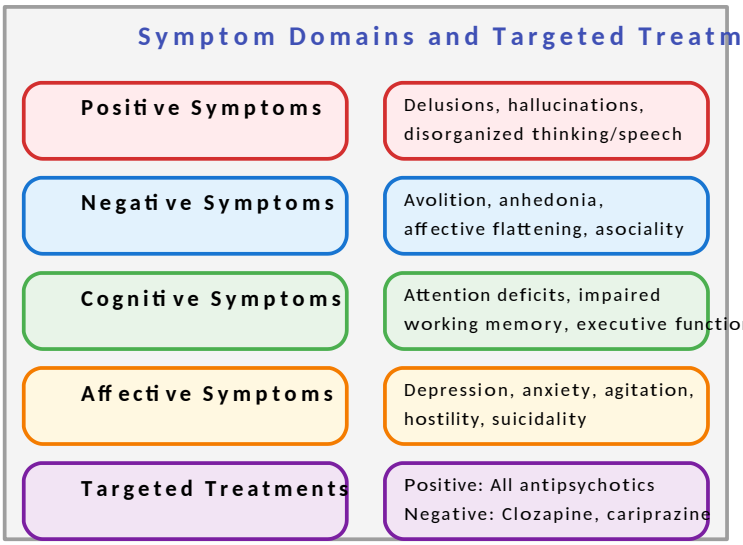
First-Generation LAIs

- Haloperidol decanoate: 50-200 mg q4wk
- Fluphenazine decanoate: 12.5-50 mg q2-4wk

🗣️ Psychosocial Interventions

- Cognitive-Behavioral Therapy for psychosis (CBTp)
- Social Skills Training (SST)
- Family psychoeducation and therapy
- Supported employment
- Assertive Community Treatment (ACT)
- Cognitive Remediation
- Illness Management and Recovery (IMR)

🔄 Symptom Domains and Targeted Treatments



🔬 Differential Diagnosis

Medical Conditions

- Delirium
- Dementia
- Seizure disorders (esp. temporal lobe epilepsy)
- Brain tumors
- Cerebrovascular disease
- Autoimmune encephalitis (NMDA receptor)
- Endocrine disorders (thyroid, adrenal)
- Vitamin deficiencies (B12, folate)
- Infectious diseases (HIV, neurosyphilis)

Psychiatric Conditions

- Bipolar disorder with psychotic features
- Major depressive disorder with psychotic features
- Schizoaffective disorder
- Delusional disorder
- Personality disorders (schizotypal, borderline)
- Autism spectrum disorder
- Post-traumatic stress disorder
- Obsessive-compulsive disorder

💊 Substance-Induced Considerations

- **Stimulants:** Amphetamines, cocaine, methamphetamine
- **Hallucinogens:** LSD, PCP, ketamine, psilocybin
- **Cannabis:** Especially high-potency or synthetic
- **Alcohol:** Withdrawal (delirium tremens)
- **Other substances:** Synthetic cannabinoids, bath salts

🔬 Recommended Workup

Initial Evaluation

- 🩸 **Laboratory:** CBC, CMP, TSH, B12, folate, RPR/VDRL, HIV, urine toxicology
- 🧠 **Neuroimaging:** MRI or CT of brain
- 💓 **ECG:** Baseline before antipsychotic treatment
- 📋 **Screening tools:** PANSS, BPRS
- 📝 **History:** Detailed symptom history, onset, course, premorbid functioning
- ⚠️ **Risk assessment:** Suicidality, homicidality, self-care ability
- 🔍 **Rule out:** Medical conditions, substance-induced psychosis

🔄 Other Schizophrenia Spectrum Disorders

🧠 Schizoaffective Disorder

Diagnostic Criteria

- Uninterrupted period of illness with major mood episode (depression or mania) concurrent with Criterion A for schizophrenia

- Delusions or hallucinations for ≥2 weeks in the absence of a major mood episode during the lifetime duration of the illness
- Symptoms meeting criteria for a major mood episode present for majority of total duration
- Not attributable to substance or medical condition

Treatment

- **Pharmacotherapy:** Antipsychotic + mood stabilizer or antidepressant
- **Preferred SGAs:** Risperidone, paliperidone, olanzapine, aripiprazole
- **Mood stabilizers:** Lithium, valproate, lamotrigine, carbamazepine
- **Antidepressants:** SSRIs, SNRIs (with caution)
- **Psychosocial interventions:** Similar to schizophrenia

🧠 Schizophreniform Disorder

Diagnostic Criteria

- Identical to schizophrenia except for duration
- Duration of 1-6 months
- Specifier: With good prognostic features (if ≥2 of: onset of psychotic symptoms within 4 weeks of first noticeable change in behavior, confusion at height of psychotic episode, good premorbid functioning, absence of blunted/flat affect)

Treatment

- **Pharmacotherapy:** Similar to schizophrenia
- **Duration:** Consider longer-term treatment if poor prognostic features
- **Monitoring:** Close follow-up to assess for progression to schizophrenia

🧠 Delusional Disorder

Diagnostic Criteria

- Presence of ≥1 delusions lasting ≥1 month
- Never met Criterion A for schizophrenia
- Apart from impact of delusion(s), functioning not markedly impaired
- If mood episodes occur, they are brief relative to duration of delusional periods
- Not attributable to substance or medical condition
- Types: Erotomanic, grandiose, jealous, persecutory, somatic, mixed, unspecified

Treatment

- **Pharmacotherapy:** Lower doses of antipsychotics than schizophrenia
- **Preferred agents:** Risperidone, olanzapine, quetiapine
- **Psychotherapy:** Cognitive approaches with caution, avoid direct confrontation of delusions
- **Engagement:** Focus on distress and functional impairment rather than delusion content

📋 Monitoring

Antipsychotic Monitoring

- 🩸 **Baseline:** Weight, BMI, waist circumference, blood pressure, fasting glucose, lipid panel, CBC, CMP, prolactin (if indicated), ECG
- 🩸 **Metabolic monitoring:** Weight monthly for 3 months, then quarterly; glucose and lipids at 3 months, then annually
- ⚠️ **EPS monitoring:** AIMS for tardive dyskinesia every 6 months
- ⚠️ **Clozapine monitoring:** WBC and ANC weekly for 6 months, then every 2 weeks for 6 months, then monthly
- ⚠️ **QTc monitoring:** ECG for those at risk of QTc prolongation

Follow-Up Schedule

- 🗓️ **Acute phase:** Weekly to biweekly
- 🗓️ **Stabilization phase:** Monthly
- 🗓️ **Maintenance phase:** Every 2-3 months
- 🗓️ **Medication adjustments:** More frequent monitoring

🔍 Special Considerations

🤰 Pregnancy/Postpartum

- Careful risk-benefit analysis required
- Untreated psychosis poses risks to mother and fetus
- Lowest effective dose of antipsychotic
- Preferred agents: Risperidone, olanzapine, quetiapine
- Avoid: Clozapine (agranulocytosis risk), high-potency FGAs (EPS risk)
- Monitor for gestational diabetes with SGAs
- Increased risk of relapse postpartum

👵 Elderly

- Start low, go slow with medications
- Lower doses (25-50% of adult dose)
- Increased sensitivity to side effects
- Higher risk of cerebrovascular events with SGAs
- Avoid anticholinergic agents
- Monitor for drug interactions
- Consider medical comorbidities

🧒 Adolescents/Young Adults

- Early intervention critical for better outcomes
- Lower starting doses of antipsychotics
- Higher risk of metabolic side effects
- Monitor growth and development
- Family involvement essential
- Educational and vocational support
- FDA-approved SGAs for adolescents: Risperidone, aripiprazole, olanzapine, quetiapine, lurasidone, paliperidone

📚 References

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