

key points

SELECTED BY

Dr Peter Saul

GP, Wrexham and Associate GP Dean for North Wales

Schizophrenia is a debilitating, often chronic, psychotic disorder with early onset and a lifetime prevalence of 7.2/1,000. The longer the period without treatment, the worse the outcome. In the UK, the mean duration of untreated psychosis is between one and two years. The new NICE guidelines for schizophrenia recommend that all patients who are distressed and have a decline in social functioning accompanied by psychotic symptoms, or behaviour suggesting psychosis, should be comprehensively assessed by a specialist mental health service.

Common comorbidities, such as depression, substance misuse and anxiety disorders, and recent traumatic events that could be associated with the development of the psychotic episode should be evaluated. This is important, as they can increase morbidity in patients with schizophrenia and are often overlooked.

Antipsychotic medication remains the cornerstone of treatment in schizophrenia for the acute and the stabilisation-maintenance phase. Newer antipsychotics have fewer extrapyramidal side effects, but are more likely to result in the metabolic syndrome than the older drugs. Patients and their carers should be involved in choosing a suitable antipsychotic, and be informed about potential metabolic, cardiovascular, extrapyramidal, hormonal and other side effects. If after adequate use of two different antipsychotics (at least one of them should be second generation) the symptoms have not improved, clozapine should be offered. The maintenance phase will require continuation of an antipsychotic for a minimum of two years. Patients should be informed that there is a high risk of relapse if they stop medication.

The revised NICE guidelines emphasise the use of psychological, social, occupational and educational interventions early in treatment. Individual CBT or family therapy should be offered in conjunction with medication to patients with a first or subsequent episode of schizophrenia, even during the acute phase, if appropriate.

Mortality rates in schizophrenia are high and the majority of premature deaths are accounted for by physical illnesses. These include cardiovascular disorders, diabetes mellitus, chronic obstructive pulmonary disease, certain cancers and infectious diseases e.g. HIV, hepatitis C and tuberculosis. Although not generally responsible, chronic antipsychotic side effects contribute to the development of some of these physical problems.

Primary care has a significant role to play in monitoring mental state and physical health. Monitoring mental state is crucial. When relapse is threatened because of poor response to treatment, non-adherence to medication, intolerable side effects from medication, comorbid substance misuse, or if risk to self or others is suspected, GPs should refer the patient to the mental health team. GPs should provide a comprehensive health check yearly or more often if there is an indication.