

# NATIONAL CLINICAL GUIDELINE FOR THE TREATMENT OF PATIENTS WITH SCHIZOPHRENIA AND COMPLEX TREATMENT COURSES

## – PERSISTENT SYMPTOMS, ABUSE OR LOSS OF CONTACT WITH TREATMENT SERVICES

### Quick guide

Pharmacological treatment	
√	In patients with schizophrenia undergoing treatment with clozapine, it is good practice to adjust the dose according to clinical response and adverse reactions. The upper limit of the recommended therapeutic range may be exceeded, but such a choice should always lead to considerations about reducing the dose to minimise adverse reactions.
↑	Consider injection with long-acting antipsychotic in patients with schizophrenia with irregular medicine intake and persistent psychotic symptoms (⊕○○○).
↓	SSRI products should only be prescribed to patients with schizophrenia for the treatment of persistent negative symptoms upon due consideration, because the therapeutic efficacy is low and the treatment is associated with adverse reactions (⊕⊕○○).
↓	SNRI products should only be prescribed to patients with schizophrenia for the treatment of persistent negative symptoms upon due consideration, because the therapeutic efficacy is low and the treatment is associated with adverse reactions (⊕○○○).
↑↑	Offer maintenance treatment with an antipsychotic to non-remitted patients with schizophrenia who have previously experienced some effect of antipsychotic treatment (⊕⊕⊕○).
√	In case of lack of response to a variety of antipsychotics in/of sufficient doses and durations, incl. clozapine, it is good practice to initiate gradual dose reduction, possibly until discontinuation of the treatment.
Psychotherapeutic and psychosocial interventions	
↑↑	Offer family intervention to patients with schizophrenia with considerable disability (⊕⊕○○).
↑	Consider offering neurocognitive training to patients with schizophrenia with considerable disability (⊕⊕○○).
↑	Consider offering social cognitive training to patients with schizophrenia with considerable disability (⊕⊕○○).
↑	Consider offering cognitive behavioural therapy to patients with schizophrenia with considerable disability on the basis of persistent psychotic and/or negative symptoms (⊕⊕⊕○).
Abuse and loss of contact with treatment services	
↑	Consider offering a combination of cognitive behavioural therapy (CBT) and motivational interviewing (MI) to patients with schizophrenia with abuse of cannabis and/or central nervous system stimulants. There is no evidence indicating any difference in the effect between CBT/MI and the usual treatment for the target group (⊕○○○), but CBT and MI, separately, are effective during general treatment of abuse.
↑↑	Use the model assertive community treatment (ACT) for patients with schizophrenia who are not capable of participating in the usual outpatient psychiatric treatment offers (⊕⊕⊕○).

## About the quick guide

This quick guide contains the key recommendations from the national clinical guideline for the treatment of patients with schizophrenia and complex treatment courses. The guideline was prepared by the Danish Health Authority (DHA).

The national clinical guideline focuses on the pharmacological treatment and psychotherapeutic and psychosocial interventions for patients with schizophrenia and complex treatment courses defined as persistent symptoms despite relevant pharmacological treatment, lack of connection to the established treatment services or concomitant abuse.

Thus, the guideline contains recommendations for selected phases of the treatment of schizophrenia in case of complex courses and within selected parts of the field only. Therefore, the guideline must be seen alongside the other guidelines, process descriptions etc. within this field.

The recommendations are preceded by the following indications of their strength:

↑↑ = a strong recommendation for  
↓↓ = a strong recommendation against  
↑ = a weak/conditional recommendation for  
↓ = a weak/conditional recommendation against

The symbol (√) stands for good practice. This symbol is used in case of lack of evidence, when the working group wants to emphasise particular aspects of the established clinical practice.

The recommendations are followed by the symbols mentioned below which indicate the strength of the underlying evidence – from high to very low:

(⊕⊕⊕⊕) = high  
(⊕⊕⊕○) = moderate  
(⊕⊕○○) = low  
(⊕○○○) = very low

In case of lack of evidence, a recommendation is not followed by a symbol. This applies to the good practice recommendations.

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### Further information at [sundhedsstyrelsen.dk](http://sundhedsstyrelsen.dk)

At [sundhedsstyrelsen.dk](http://sundhedsstyrelsen.dk), a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

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### About the national clinical guidelines

The national clinical guideline is one of the 47 national clinical guidelines to be prepared by the DHA during the period 2013-2016.

Further information about the choice of subjects, method and process is available at [sundhedsstyrelsen.dk](http://sundhedsstyrelsen.dk).

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