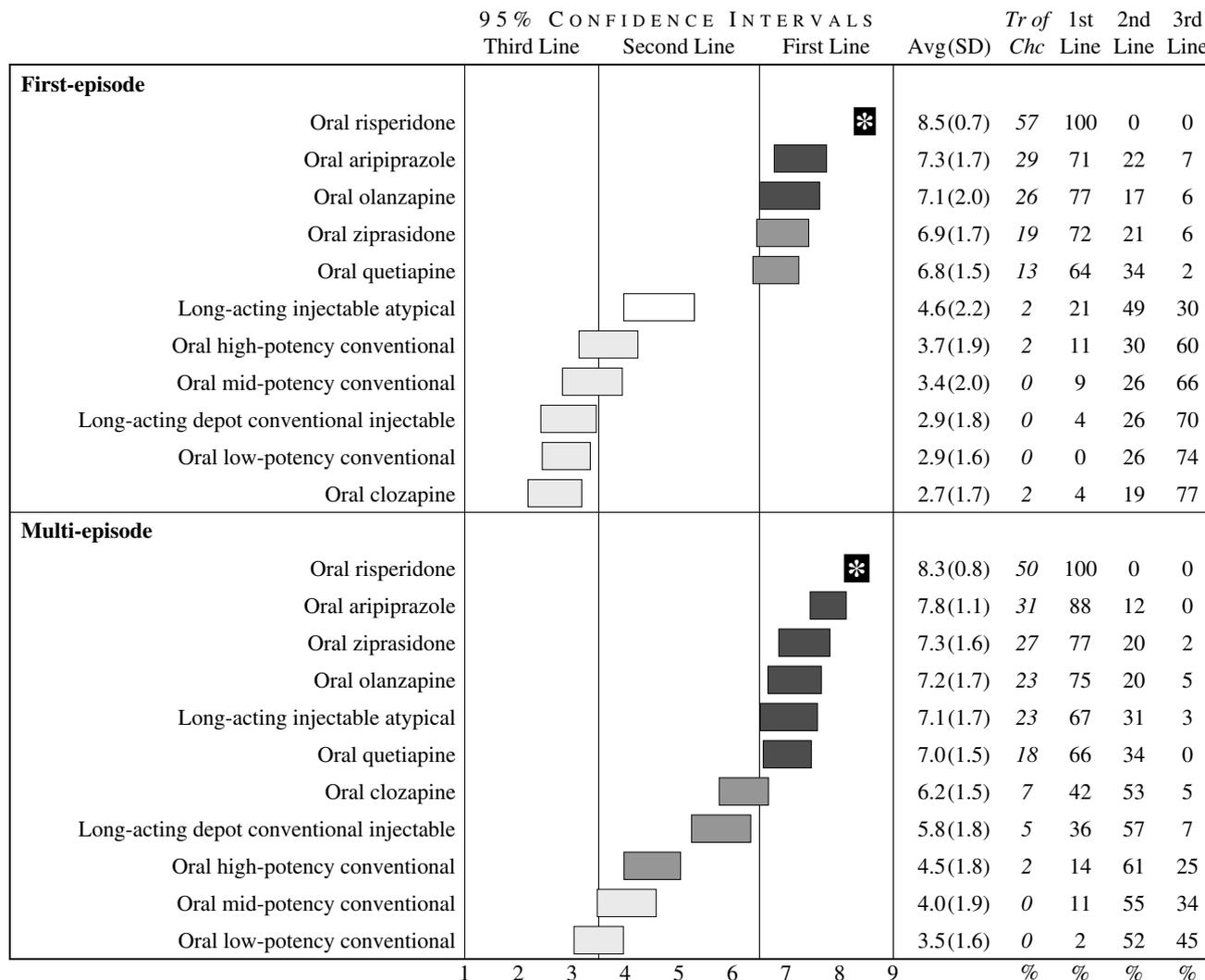


Expert Survey Results and Guideline References

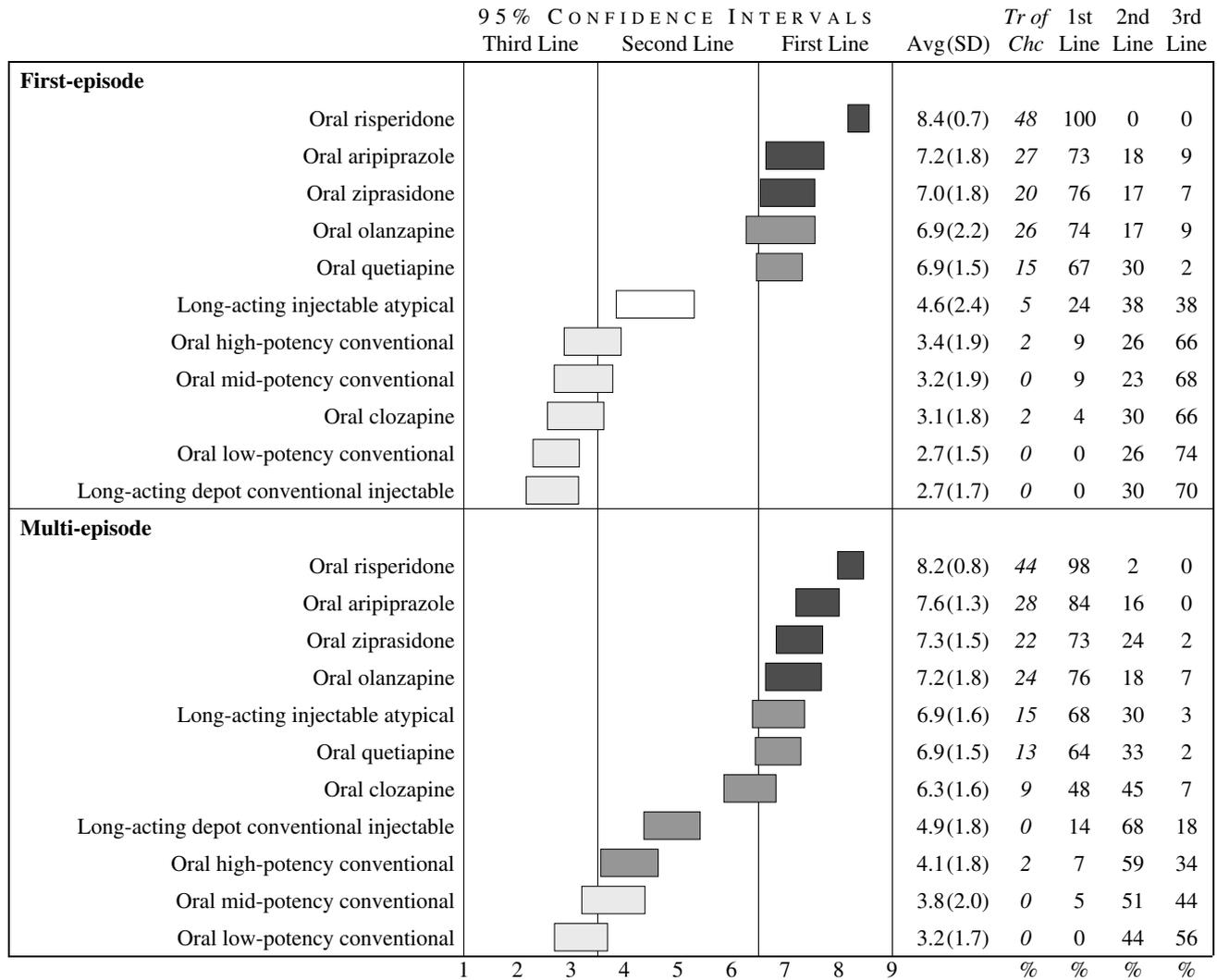
1 Medication selection. Please rate the appropriateness of each of the following as initial pharmacologic treatment for a patient with predominantly **positive** psychopathology who is 1) having a first episode of psychosis or 2) has had previous episodes of a psychotic disorder.



2 Medication selection. Please rate the appropriateness of each of the following as initial pharmacologic treatment for a patient with predominantly *negative* psychopathology who is 1) having a first episode of psychosis or 2) has had previous episodes of a psychotic disorder.

		95% CONFIDENCE INTERVALS			Avg(SD)	Tr of	1st	2nd	3rd	
		Third Line	Second Line	First Line		Chc	Line	Line	Line	
First-episode										
	Oral risperidone				7.6(1.8)	36	87	9	4	
	Oral aripiprazole				7.2(2.0)	30	77	14	9	
	Oral ziprasidone				6.9(2.1)	24	71	20	9	
	Oral olanzapine				6.8(2.3)	27	71	18	11	
	Oral quetiapine				6.7(1.9)	16	67	27	7	
	Long-acting injectable atypical				4.3(2.3)	3	23	40	38	
	Oral clozapine				3.0(1.9)	2	4	30	65	
	Oral high-potency conventional				3.0(1.7)	2	7	22	72	
	Oral mid-potency conventional				2.9(1.8)	0	7	22	72	
	Long-acting depot conventional injectable				2.8(1.7)	0	2	34	64	
	Oral low-potency conventional				2.4(1.3)	0	0	17	83	
Multi-episode										
	Oral risperidone				7.6(1.4)	33	84	14	2	
	Oral aripiprazole				7.5(1.7)	35	83	13	5	
	Oral ziprasidone				7.3(1.8)	29	74	21	5	
	Oral olanzapine				7.1(2.0)	26	72	23	5	
	Oral quetiapine				6.9(1.8)	19	67	26	7	
	Long-acting injectable atypical				6.4(2.2)	18	55	32	13	
	Oral clozapine				6.1(2.1)	14	48	40	12	
	Long-acting depot conventional injectable				4.1(2.0)	2	12	52	36	
	Oral high-potency conventional				3.5(1.7)	2	5	38	57	
	Oral mid-potency conventional				3.3(1.9)	0	5	36	60	
	Oral low-potency conventional				2.8(1.5)	0	0	29	71	
		1	2	3	4	5	6	7	8	9
						%	%	%	%	

3 Medication selection. Please rate the appropriateness of each of the following as initial pharmacologic treatment for a patient with both *prominent positive and negative* symptomatology who is 1) having a first episode of psychosis or 2) has had previous episodes of a psychotic disorder.



4 Dosing of antipsychotics. Please write in the *average daily target* dose you would use for each antipsychotic to ensure an adequate trial for the treatment of a psychotic disorder in each clinical situation. If you are not familiar with a medication, draw a line through that row.

	First-episode patient		Multi-episode patient	
	Acute treatment (mg/day)	Maintenance treatment (mg/day)	Acute treatment (mg/day)	Maintenance treatment (mg/day)
	Avg (SD)	Avg (SD)	Avg (SD)	Avg (SD)
Atypicals (oral)				
Aripiprazole	17.0 (4.4)	16.2 (3.5)	21.8 (6.1)	19.3 (4.9)
Clozapine	393.8 (107.6)	364.3 (110.2)	490.0 (106.9)	443.3 (119.5)
Olanzapine	15.8 (4.3)	13.8 (4.1)	20.3 (5.1)	18.0 (4.9)
Quetiapine	524.4 (168.8)	465.6 (151.8)	644.4 (152.3)	582.2 (153.4)
Risperidone	3.9 (1.2)	3.5 (1.2)	5.1 (1.2)	4.4 (1.0)
Ziprasidone	131.4 (30.3)	118.1 (34.2)	155.9 (18.6)	144.5 (27.9)
Conventionals				
Chlorpromazine	438.4 (225.2)	379.1 (229.2)	601.2 (215.9)	501.2 (238.2)
Fluphenazine	9.3 (6.0)	7.3 (4.8)	14.4 (8.4)	11.0 (4.4)
Haloperidol	8.2 (5.3)	6.2 (4.5)	12.8 (5.7)	9.8 (3.9)
Perphenazine	23.9 (15.1)	20.8 (15.5)	32.6 (15.7)	27.6 (15.6)
Thioridazine	397.1 (163.6)	317.1 (174.4)	486.2 (147.1)	419.6 (158.7)
Thiothixene	18.4 (13.7)	15.4 (13.6)	24.8 (13.1)	20.7 (13.0)
Trifluoperazine	16.2 (11.6)	12.8 (10.4)	22.9 (12.0)	18.7 (10.4)
Fluphenazine decanoate (mg/2–3 wk)	24.3 (13.5)	21.2 (12.7)	38.1 (27.1)	29.8 (12.8)
Haloperidol decanoate (mg/4 wk)	127.0 (72.8)	107.9 (71.0)	172.4 (70.4)	145.8 (63.7)

5 Use of therapeutic drug monitoring of antipsychotics. Please indicate 1) whether plasma level assays are available to you for each of the following agents and 2) if so, whether and how you use plasma levels to adjust the dose. If you are not familiar with a medication, draw a line through that row.

	Are plasma level assays of this agent available to you?		If yes, do you use these levels to monitor compliance?		If yes, do you use these levels to adjust dose?		If you use plasma levels to adjust dose, how do you use them?		
	Yes	No	Yes	No	Yes	No	Routinely	If response inadequate	If side effects a problem
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i>	<i>n</i>	<i>n</i>
Clozapine	43 (96%)	2 (4%)	26 (59%)	18 (41%)	38 (88%)	5 (12%)	12	33	30
Haloperidol	33 (77%)	10 (23%)	20 (57%)	15 (43%)	15 (50%)	15 (50%)	0	17	12
Haloperidol decanoate	27 (64%)	15 (36%)	7 (27%)	19 (73%)	12 (50%)	12 (50%)	0	14	9
Fluphenazine	16 (39%)	25 (61%)	6 (27%)	16 (73%)	3 (18%)	14 (82%)	1	4	2
Risperidone	16 (37%)	27 (63%)	7 (29%)	17 (71%)	3 (14%)	18 (86%)	0	4	4
Fluphenazine decanoate	15 (37%)	26 (63%)	4 (19%)	17 (81%)	4 (27%)	11 (73%)	0	5	2
Olanzapine	15 (35%)	28 (65%)	6 (25%)	18 (75%)	4 (21%)	15 (79%)	0	6	4
Chlorpromazine	11 (26%)	31 (74%)	4 (21%)	15 (79%)	2 (14%)	12 (86%)	0	2	3
Quetiapine	7 (16%)	36 (84%)	2 (12%)	15 (88%)	1 (8%)	11 (92%)	0	2	1
Perphenazine	5 (13%)	35 (88%)	1 (7%)	13 (93%)	0 (0%)	9 (100%)	0	0	0
Ziprasidone	5 (12%)	37 (88%)	2 (13%)	14 (88%)	0 (0%)	12 (100%)	0	1	1
Thioridazine	4 (10%)	36 (90%)	2 (14%)	12 (86%)	1 (11%)	8 (89%)	0	1	0
Thiothixene	4 (10%)	36 (90%)	2 (14%)	12 (86%)	2 (20%)	8 (80%)	0	2	0
Trifluoperazine	3 (7%)	38 (93%)	1 (8%)	12 (92%)	1 (11%)	8 (89%)	0	1	0
Aripiprazole	1 (2%)	40 (98%)	2 (13%)	14 (88%)	0 (0%)	11 (100%)	0	1	1

6 Highest final acute dose. What is the highest final acute dose of each of the following agents you would use in an average healthy young adult? If you are not familiar with a medication, draw a line through that row.

		Highest final acute dose (mg/day) Avg (SD)
Atypicals (oral)		
	Aripiprazole	30.9 (5.4)
	Clozapine	853.3 (147.1)
	Olanzapine	43.2 (34.9)
	Quetiapine	968.5 (261.5)
	Risperidone	10.6 (4.1)
	Ziprasidone	182.3 (43.0)
Conventionals		
	Chlorpromazine	972.7 (303.7)
	Fluphenazine	27.7 (15.0)
	Haloperidol	26.6 (11.7)
	Perphenazine	57.2 (21.1)
	Thioridazine	650.0 (149.1)
	Thiothixene	42.2 (17.6)
	Trifluoperazine	41.3 (17.2)
	Fluphenazine decanoate (mg/2–3 wk)	54.3 (18.9)
	Haloperidol decanoate (mg/4 wk)	243.9 (81.5)

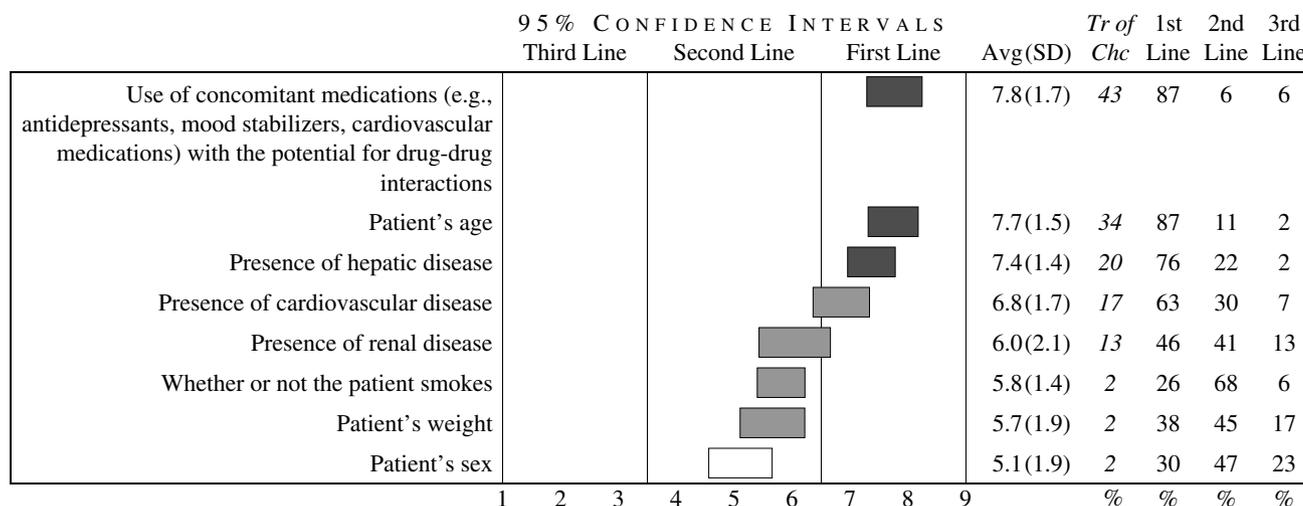
7 Dose equivalency of antipsychotics. Please write in the doses (mg) of each of the following antipsychotics that you would consider equivalent to each of the doses of haloperidol listed below. In this question, we are trying to get a feeling for the equivalency of doses between the older conventional antipsychotics and the new generation of atypical antipsychotics. If you are not familiar with a medication, draw a line through that row.

	Haloperidol 1 mg Avg (SD)	Haloperidol 5 mg Avg (SD)	Haloperidol 10 mg Avg (SD)	Haloperidol 20 mg Avg (SD)	Haloperidol 30 mg Avg (SD)
Atypicals (oral)					
Aripiprazole	4.8 (2.7)	11.9 (3.8)	20.7 (7.9)	31.1 (14.5)	33.5 (11.6)
Clozapine	68.8 (37.9)	235.2 (80.0)	427.3 (134.9)	670.7 (153.7)	897.3 (196.5)
Olanzapine	3.4 (1.6)	10.2 (3.6)	18.1 (5.1)	31.0 (11.7)	43.3 (19.4)
Quetiapine	97.6 (66.6)	325.0 (118.7)	582.6 (185.1)	902.5 (336.6)	1234.8 (520.4)
Risperidone	0.9 (0.4)	3.2 (1.0)	5.7 (1.8)	10.4 (4.1)	14.8 (5.2)
Ziprasidone	35.3 (24.6)	90.4 (35.2)	142.1 (41.4)	183.0 (51.7)	236.9 (91.8)
Conventionals					
Chlorpromazine	61.0 (29.6)	248.3 (64.9)	491.9 (123.4)	886.3 (213.3)	1310.5 (369.5)
Fluphenazine	1.1 (0.2)	4.9 (0.3)	10.0 (0.8)	19.5 (1.7)	30.5 (2.7)
Perphenazine	4.5 (1.9)	17.5 (6.5)	33.3 (13.0)	61.8 (20.8)	86.5 (29.9)
Thioridazine	52.4 (26.7)	218.4 (55.7)	435.5 (135.0)	742.6 (207.5)	980.4 (365.2)
Thiothixene	3.2 (1.5)	12.5 (5.4)	24.1 (10.7)	43.0 (17.4)	59.1 (24.5)
Trifluoperazine	3.0 (1.4)	11.8 (5.3)	22.9 (10.3)	42.4 (21.4)	54.3 (19.9)
Fluphenazine decanoate (mg/2–3 wk)	5.5 (3.0)	15.7 (7.3)	29.1 (13.2)	52.7 (25.8)	75.8 (39.5)
Haloperidol decanoate (mg/4 wk)	28.6 (22.7)	83.3 (43.0)	144.0 (62.4)	245.0 (77.5)	328.4 (109.9)

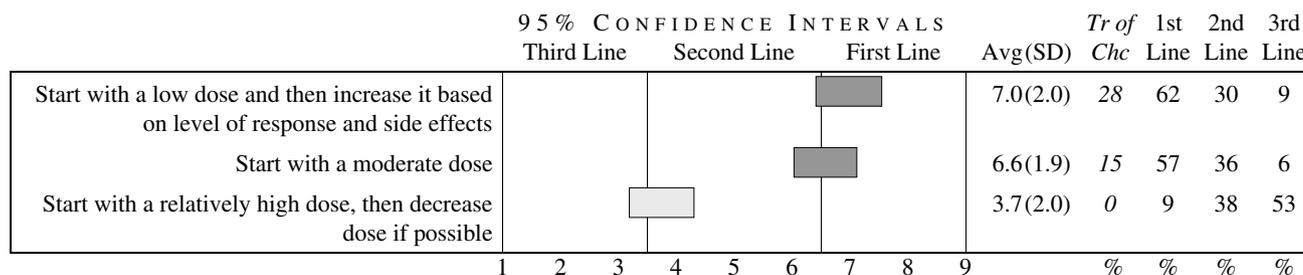
8 Dose equivalency of antipsychotics. Please write in the doses (mg) of each of the following antipsychotics that you would consider equivalent to each of the doses of risperidone listed below. In this question, we are trying to get a feeling for the equivalency of doses among the new generation of antipsychotics. If you are not familiar with a medication, draw a line through that row.

	Risperidone 1 mg Avg (SD)	Risperidone 2 mg Avg (SD)	Risperidone 4 mg Avg (SD)	Risperidone 6 mg Avg (SD)	Risperidone 8 mg Avg (SD)
Atypicals (oral)					
Aripiprazole	4.9 (1.8)	9.7 (2.6)	17.2 (5.4)	25.1 (5.5)	31.4 (7.6)
Clozapine	82.2 (35.4)	168.7 (60.3)	340.2 (90.1)	499.0 (109.5)	690.0 (148.6)
Olanzapine	4.1 (1.8)	8.0 (2.7)	14.4 (3.4)	20.4 (4.8)	28.4 (6.6)
Quetiapine	100.5 (39.8)	221.3 (73.3)	439.0 (144.7)	604.4 (148.1)	819.1 (187.2)
Ziprasidone	37.1 (18.2)	69.9 (25.9)	115.3 (34.2)	158.2 (42.7)	197.3 (55.4)
Conventionals					
Chlorpromazine	81.4 (25.5)	174.4 (53.6)	361.3 (136.6)	553.8 (169.9)	789.5 (249.1)
Fluphenazine	1.8 (1.2)	4.2 (2.3)	8.1 (4.2)	11.5 (4.8)	16.7 (7.3)
Haloperidol	1.6 (0.5)	3.7 (1.2)	7.3 (2.6)	11.5 (4.3)	16.8 (6.7)
Perphenazine	6.0 (2.0)	13.0 (6.3)	25.2 (12.5)	39.2 (16.8)	54.0 (19.2)
Thioridazine	65.0 (32.1)	142.5 (64.2)	308.3 (131.2)	468.6 (154.9)	655.9 (186.2)
Thiothixene	3.8 (1.4)	8.4 (4.1)	16.8 (8.1)	25.7 (11.5)	33.7 (12.4)
Trifluoperazine	4.2 (2.1)	8.6 (4.1)	17.1 (6.8)	24.5 (9.5)	34.7 (14.2)
Fluphenazine decanoate (mg/2–3 wk)	6.8 (3.4)	12.4 (5.9)	23.9 (11.1)	38.6 (20.7)	58.7 (40.9)
Haloperidol decanoate (mg/4 wk)	29.4 (14.5)	58.9 (27.0)	112.6 (50.2)	169.9 (73.5)	226.2 (89.8)

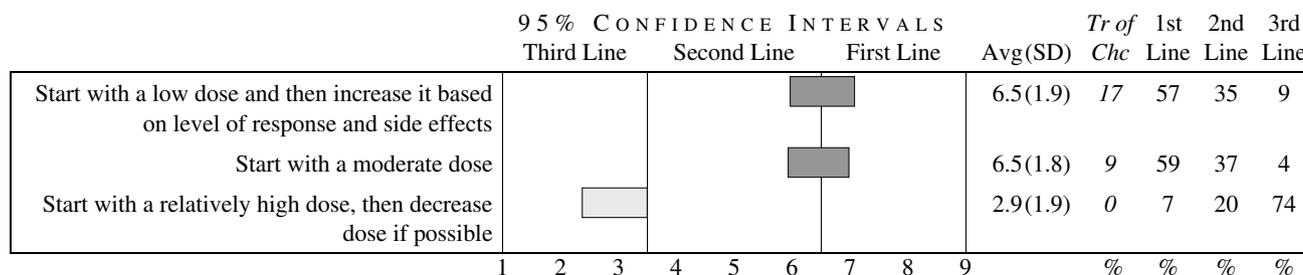
9 Acute dose adjustment. Please rate the appropriateness of adjusting *acute* antipsychotic dose based on the following factors. Please give a rating of 7, 8, or 9 to those factors that you would nearly always consider in selecting antipsychotic dose; a rating of 4, 5, or 6 to those factors you would sometimes consider; and a rating of 1, 2, or 3 to those factors you would rarely or never consider.



10 Titrating the first oral antipsychotic used. Please rate the appropriateness of the following strategies for beginning treatment with an oral antipsychotic for which titration is not required.



11 Titrating the first long-acting injectable antipsychotic used. Please rate the appropriateness of the following strategies for beginning treatment with a long-acting injectable antipsychotic.



12 Dose selection for special populations. Please write in the *average daily target* dose you would use for each antipsychotic for the *acute treatment* of each of the following types of patients. If you would not generally use this medication to treat this type of patient, please place an **X** in the appropriate boxes. If you are not familiar with a medication, draw a line through that row.

	Psychotic disorders in CHILDREN (12 years and under)		Psychotic disorders in ADOLESCENTS (13–18 years old)	
	Would not generally use <i>n</i> (%)	Average daily target dose (mg/day)	Would not generally use <i>n</i> (%)	Average daily target dose (mg/day)
		Avg (SD)		Avg (SD)
Atypicals (oral)				
Aripiprazole	12 (60%)	11.9 (2.6)	10 (31%)	14.9 (2.7)
Clozapine	15 (58%)	223.9 (120.7)	9 (23%)	340.0 (109.4)
Olanzapine	5 (19%)	7.6 (2.3)	2 (5%)	12.9 (3.6)
Quetiapine	4 (16%)	272.6 (119.9)	4 (10%)	410.0 (157.6)
Risperidone	1 (4%)	1.7 (0.5)	1 (2%)	3.1 (0.8)
Ziprasidone	9 (38%)	76.0 (30.4)	7 (18%)	111.6 (28.9)
Conventionals				
Chlorpromazine	17 (71%)	180.4 (24.9)	22 (61%)	304.5 (71.3)
Fluphenazine	14 (58%)	3.1 (1.6)	17 (49%)	6.2 (3.7)
Haloperidol	11 (44%)	2.6 (1.5)	15 (42%)	5.6 (3.7)
Perphenazine	13 (54%)	9.4 (3.9)	18 (50%)	17.2 (5.3)
Thioridazine	20 (83%)	178.1 (85.6)	24 (67%)	271.9 (44.6)
Thiothixene	15 (63%)	5.5 (2.0)	20 (57%)	12.2 (8.2)
Trifluoperazine	15 (63%)	5.6 (3.0)	20 (57%)	11.3 (5.1)
Fluphenazine decanoate (mg/2–3 wk)	16 (64%)	7.6 (3.1)	13 (37%)	18.9 (9.0)
Haloperidol decanoate (mg/4 wk)	15 (60%)	33.3 (18.6)	13 (36%)	95.9 (59.5)

12 Dose selection for special populations, *continued*

	Elderly patients (65 years and older) with psychotic disorders (e.g., schizophrenia, schizoaffective disorder)		Elderly patients (65 years and older) with dementia who have a behavioral disturbance and/or psychosis	
	Would not generally use <i>n</i> (%)	Average daily target dose (mg/day) Avg (SD)	Would not generally use <i>n</i> (%)	Average daily target dose (mg/day) Avg (SD)
Atypicals (oral)				
Aripiprazole	6 (15%)	13.2 (4.1)	9 (33%)	11.5 (4.1)
Clozapine	6 (13%)	268.4 (96.7)	22 (41%)	113.9 (63.1)
Olanzapine	1 (3%)	10.8 (4.5)	7 (18%)	7.5 (3.4)
Quetiapine	3 (7%)	343.2 (116.2)	7 (15%)	194.4 (111.6)
Risperidone	0 (0%)	2.6 (1.0)	0 (0%)	1.8 (1.0)
Ziprasidone	11 (28%)	103.4 (31.7)	13 (37%)	75.0 (29.2)
Conventionals				
Chlorpromazine	21 (60%)	225.9 (75.1)	24 (73%)	101.4 (35.6)
Fluphenazine	11 (31%)	5.0 (2.8)	13 (39%)	3.4 (2.6)
Haloperidol	9 (24%)	4.0 (2.2)	8 (23%)	2.3 (1.3)
Perphenazine	14 (38%)	14.3 (9.3)	15 (43%)	8.4 (6.1)
Thioridazine	24 (69%)	223.9 (81.5)	24 (73%)	90.3 (42.3)
Thiothixene	18 (53%)	10.9 (8.7)	18 (56%)	6.3 (5.0)
Trifluoperazine	18 (53%)	9.7 (5.4)	18 (56%)	5.9 (3.1)
Fluphenazine decanoate (mg/2–3 wk)	12 (35%)	15.0 (7.1)	23 (72%)	9.0 (3.6)
Haloperidol decanoate (mg/4 wk)	12 (33%)	68.8 (43.2)	23 (70%)	53.1 (35.3)

13 Duration of adequate trial. Please indicate the average minimum and maximum number of weeks you would wait before making a major change in treatment regimen in a patient with a psychotic disorder 1) who is having an inadequate response to the **initial antipsychotic tried** and 2) who is having an inadequate response to the **second antipsychotic tried**, depending on whether the patient is having **little or no response** or **a partial response**. Assume that the patient is receiving a dose level that you consider optimal.

Inadequate response to:	Minimum number of weeks to wait	Maximum number of weeks to wait
	Avg (SD)	Avg (SD)
INITIAL ANTIPSYCHOTIC		
Little or no response	2.6 (1.3)	5.5 (2.6)
Partial response	4.4 (1.7)	9.9 (5.1)
SECOND ANTIPSYCHOTIC		
Little or no response	2.8 (1.3)	5.8 (2.6)
Partial response	4.7 (2.2)	11.2 (8.0)

14 Treatment strategy if there is an inadequate response. Assume that a multi-episode patient has had an inadequate response to the average target dose of the medication you indicated you would use for acute treatment in Question 4. For each medication, please indicate whether you would increase the dose or switch to another antipsychotic. If you would increase the dose, please indicate to what average daily target dose you would go. If you are not familiar with a medication, draw a line through that row.

	If inadequate response to this medication, would you increase dose or switch to a different antipsychotic? (check one)		If you would INCREASE dose, what dose would you go to
	Increase dose <i>n</i> (%)	Switch medications <i>n</i> (%)	Average daily target dose (mg/day) Avg (SD)
Atypicals (oral)			
Aripiprazole	26 (68%)	12 (32%)	30.8 (2.7)
Clozapine	39 (93%)	3 (7%)	723.1 (136.6)
Olanzapine	42 (93%)	3 (7%)	31.0 (7.6)
Quetiapine	37 (84%)	7 (16%)	873.0 (208.4)
Risperidone	38 (84%)	7 (16%)	8.1 (2.1)
Ziprasidone	24 (57%)	18 (43%)	195.0 (34.0)
Conventionals			
Chlorpromazine	23 (56%)	18 (44%)	943.5 (389.4)
Fluphenazine	22 (55%)	18 (45%)	21.9 (11.6)
Haloperidol	22 (52%)	20 (48%)	20.8 (7.6)
Perphenazine	19 (51%)	18 (49%)	46.1 (16.3)
Thioridazine	13 (33%)	26 (67%)	673.1 (156.3)
Thiothixene	18 (49%)	19 (51%)	38.9 (13.6)
Trifluoperazine	20 (53%)	18 (47%)	38.3 (17.3)
Fluphenazine decanoate (mg/2–3 wk)	25 (64%)	14 (36%)	50.7 (16.8)
Haloperidol decanoate (mg/4 wk)	27 (64%)	15 (36%)	233.3 (103.5)

15 Switching antipsychotics if there is an inadequate response. Assume that the patient has had an inadequate response to the current antipsychotic and you have raised the dose as high as you feel is safe or the patient can tolerate and you have decided to switch to a different antipsychotic. For each medication, please indicate to which drug you would first switch and what medication you would try next if there was an inadequate response to the first one you switched to. Please also write in the average daily target dose you would initially use for each medication. If you are not familiar with a medication, draw a line through that row.

Inadequate response to:	First medication you would switch to	n (%)	Second medication you would switch to	n (%)
Oral aripiprazole	risperidone	20 (54%)	clozapine	14 (39%)
	olanzapine	7 (19%)	olanzapine	9 (25%)
	ziprasidone	6 (16%)	risperidone	7 (19%)
	quetiapine	3 (8%)	quetiapine	3 (8%)
	haloperidol	1 (3%)	ziprasidone	2 (6%)
Oral clozapine	risperidone	11 (34%)	aripiprazole	1 (3%)
	aripiprazole	8 (25%)	olanzapine	7 (23%)
	olanzapine	3 (9%)	quetiapine	5 (17%)
	ziprasidone	2 (6%)	aripiprazole	4 (13%)
	add risperidone	2 (6%)	risperidone	4 (13%)
	add lamotrigine/other adjunctive	1 (3%)	ziprasidone	3 (10%)
	add valproate	1 (3%)	ECT	2 (7%)
	haloperidol	1 (3%)	add ECT	1 (3%)
	long-acting injectable atypical	1 (3%)	add lamotrigine/other adjunctive	1 (3%)
	NEVER	1 (3%)	clozapine	1 (3%)
	quetiapine	1 (3%)	combinations	1 (3%)
Oral olanzapine	risperidone	25 (60%)	long-acting injectable atypical	1 (3%)
	aripiprazole	5 (12%)	clozapine	18 (43%)
	ziprasidone	5 (12%)	aripiprazole	9 (21%)
	clozapine	3 (7%)	quetiapine	5 (12%)
	quetiapine	3 (7%)	risperidone	4 (10%)
	haloperidol	1 (2%)	olanzapine	2 (5%)
			ziprasidone	2 (5%)
Oral quetiapine	risperidone	27 (64%)	add lamotrigine/other adjunctive	1 (2%)
	olanzapine	6 (14%)	long-acting injectable atypical	1 (2%)
	aripiprazole	5 (12%)	clozapine	16 (38%)
	ziprasidone	3 (7%)	clozapine	13 (31%)
	clozapine	1 (2%)	aripiprazole	6 (14%)
			ziprasidone	3 (7%)
Oral risperidone	olanzapine	21 (50%)	risperidone	2 (5%)
	aripiprazole	8 (19%)	haloperidol	1 (2%)
	clozapine	5 (12%)	long-acting injectable atypical	1 (2%)
	quetiapine	4 (10%)	clozapine	14 (35%)
	ziprasidone	4 (10%)	aripiprazole	10 (25%)
			quetiapine	5 (13%)
		olanzapine	3 (8%)	
		ziprasidone	3 (8%)	
		add lamotrigine/other adjunctive	1 (3%)	
		add valproate	1 (3%)	
		haloperidol	1 (3%)	
		long-acting injectable atypical	1 (3%)	
		NEVER	1 (3%)	

15 Switching antipsychotics if there is an inadequate response, *continued*

Inadequate response to:	First medication you would switch to	n (%)	Second medication you would switch to	n (%)
Oral ziprasidone	risperidone	17 (44%)	clozapine	13 (34%)
	aripiprazole	8 (21%)	olanzapine	11 (29%)
	olanzapine	8 (21%)	aripiprazole	6 (16%)
	quetiapine	4 (10%)	risperidone	5 (13%)
	clozapine	1 (3%)	quetiapine	2 (5%)
	haloperidol	1 (3%)	long-acting injectable atypical	1 (3%)
Oral chlorpromazine	risperidone	25 (64%)	olanzapine	13 (35%)
	olanzapine	7 (18%)	clozapine	7 (19%)
	aripiprazole	3 (8%)	quetiapine	5 (14%)
	ziprasidone	3 (8%)	aripiprazole	4 (11%)
	quetiapine	1 (3%)	risperidone	4 (11%)
			ziprasidone	4 (11%)
Oral fluphenazine	risperidone	23 (62%)	olanzapine	10 (29%)
	olanzapine	6 (16%)	clozapine	6 (18%)
	aripiprazole	4 (11%)	quetiapine	5 (15%)
	ziprasidone	3 (8%)	risperidone	5 (15%)
	quetiapine	1 (3%)	aripiprazole	4 (12%)
			ziprasidone	4 (12%)
Oral haloperidol	risperidone	23 (59%)	olanzapine	10 (28%)
	olanzapine	7 (18%)	clozapine	7 (19%)
	aripiprazole	5 (13%)	quetiapine	5 (14%)
	ziprasidone	3 (8%)	risperidone	5 (14%)
	quetiapine	1 (3%)	ziprasidone	5 (14%)
			aripiprazole	4 (11%)
Oral perphenazine	risperidone	23 (62%)	olanzapine	10 (29%)
	olanzapine	5 (14%)	clozapine	6 (18%)
	aripiprazole	4 (11%)	quetiapine	5 (15%)
	ziprasidone	4 (11%)	risperidone	5 (15%)
	quetiapine	1 (3%)	aripiprazole	4 (12%)
			ziprasidone	4 (12%)
Oral thioridazine	risperidone	25 (68%)	olanzapine	10 (29%)
	olanzapine	5 (14%)	clozapine	6 (18%)
	aripiprazole	3 (8%)	aripiprazole	5 (15%)
	quetiapine	2 (5%)	risperidone	5 (15%)
	ziprasidone	2 (5%)	quetiapine	4 (12%)
			ziprasidone	4 (12%)
Oral thiothixene	risperidone	23 (64%)	olanzapine	10 (30%)
	olanzapine	5 (14%)	clozapine	6 (18%)
	aripiprazole	4 (11%)	risperidone	5 (15%)
	ziprasidone	3 (8%)	aripiprazole	4 (12%)
	quetiapine	1 (3%)	quetiapine	4 (12%)
			ziprasidone	4 (12%)
Oral trifluoperazine	risperidone	22 (61%)	olanzapine	9 (27%)
	olanzapine	6 (17%)	clozapine	6 (18%)
	aripiprazole	4 (11%)	risperidone	5 (15%)
	ziprasidone	3 (8%)	ziprasidone	5 (15%)
	quetiapine	1 (3%)	aripiprazole	4 (12%)
			quetiapine	4 (12%)

15 Switching antipsychotics if there is an inadequate response, *continued*

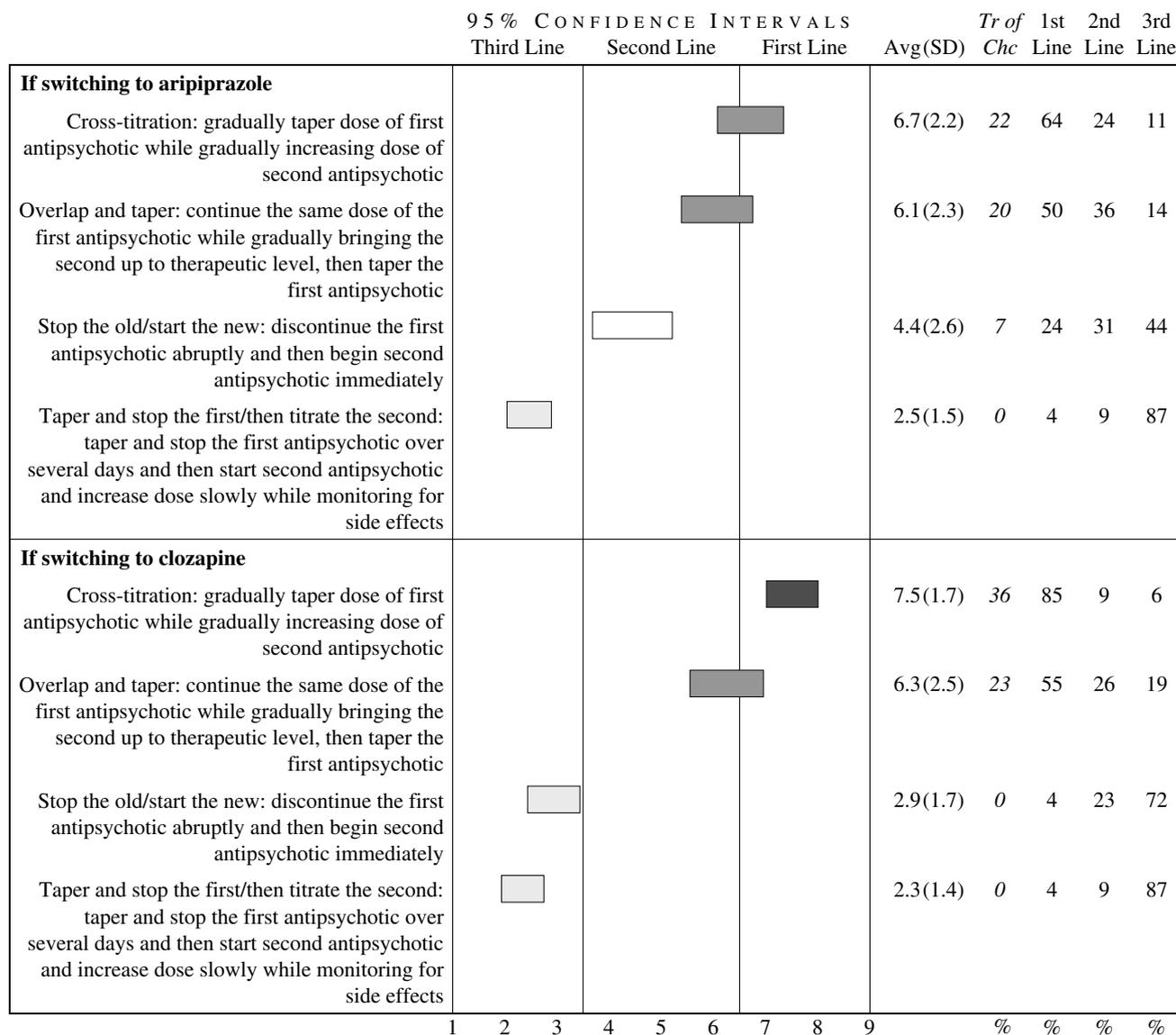
Inadequate response to:	First medication you would switch to	n (%)	Second medication you would switch to	n (%)
Long-acting injectable atypical	clozapine	9 (27%)	clozapine	12 (40%)
	risperidone	8 (24%)	olanzapine	5 (17%)
	haloperidol decanoate	5 (15%)	aripiprazole	3 (10%)
	aripiprazole	3 (9%)	ziprasidone	3 (10%)
	ziprasidone	3 (9%)	add valproate	1 (3%)
	haloperidol	2 (6%)	fluphenazine decanoate	1 (3%)
	quetiapine	2 (6%)	NEVER	1 (3%)
	olanzapine	1 (3%)	quetiapine	1 (3%)
Injectable fluphenazine decanoate	long-acting injectable atypical	14 (38%)	clozapine	14 (41%)
	risperidone	9 (24%)	olanzapine	7 (21%)
	aripiprazole	3 (8%)	risperidone	3 (9%)
	olanzapine	3 (8%)	ziprasidone	3 (9%)
	ziprasidone	3 (8%)	aripiprazole	2 (6%)
	haloperidol decanoate	2 (5%)	quetiapine	2 (6%)
	quetiapine	2 (5%)	haloperidol	1 (3%)
	clozapine	1 (3%)	haloperidol decanoate	1 (3%)
Injectable haloperidol decanoate	long-acting injectable atypical	14 (39%)	long-acting injectable atypical	1 (3%)
	risperidone	8 (22%)	clozapine	15 (45%)
	aripiprazole	3 (8%)	olanzapine	5 (15%)
	olanzapine	3 (8%)	risperidone	3 (9%)
	ziprasidone	3 (8%)	ziprasidone	3 (9%)
	fluphenazine decanoate	2 (6%)	aripiprazole	2 (6%)
	quetiapine	2 (6%)	quetiapine	2 (6%)
	clozapine	1 (3%)	fluphenazine	1 (3%)
			fluphenazine decanoate	1 (3%)
			long-acting injectable atypical	1 (3%)

Target doses when switching antipsychotics

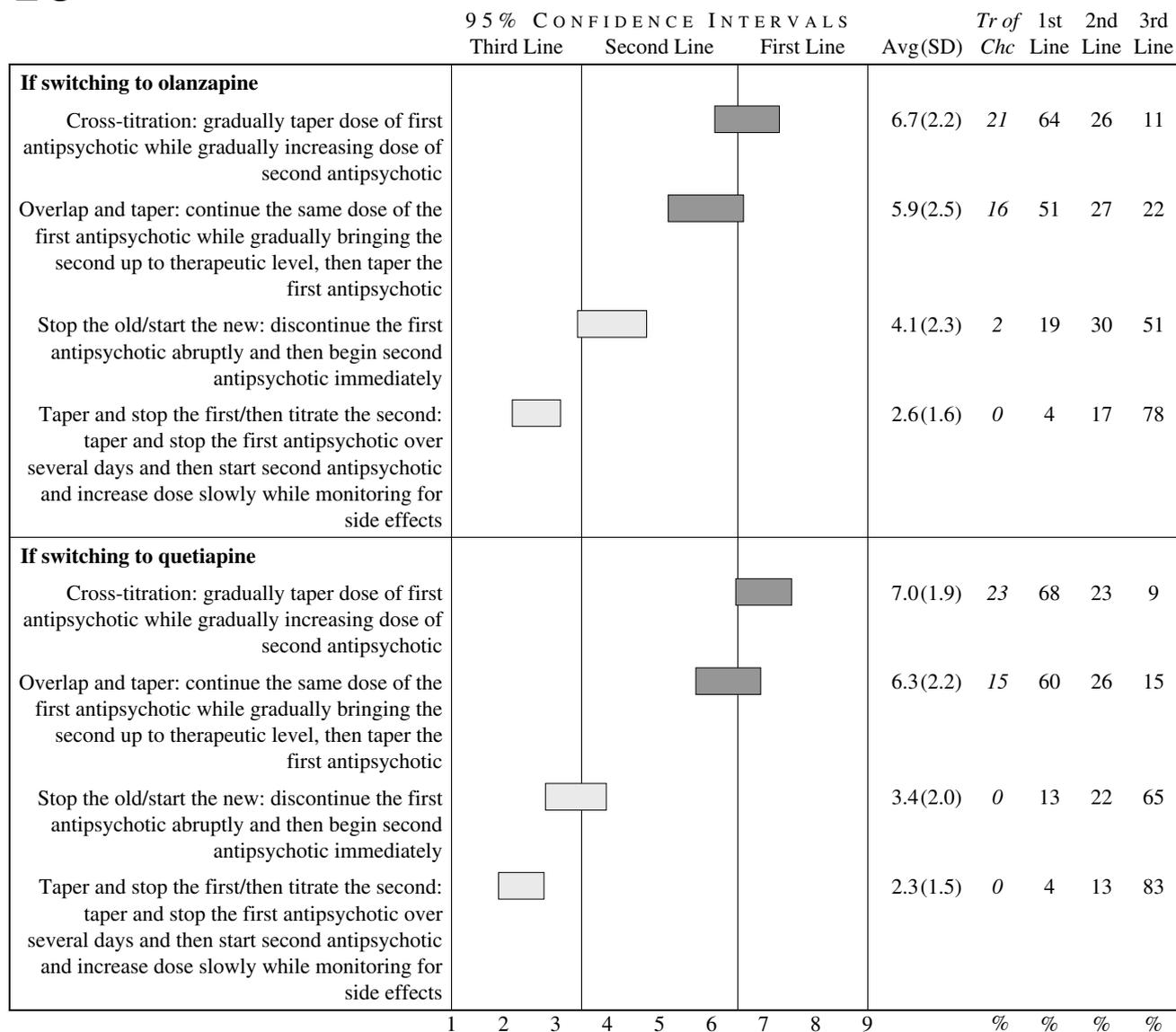
		Dosing of first switch (mg/day)	Dosing of second switch (mg/day)
		Avg (SD)	Avg (SD)
Atypicals			
	Aripiprazole	27.8 (5.3)	24.1 (7.6)
	Clozapine	400.0 (62.4)	419.3 (65.9)
	Olanzapine	21.0 (7.5)	20.1 (6.0)
	Quetiapine	663.8 (104.3)	670.0 (135.9)
	Risperidone	5.5 (1.7)	6.4 (1.8)
	Ziprasidone	144.0 (22.9)	151.2 (30.0)
	Long-acting injectable atypical	36.4 (11.8)	50.0 *
Conventionals			
	Fluphenazine	— —	50.0 *
	Haloperidol	10.0 *	15.0 (7.1)
	Fluphenazine decanoate (mg/2–3 wk)	31.3 (26.5)	75.0 *
	Haloperidol decanoate (mg/4 wk)	166.7 (66.1)	275.0 (176.8)

*Only one write-in.

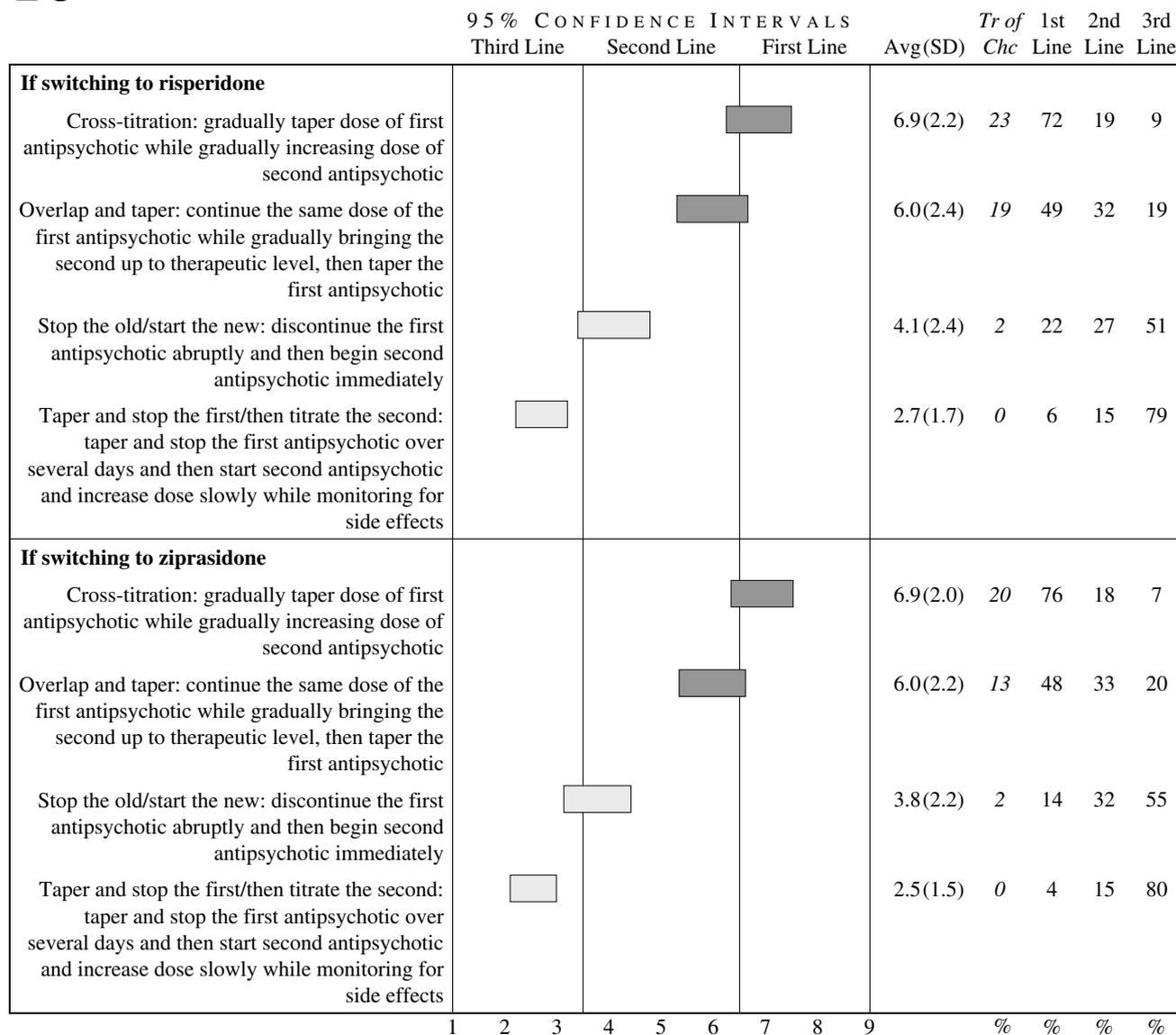
16 Switching strategies. Suppose the initial antipsychotic (after adequate dose and duration of treatment) has produced an inadequate response and you have decided to switch to a different antipsychotic. Assume that the first antipsychotic does not require tapering before discontinuation. Please rate the appropriateness of the following strategies for switching to each of the following antipsychotics. Give your highest rating to the strategy you consider most appropriate.



16 Switching strategies, continued



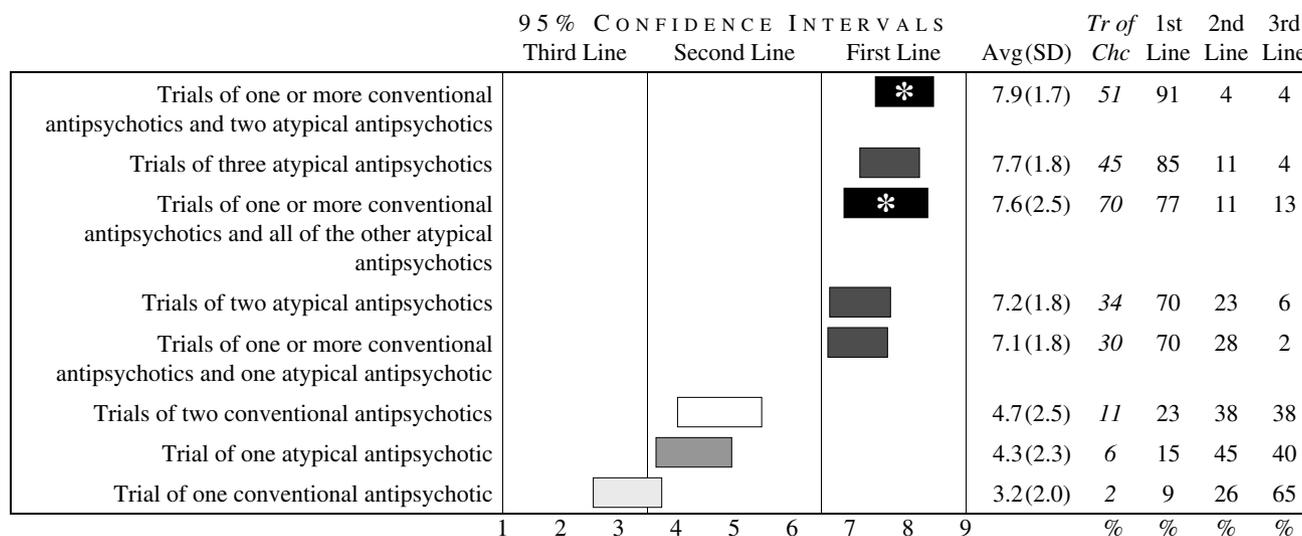
16 Switching strategies, continued



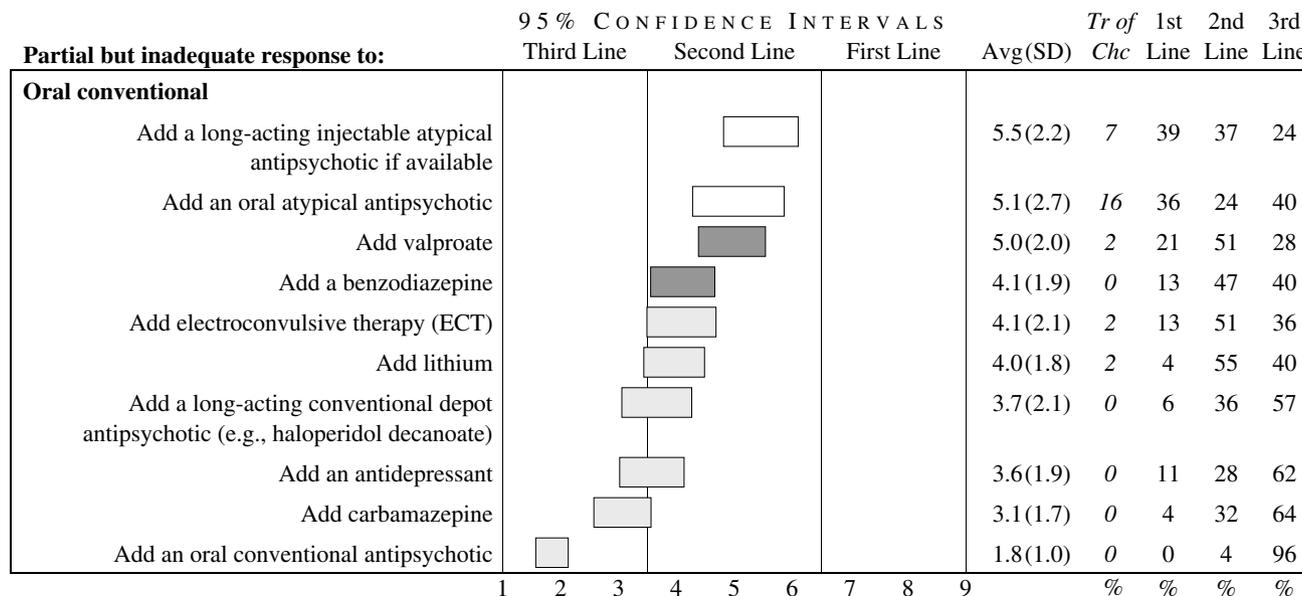
17 Switching strategies. Suppose the initial antipsychotic (after adequate dose and duration of treatment) has produced an inadequate response and you have decided to switch to a long-acting injectable antipsychotic. Please rate the appropriateness of the following strategies for switching to each of the following antipsychotics. Give your highest rating to the strategy you consider most appropriate.

	95% CONFIDENCE INTERVALS			Avg(SD)	Tr of Chc	1st Line	2nd Line	3rd Line
	Third Line	Second Line	First Line					
If switching to conventional depot								
Continue oral antipsychotic at same dose until patient achieves therapeutic blood levels of the injectable antipsychotic and then gradually taper oral antipsychotic				6.5(2.4)	20	61	24	15
Taper the oral antipsychotic gradually (e.g., over 2-4 weeks) after giving the first long-acting injection				5.8(2.6)	15	52	24	24
Continue oral antipsychotic at same dose until patient achieves therapeutic blood levels of the injectable antipsychotic and then immediately discontinue oral antipsychotic				4.7(2.1)	2	17	51	32
Stop the oral antipsychotic when you give the first long-acting injection				2.9(1.9)	0	4	23	72
If switching to long-acting atypical								
Continue oral antipsychotic at same dose until patient achieves therapeutic blood levels of the injectable antipsychotic and then gradually taper oral antipsychotic				7.1(2.3)	30	68	20	11
Taper the oral antipsychotic gradually (e.g., over 2-4 weeks) after giving the first long-acting injection				5.6(2.8)	23	47	26	28
Continue oral antipsychotic at same dose until patient achieves therapeutic blood levels of the injectable antipsychotic and then immediately discontinue oral antipsychotic				5.0(2.2)	2	25	50	25
Stop the oral antipsychotic when you give the first long-acting injection				2.5(1.9)	0	5	16	79
	1	2	3					
				4	5	6	7	8
				9				
					%	%	%	%

18 Use of clozapine. Although clozapine is usually not used as a first line medication, it can sometimes help patients when other medications have failed. Please rate the appropriateness of switching to clozapine if the patient has not responded to adequate trials of the following treatments. Assume the patient is medication adherent and is not abusing substances. Give the highest rating to the decision point after which you would be most likely to switch to clozapine.



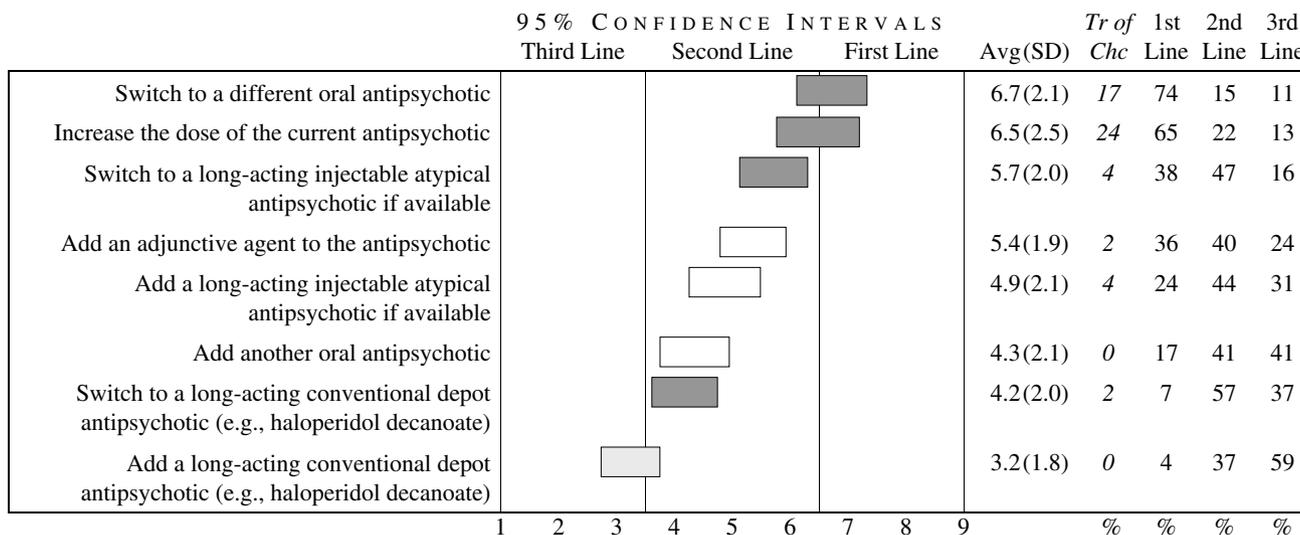
19 Strategies when there is partial response. Please rate the appropriateness of each of the following strategies for a patient who is having a *partial but still inadequate response* (some persisting positive symptoms) to each of the following types of antipsychotics (we are not asking about cross-titration while switching here).



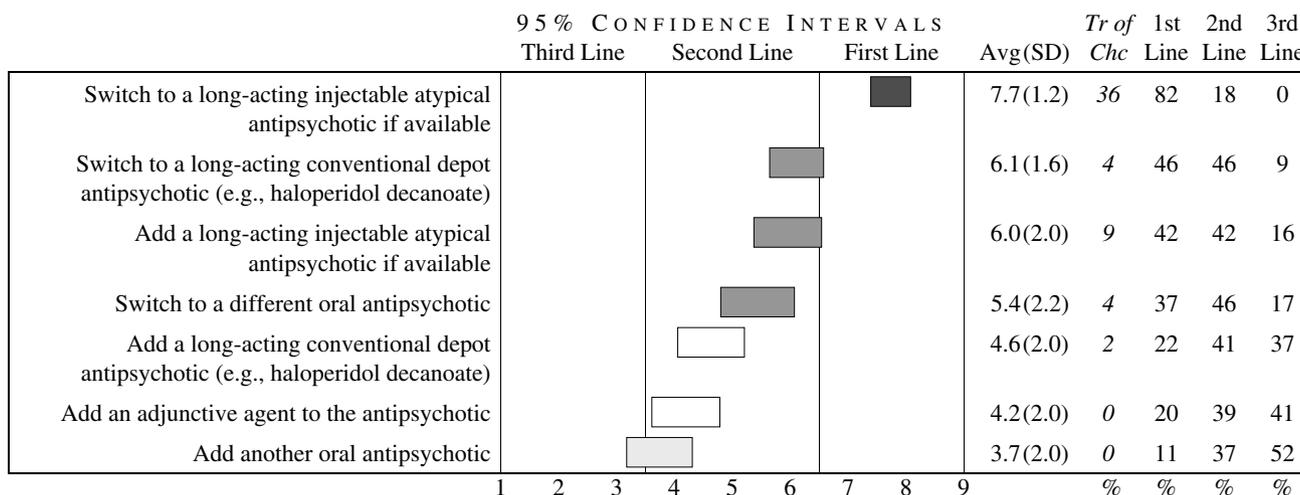
19 Strategies when there is partial response, continued

Partial but inadequate response to:	95% CONFIDENCE INTERVALS			Avg(SD)	Tr of Chc	1st Line	2nd Line	3rd Line	
	Third Line	Second Line	First Line						
Oral atypical									
Add a long-acting injectable atypical antipsychotic if available				5.3(2.4)	9	39	35	26	
Add valproate				5.0(2.1)	2	23	49	28	
Add an oral atypical antipsychotic				4.6(2.7)	11	26	26	48	
Add a benzodiazepine				4.2(2.1)	0	17	38	45	
Add lithium				4.1(1.8)	2	4	59	37	
Add an oral conventional antipsychotic				4.1(2.3)	4	20	30	50	
Add electroconvulsive therapy (ECT)				4.1(2.1)	2	15	47	38	
Add an antidepressant				3.7(2.1)	0	11	28	62	
Add a long-acting conventional depot antipsychotic (e.g., haloperidol decanoate)				3.5(1.9)	0	4	43	52	
Add carbamazepine				3.1(1.8)	0	4	30	65	
Depot conventional									
Add an oral atypical antipsychotic				5.8(2.3)	13	50	33	17	
Add valproate				4.9(2.0)	2	22	50	28	
Add a benzodiazepine				4.1(2.2)	0	16	38	47	
Add lithium				4.0(1.8)	2	7	53	40	
Add electroconvulsive therapy (ECT)				3.9(2.1)	0	13	43	43	
Add a long-acting injectable atypical antipsychotic if available				3.8(2.6)	5	20	25	55	
Add an oral conventional antipsychotic				3.6(2.3)	2	15	33	52	
Add an antidepressant				3.5(2.0)	0	11	26	64	
Add carbamazepine				3.0(1.8)	2	4	29	67	
	1	2	3	4	5	6	7	8	9
					%	%	%	%	

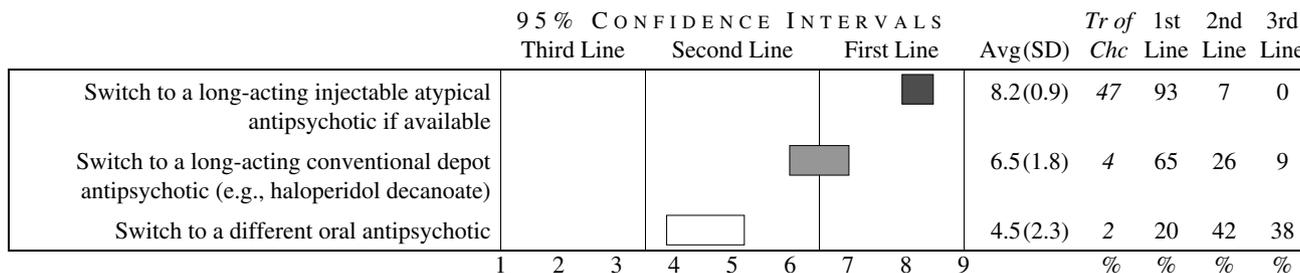
20 Strategies after relapse despite compliance. Please rate the appropriateness of each of the following pharmacologic strategies for a patient who relapses despite compliance with an oral antipsychotic regimen (based on all available information, such as family report, plasma levels, etc.).



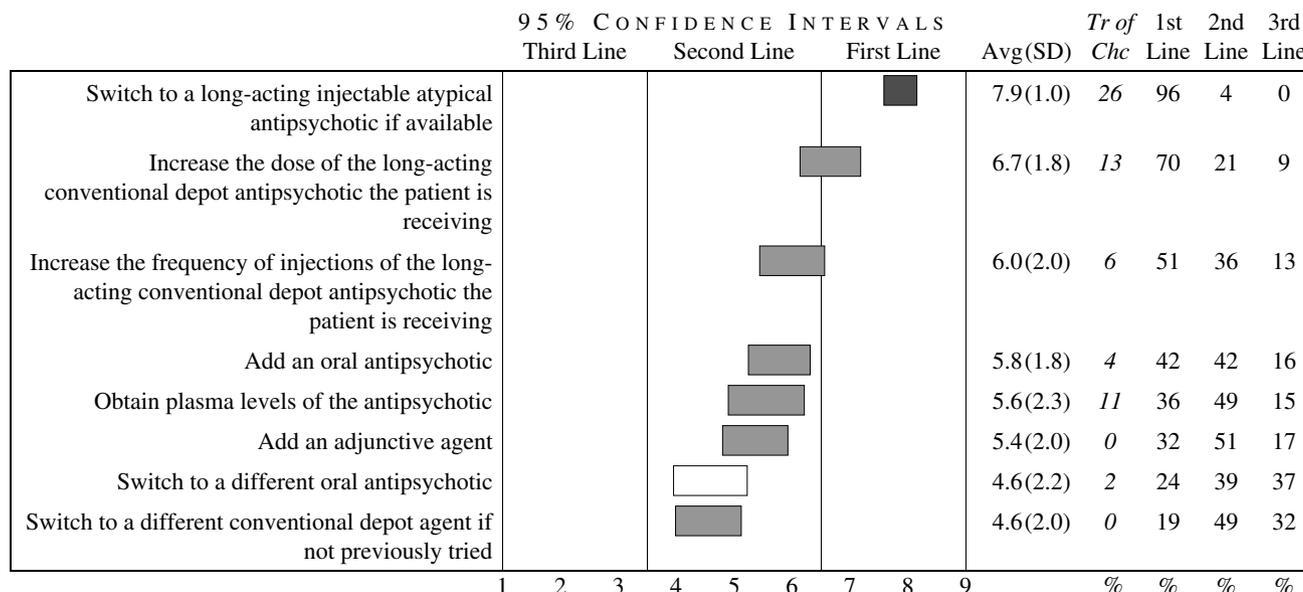
21 Strategies after relapse when you are unsure of level of compliance. Please rate the appropriateness of each of the following pharmacologic strategies for a patient who relapses while taking an oral antipsychotic and you are not sure how compliant the patient was. Psychosocial and programmatic interventions for improving compliance are addressed in Questions 39–42.



22 Strategies after relapse in a noncompliant patient. Please rate the appropriateness of each of the following pharmacologic strategies for a patient who relapses and there is clear evidence of noncompliance with an oral antipsychotic. Psychosocial and programmatic interventions for improving compliance are addressed in Questions 39–42.



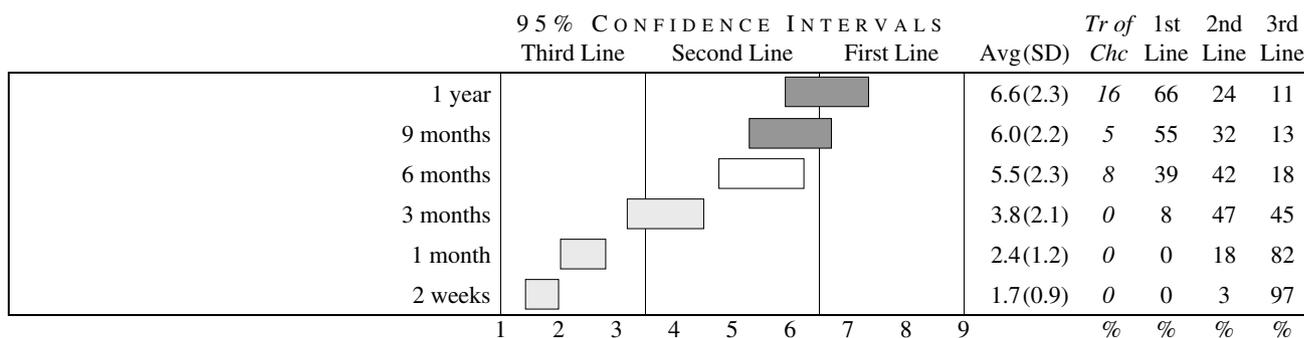
23 Strategies after relapse in a patient receiving a long-acting CONVENTIONAL DEPOT antipsychotic. Please rate the appropriateness of each of the following pharmacologic strategies for a patient who relapses while receiving a long-acting conventional depot antipsychotic.



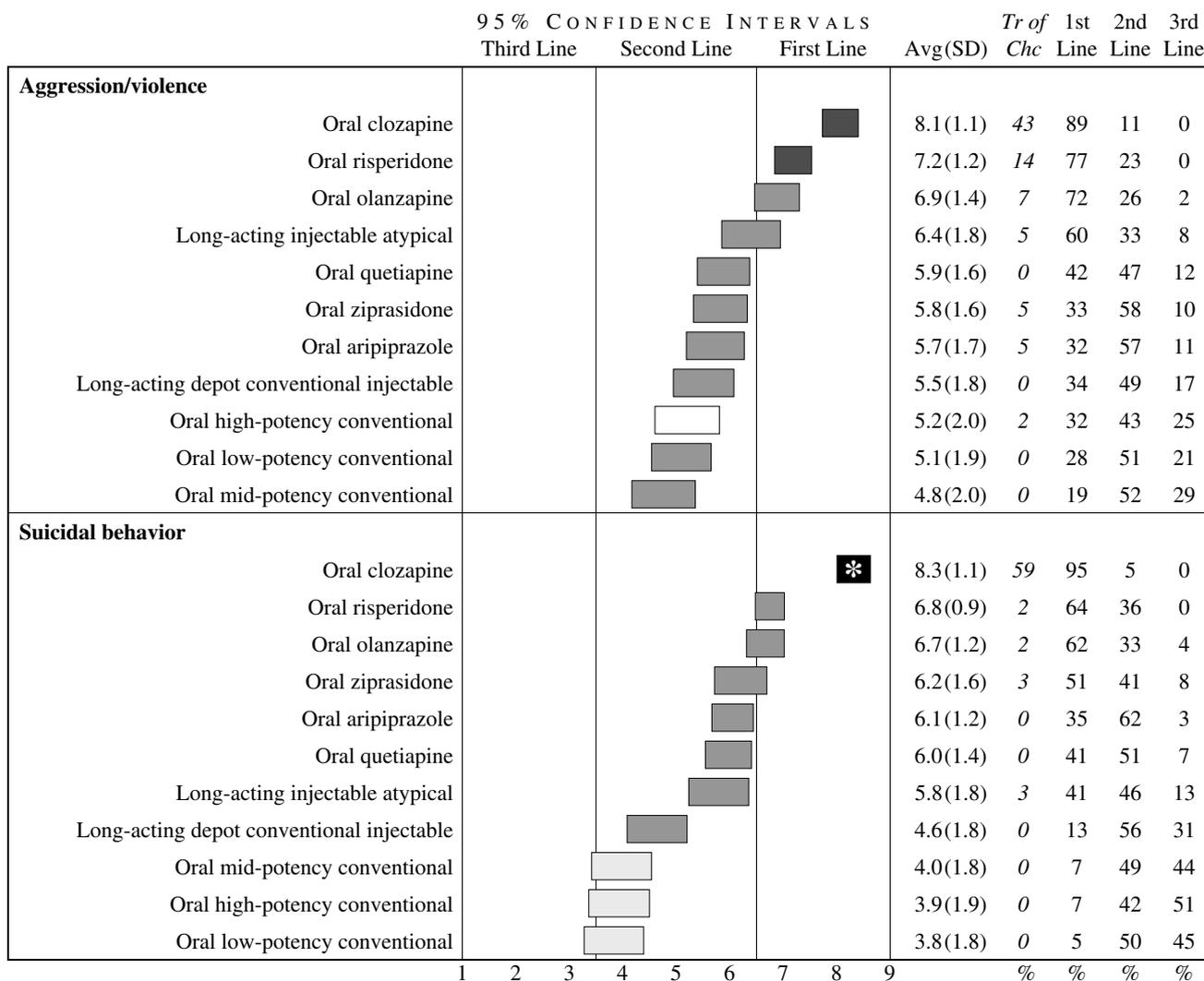
24 Lowering the dose in a stable patient. For each medication, please indicate whether you would attempt to lower the dose of the medication after several months if the patient is stable. If you would do so, please write in the average daily target dose you would use. Assume the patient is receiving the average target dose of the medication you indicated you would use for acute treatment in Question 4. If you are not familiar with a medication, draw a line through that row.

		Would you lower the dose after several months in a stable patient?		If yes, what average daily target dose would you use? (mg/day) Avg (SD)
		Yes n (%)	No n (%)	
Atypicals (oral)				
	Aripiprazole	9 (22%)	32 (78%)	12.9 (2.7)
	Clozapine	15 (34%)	29 (66%)	303.3 (66.7)
	Olanzapine	19 (41%)	27 (59%)	11.5 (3.4)
	Quetiapine	13 (29%)	32 (71%)	380.8 (131.6)
	Risperidone	22 (49%)	23 (51%)	3.1 (0.8)
	Ziprasidone	12 (28%)	31 (72%)	85.5 (31.1)
Conventionals				
	Chlorpromazine	26 (59%)	18 (41%)	307.4 (122.2)
	Fluphenazine	24 (57%)	18 (43%)	5.9 (2.7)
	Haloperidol	27 (60%)	18 (40%)	5.5 (2.3)
	Perphenazine	22 (52%)	20 (48%)	16.4 (7.4)
	Thioridazine	23 (53%)	20 (47%)	260.9 (105.5)
	Thiothixene	22 (54%)	19 (46%)	12.5 (5.4)
	Trifluoperazine	22 (52%)	20 (48%)	12.4 (7.1)
	Fluphenazine decanoate (mg/2-3 wk)	16 (41%)	23 (59%)	17.1 (9.6)
	Haloperidol decanoate (mg/4 wk)	17 (43%)	23 (58%)	84.5 (43.2)

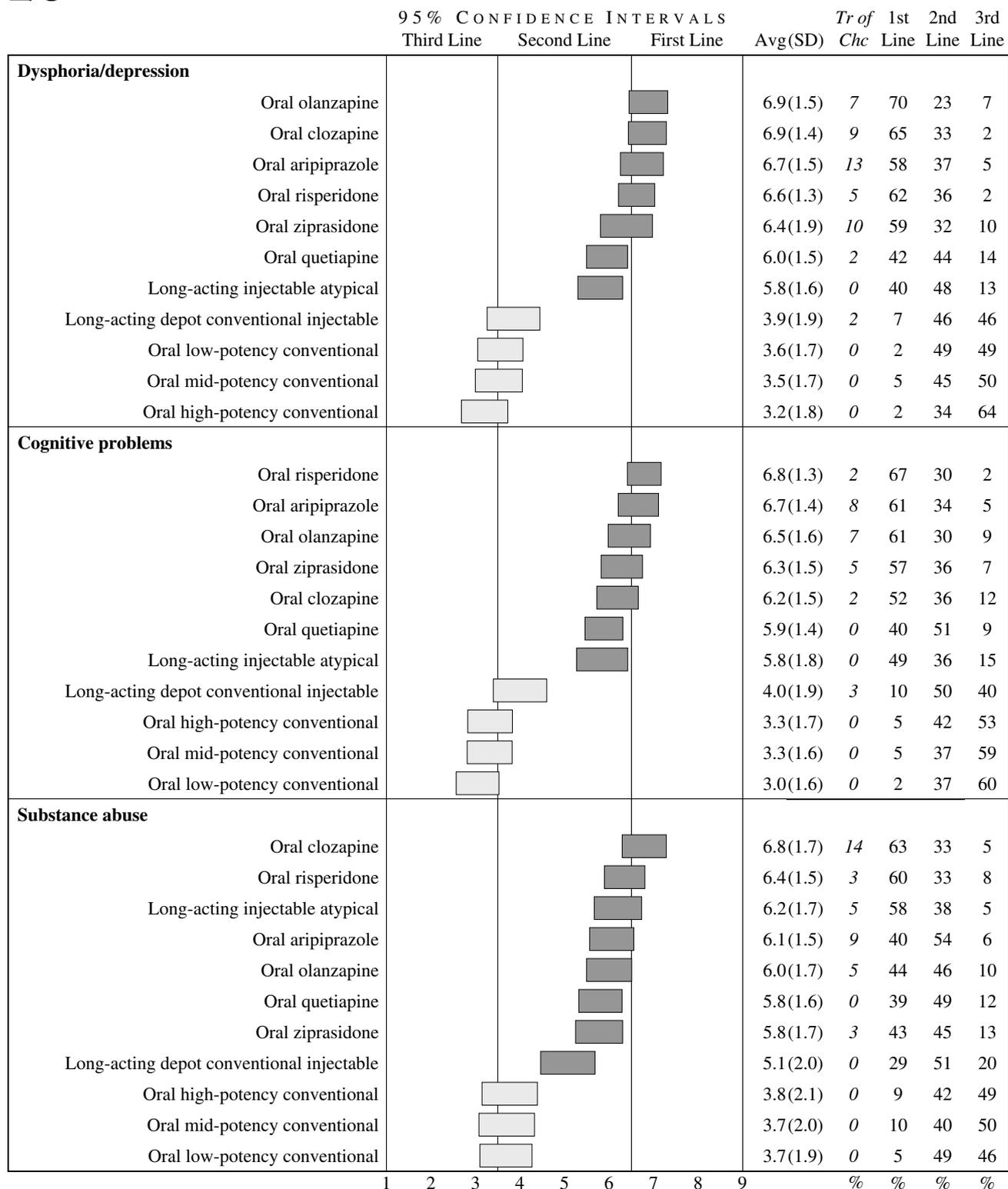
25 Dose lowering strategies. If have decided to lower the dose of the antipsychotic in a stable patient, how long would you wait? Rate the appropriateness of lowering the dose after the patient has been stable for the following time periods.



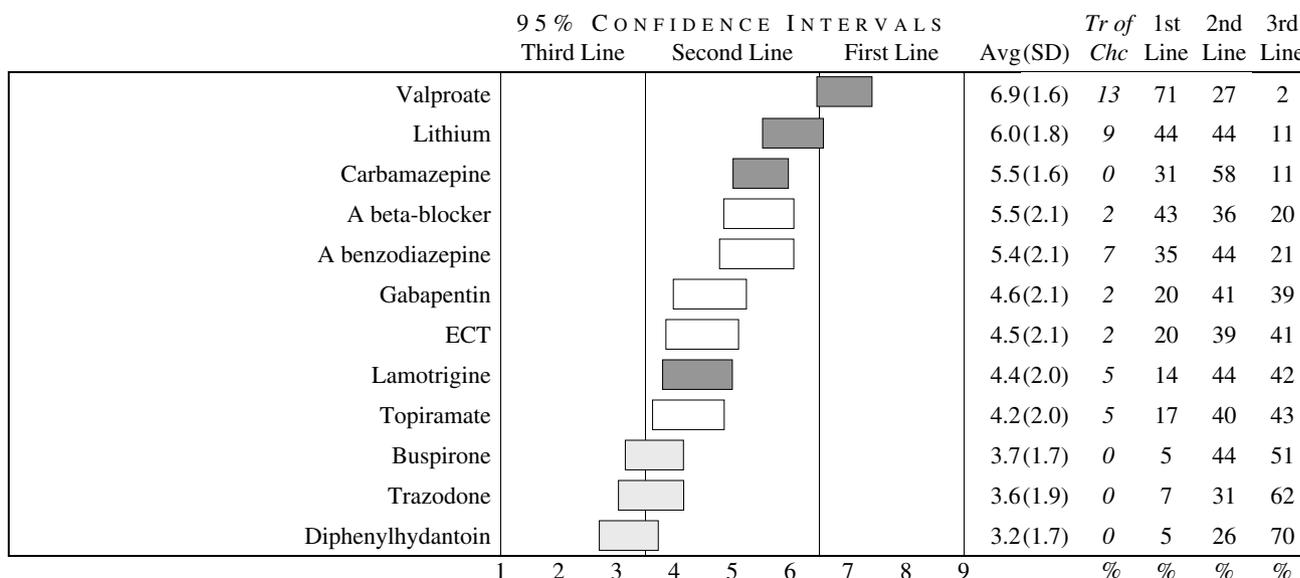
26 Complicating problems. Rate the appropriateness of each of the following types of antipsychotic medications for a patient with a psychotic disorder who has the following complicating problems. Give your highest ratings to the medications you consider most appropriate for a patient with this problem. Adjunctive treatment strategies are asked about in Questions 27–30.



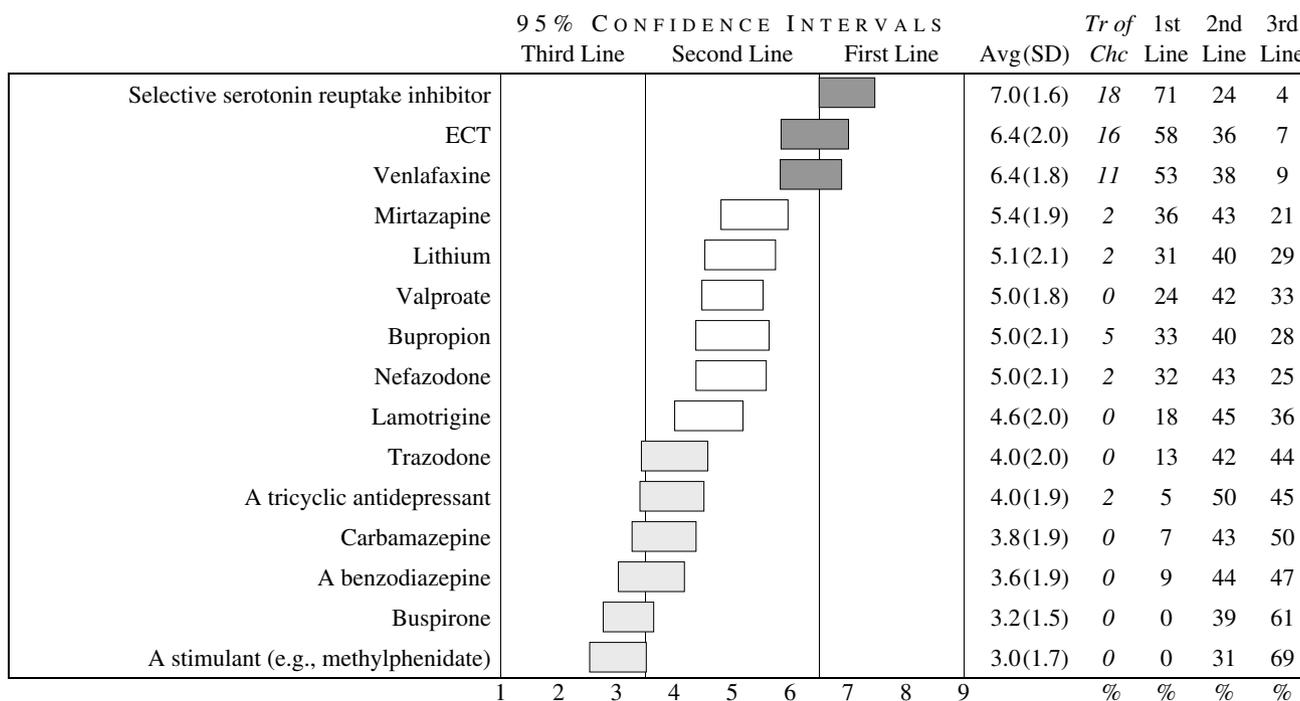
26 Complicating problems, continued



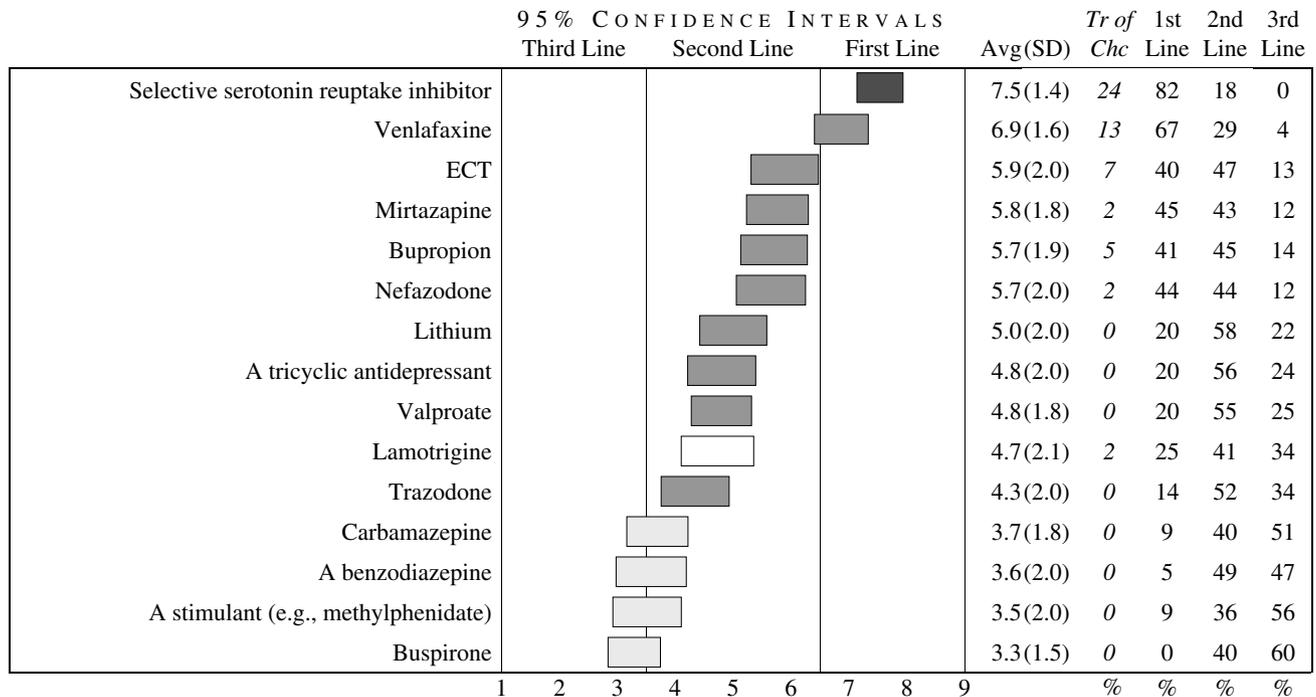
27 Adjunctive treatment for aggression/violence. A patient with a psychotic disorder is being treated with an adequate dose of the most appropriate antipsychotic, but continues to display problems with **aggression/violence** to a degree that you believe requires adjunctive medication treatment. The patient has no significant extrapyramidal side effects (EPS) and no history of substance abuse. Please rate the appropriateness of the following adjunctive treatments



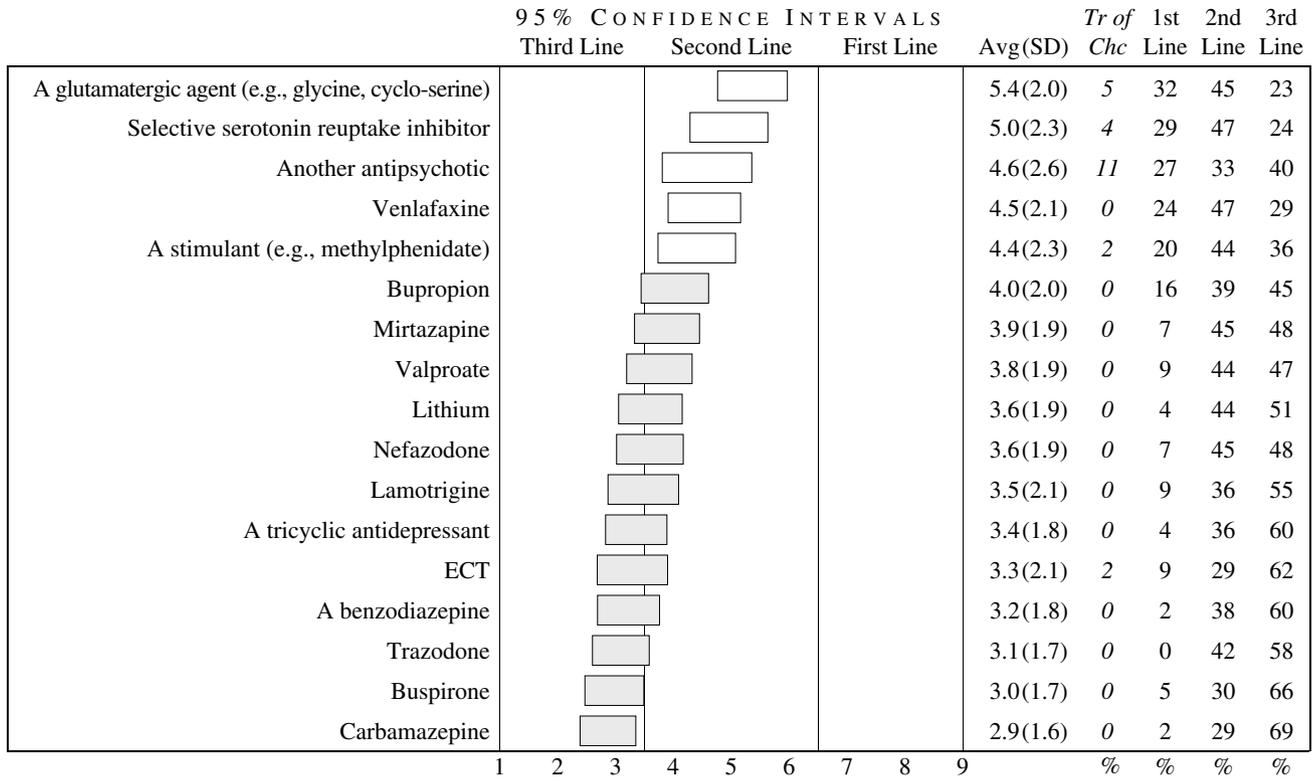
28 Adjunctive treatment for suicidal behavior. A patient with a psychotic disorder is being treated with an adequate dose of the most appropriate antipsychotic, but continues to display **suicidal behavior** to a degree that you believe requires adjunctive medication treatment. The patient has no significant EPS and no history of substance abuse. Please rate the appropriateness of the following adjunctive treatments.



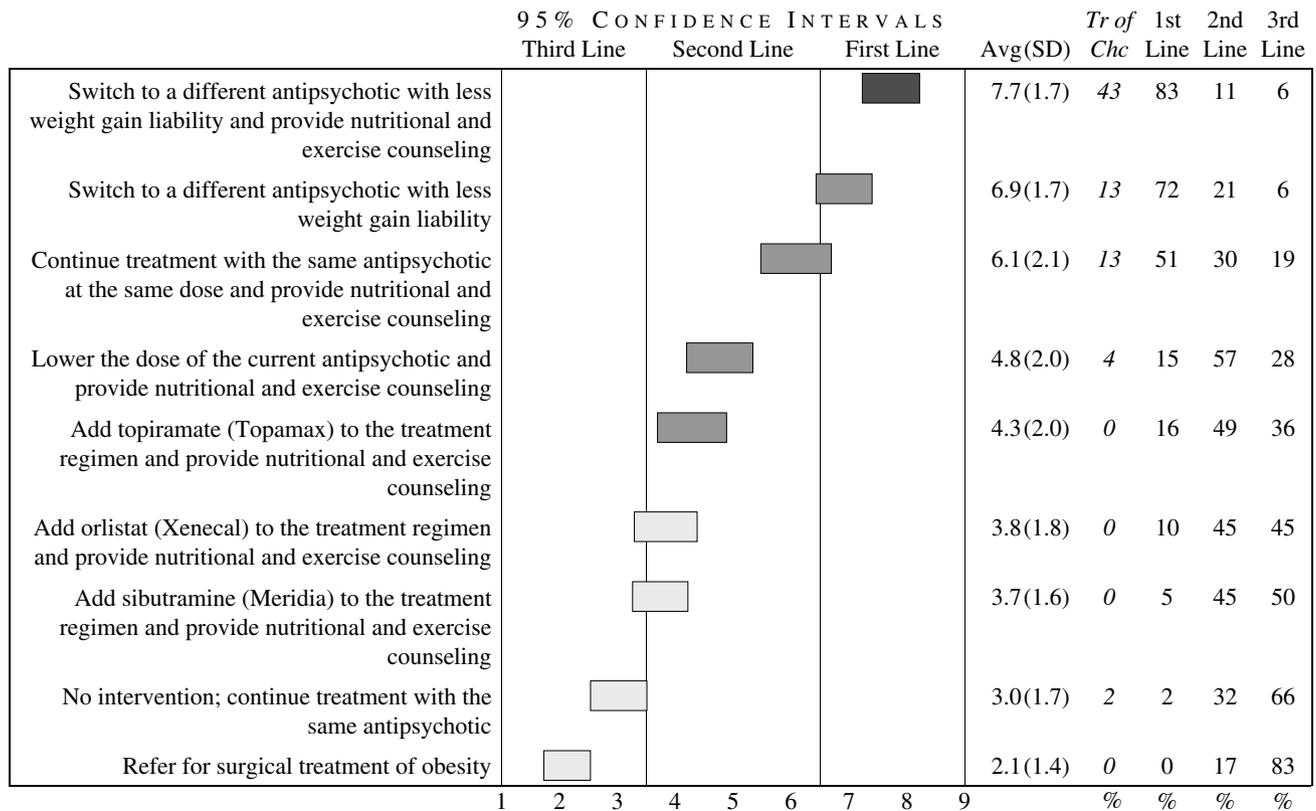
29 Adjunctive treatment for dysphoria/depression. A patient with a psychotic disorder is being treated with an adequate dose of the most appropriate antipsychotic, but continues to display *dysphoria/depression* to a degree that you believe requires adjunctive medication treatment. The patient has no significant EPS and no history of substance abuse. Please rate the appropriateness of the following adjunctive treatments



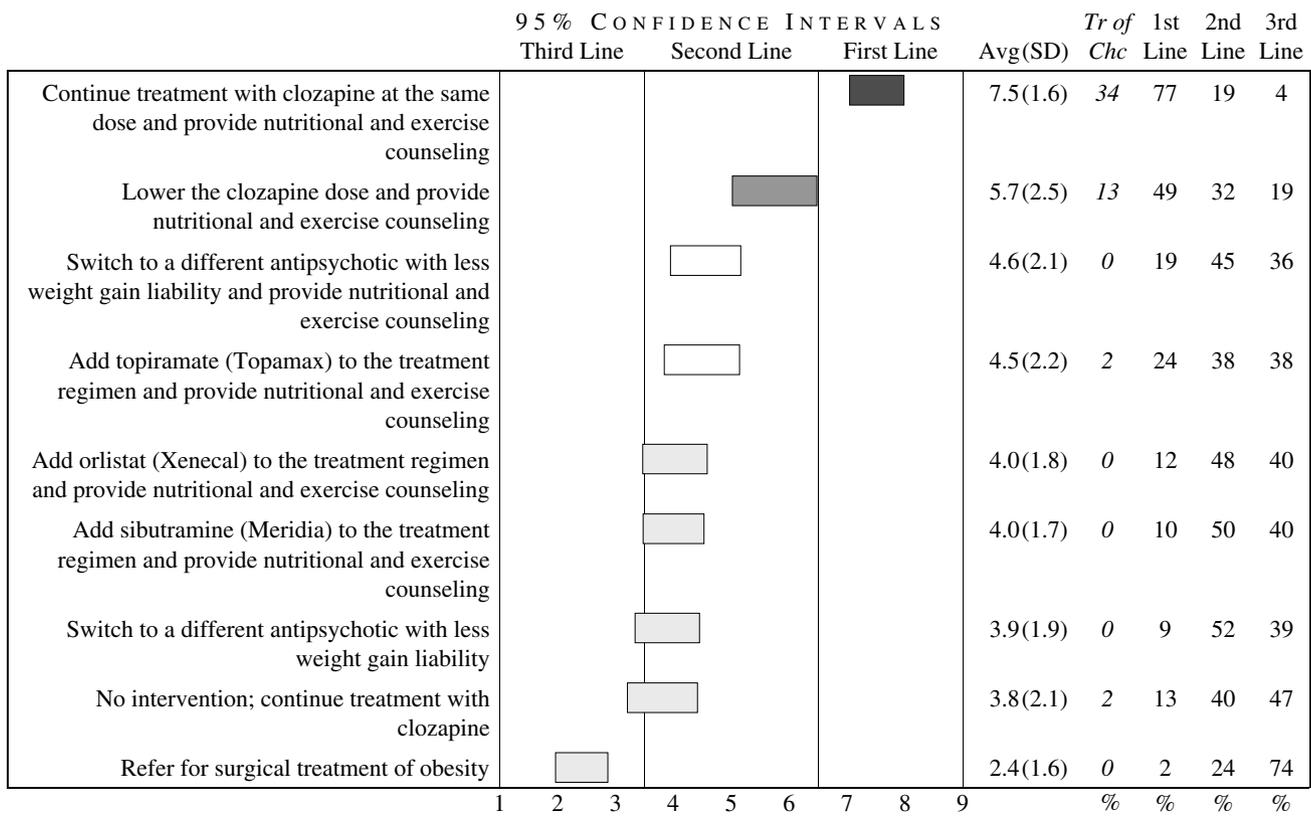
30 Adjunctive treatment for persisting negative symptoms. A patient with a psychotic disorder is being treated with an adequate dose of the most appropriate antipsychotic. The positive symptoms are well controlled, but the patient continues to display significant *persisting negative symptoms* to a degree that you believe requires adjunctive medication treatment. The patient has no significant EPS and no history of substance abuse. Please rate the appropriateness of the following adjunctive treatments



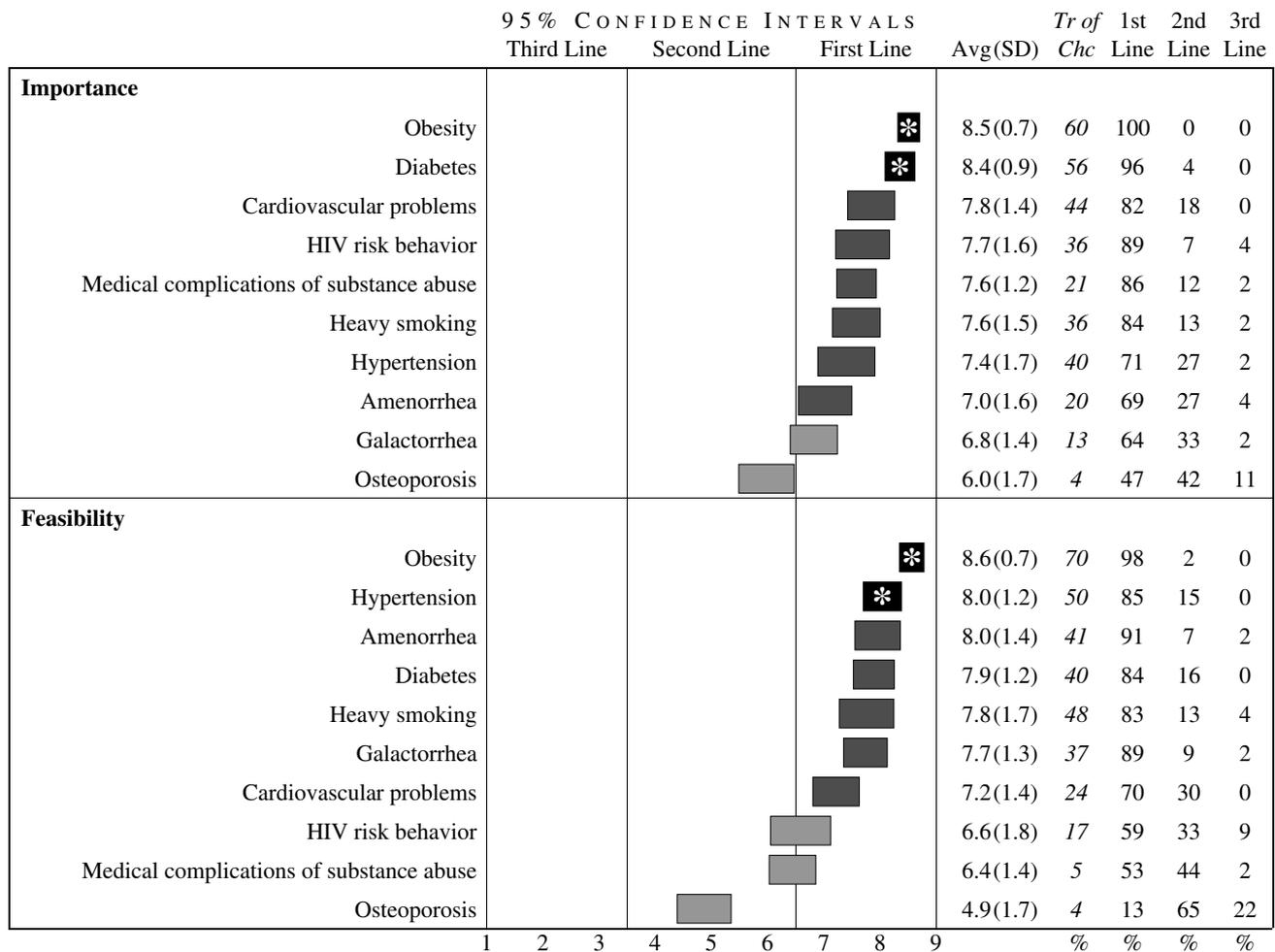
31 Obesity. A patient with a psychotic disorder has responded well to treatment with *an antipsychotic other than clozapine* but has clinically significant obesity (BMI ≥ 30). Please rate the appropriateness of the following treatment strategies.



32 Obesity. A patient with a treatment-resistant psychotic disorder has responded well to treatment with *clozapine* but has clinically significant obesity (BMI ≥ 30). Please rate the appropriateness of the following treatment strategies.



33 Comorbid medical conditions. We are interested in knowing 1) how *important* you believe it is to routinely monitor for the following comorbid medical conditions and risk factors in a patient being treated with an antipsychotic medication and 2) how *feasible* you believe it is for the psychiatric treatment team to routinely monitor for these conditions and risk factors, given real-world limitations.



We are using the following definitions of compliance levels in this survey:

- **Compliant:** only misses occasional doses (e.g., < 20% of prescribed medication)
- **Partially compliant:** misses more than occasional doses (e.g., 20%–80% of medication)
- **Noncompliant:** misses > 80% of medication

34 Levels of compliance reported in the literature. Please indicate what proportion of patients with schizophrenia you believe to be compliant, partially compliant, and noncompliant, using the definitions given above, based on your reading of the *treatment literature*.

Level of compliance:	Percentage of patient population	
	Avg (SD)	
Compliant	28.0 (11.8)	
Partially compliant	46.4 (14.4)	
Noncompliant	26.2 (9.8)	

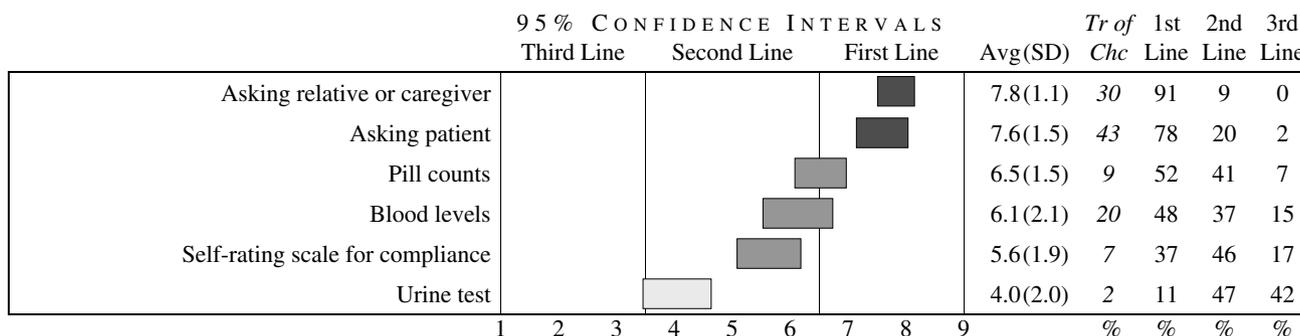
35 Levels of compliance in your patients. We are interested in finding out what proportion of *your patients* with schizophrenia are compliant, partially compliant, and noncompliant according to the definitions given above.

Level of compliance:	Percentage of patient population	
	Avg (SD)	
Compliant	43.1 (20.6)	
Partially compliant	38.7 (17.4)	
Noncompliant	19.2 (11.7)	

36 Defining levels of compliance. We would like to know how you categorize compliance in your practice—in other words, whether you agree with the definitions of compliance we suggested above.

Level of compliance:	Patient misses what percentage of medication?	
	Avg (SD) to Avg (SD)	
Compliant	10.9 (7.2) to 25.5 (14.6)	
Partially compliant	27.4 (16.4) to 64.7 (19.9)	
Noncompliant	67.6 (19.3) to 100 (0)	

37 Assessing compliance. Please rate the appropriateness of the following strategies for assessing medication compliance. Give your highest ratings to the strategies you consider most appropriate.



38 When to intervene for compliance problems. Please rate the appropriateness of intervening in the following clinical situations. Give a rating of 7, 8, or 9 to those situations in which you would usually intervene; a rating of 4, 5, or 6 to those situations in which you would sometimes intervene; and a rating of 1, 2, or 3 to those situations in which you would generally not intervene.

	95% CONFIDENCE INTERVALS			Avg(SD)	Tr of Chc	1st Line	2nd Line	3rd Line
	Third Line	Second Line	First Line					
Patient has stopped medication completely			8.9(0.4) *	89	100	0	0	
Patient missing more than 80% of medication doses			8.8(0.5) *	80	100	0	0	
Patient missing approximately 50% of medication doses			8.0(1.1)	41	91	9	0	
Patient missing approximately 20% of medication doses			6.0(1.8)	4	52	35	13	
Patient missing occasional doses			4.2(2.0)	2	13	39	48	

1 2 3 4 5 6 7 8 9 % % % %

39 Addressing partial compliance. Please rate the appropriateness of the following strategies for addressing compliance problems in a patient who is *partially compliant*. Give your highest ratings to the strategy or strategies you would try first (ties permitted).

	95% CONFIDENCE INTERVALS			Avg(SD)	Tr of Chc	1st Line	2nd Line	3rd Line
	Third Line	Second Line	First Line					
Psychosocial interventions (e.g., patient education, compliance therapy)			8.0(1.3) *	50	89	11	0	
Pharmacologic interventions (e.g., switching to a long-acting medication)			7.4(1.5)	30	76	22	2	
Programmatic interventions (e.g., intensive case management, assertive community treatment)			7.3(1.2)	22	65	35	0	

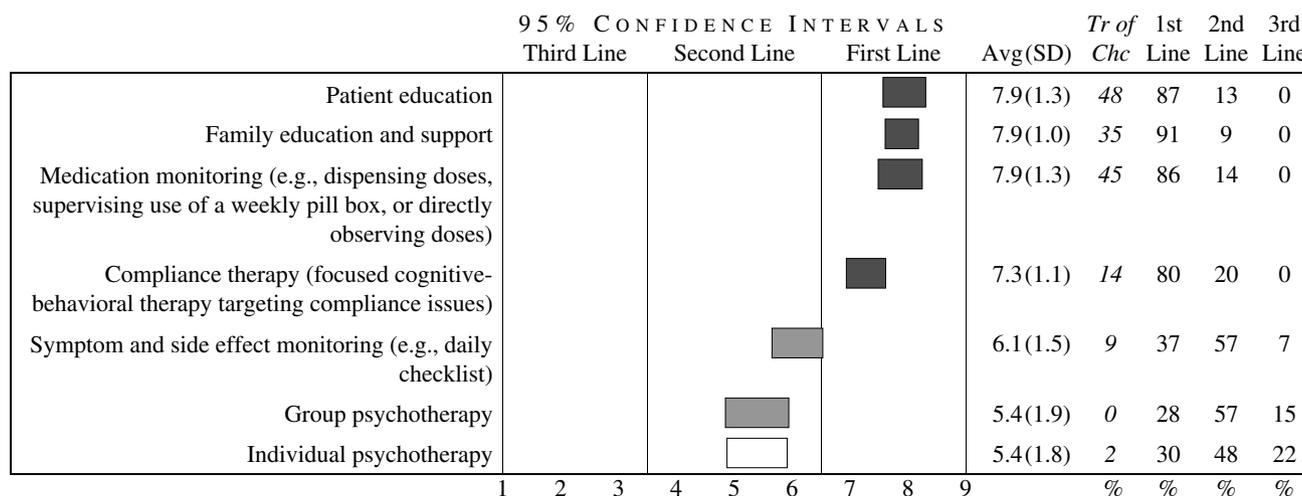
1 2 3 4 5 6 7 8 9 % % % %

40 Addressing noncompliance. Please rate the appropriateness of the following strategies for addressing compliance problems in a patient who is *noncompliant*. Give your highest ratings to the strategy or strategies you would try first (ties permitted).

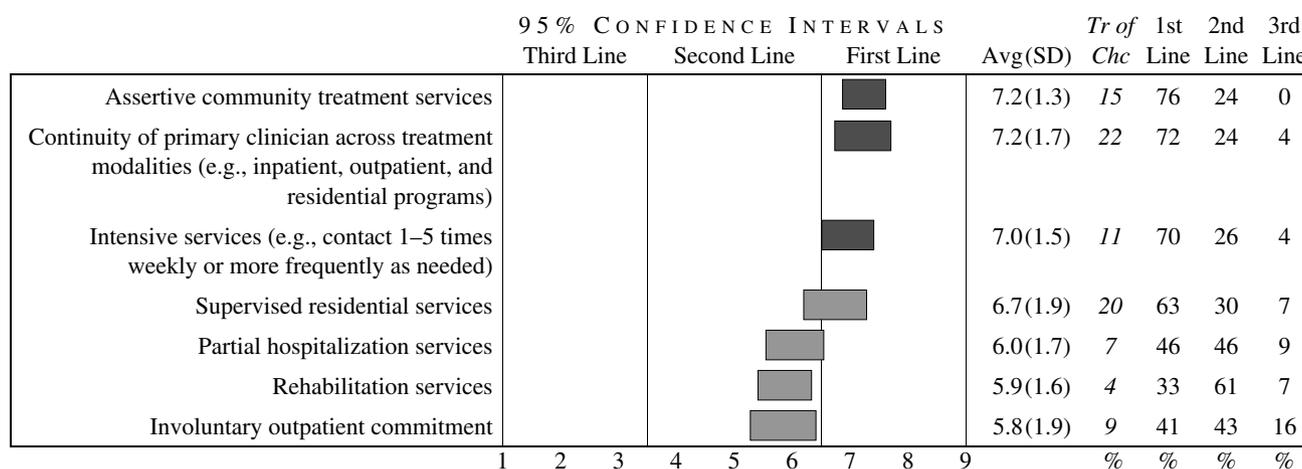
	95% CONFIDENCE INTERVALS			Avg(SD)	Tr of Chc	1st Line	2nd Line	3rd Line
	Third Line	Second Line	First Line					
Pharmacologic interventions (e.g., switching to a long-acting medication)			8.0(1.3) *	52	83	17	0	
Programmatic interventions (e.g., intensive case management, assertive community treatment)			7.5(1.3)	28	80	20	0	
Psychosocial interventions (e.g., patient education, compliance therapy)			7.3(1.9)	37	76	17	7	

1 2 3 4 5 6 7 8 9 % % % %

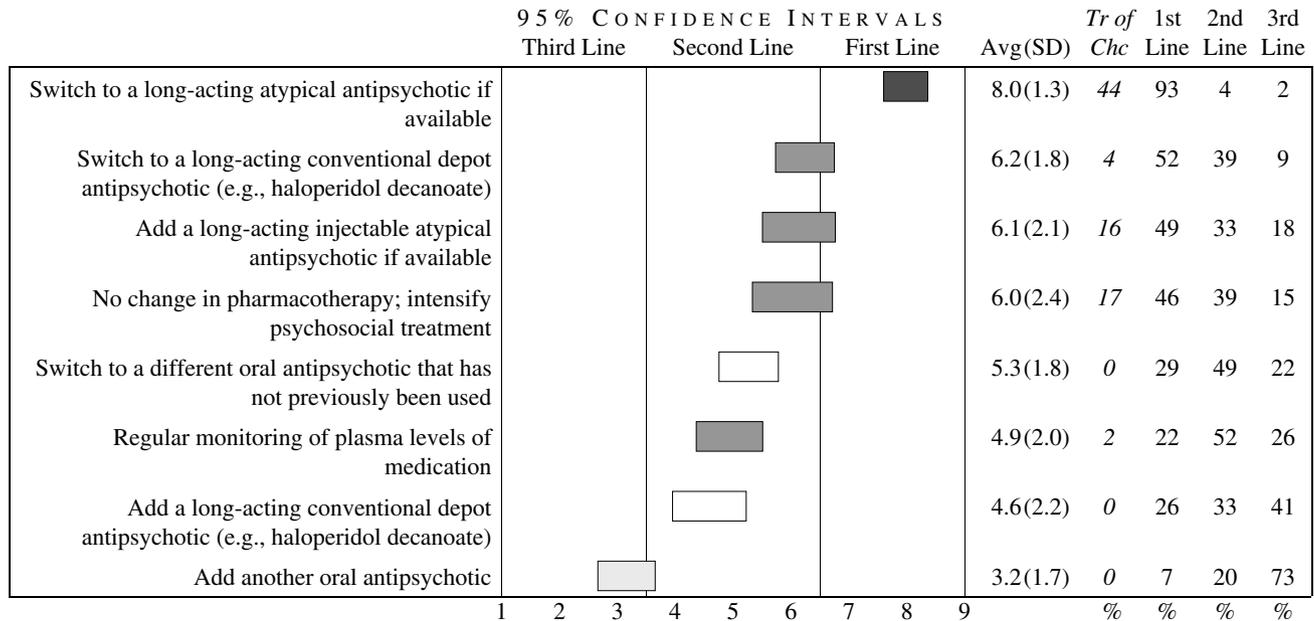
41 Psychosocial services to improve compliance. Please rate the importance of the following psychosocial services for a patient with compliance problems.



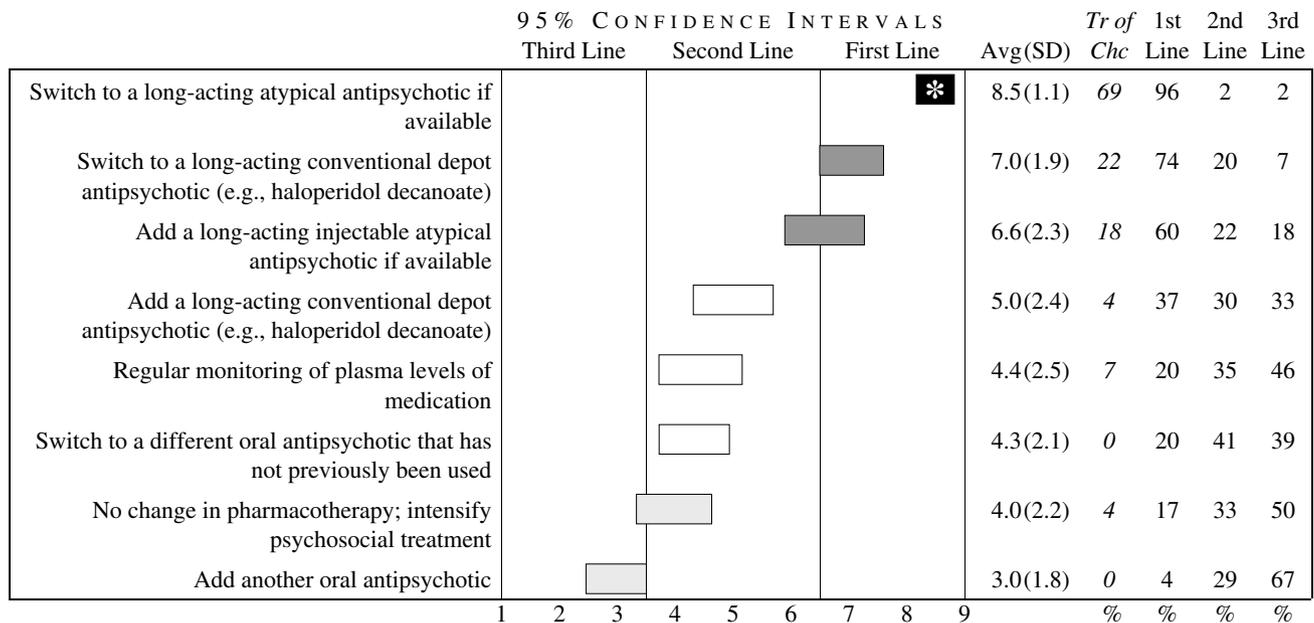
42 Programmatic interventions to improve compliance. Please rate the importance of the following programmatic interventions for a patient with compliance problems.



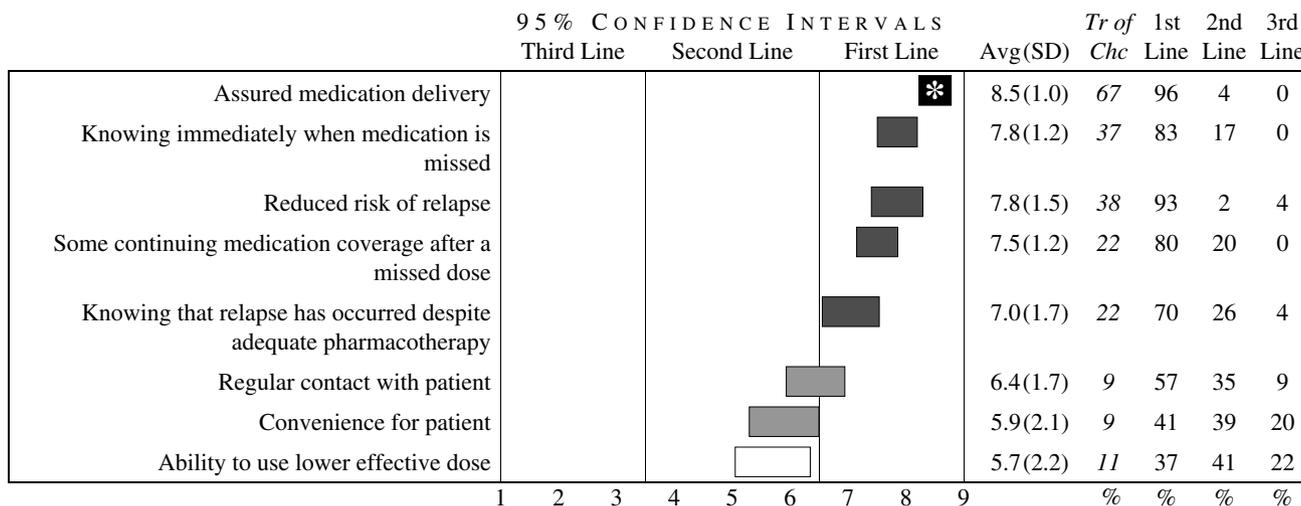
43 Pharmacologic strategies for partial compliance. Please rate the appropriateness of each of the following pharmacologic strategies if there is evidence that the patient is only partially compliant with an oral antipsychotic. The patient periodically denies having a mental illness or needing treatment and has had no EPS.



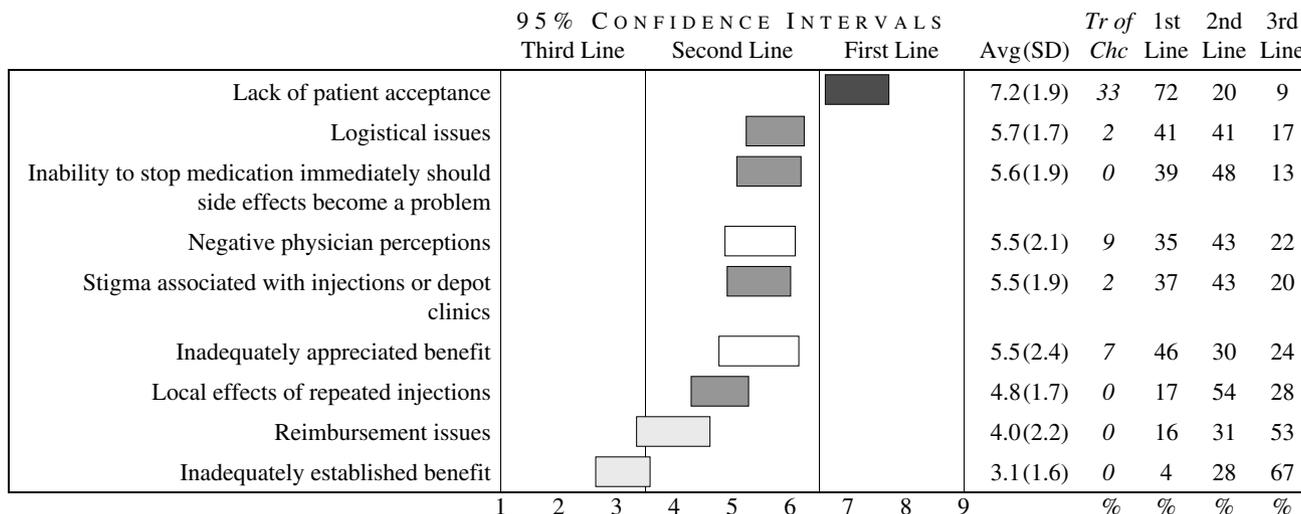
44 Pharmacologic strategies for noncompliance. Please rate each of the following pharmacologic strategies for an unstable patient who *repeatedly fails to take an oral antipsychotic as prescribed* and who suffers *repeated exacerbations of a chronic psychotic disorder*. The patient periodically denies having a mental illness or needing treatment and has had no EPS.



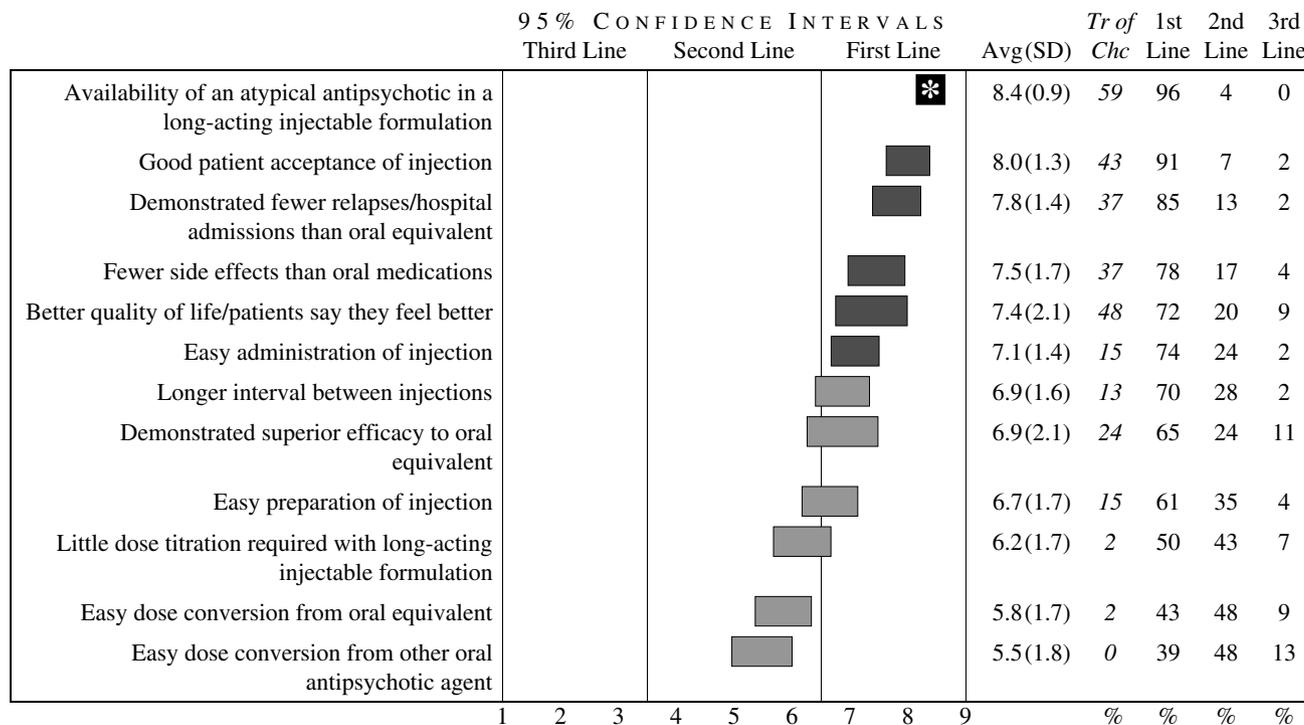
45 Benefits of long-acting injectable antipsychotics. Which of the following do you consider to be the greatest benefits of using long-acting injectable antipsychotics? Please give a rating of 7, 8, or 9 to those you consider the greatest benefits; a 4, 5, or 6 to those you consider somewhat important; and a 1, 2, or 3 to those that you consider not too important.



46 Potential disadvantages of long-acting injectable antipsychotics. Which of the following do you consider potential disadvantages to using long-acting injectable antipsychotics? Please give a rating of 7, 8, or 9 to those you consider the most important disadvantages; a 4, 5, or 6 to those you consider somewhat important; and a 1, 2, or 3 to those that you consider not too important.



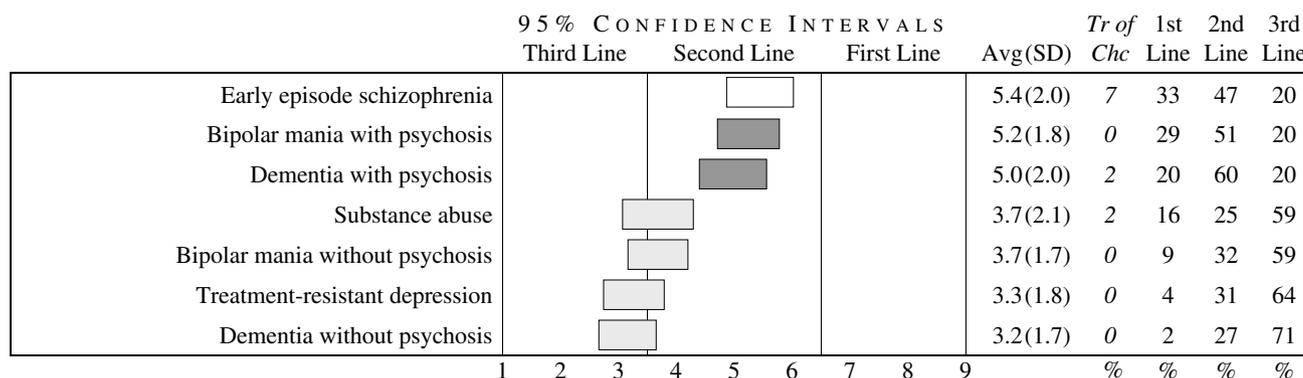
47 Factors favoring use of long-acting injectable antipsychotics. To which of the following characteristics would you attach the most importance in deciding whether or not to use a long-acting injectable antipsychotic? Please give a rating of 7, 8, or 9 to those that would be most important to you in deciding to use a long-acting injectable; a 4, 5, or 6 to those characteristics that would be somewhat important; and a 1, 2, or 3 to those that you consider not very important.



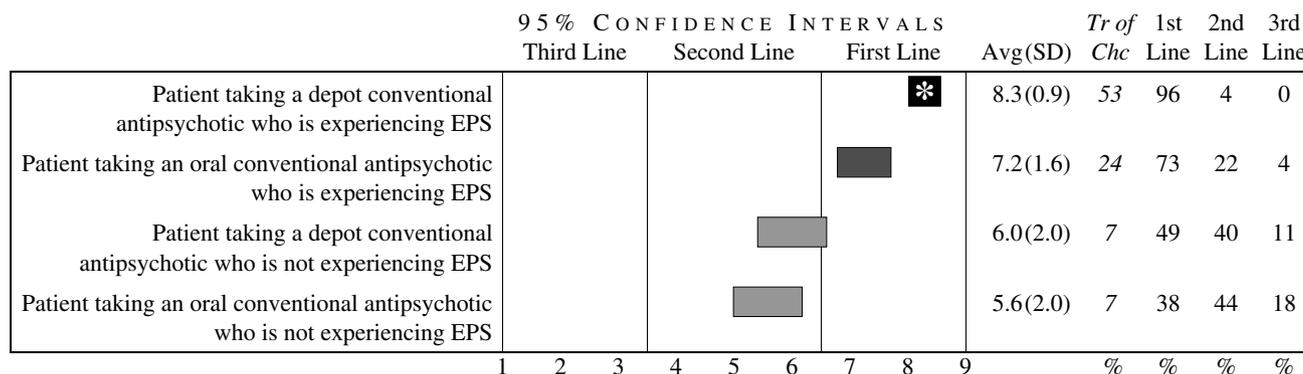
48 Use of a long-acting injectable atypical antipsychotic. Please rate the appropriateness of using a long-acting injectable atypical antipsychotic in each of the following clinical situations.

	95% CONFIDENCE INTERVALS			Avg(SD)	Tr of Chc	1st Line	2nd Line	3rd Line
	Third Line	Second Line	First Line					
Patient taking an oral atypical antipsychotic who requests a long-acting antipsychotic			*	8.5(0.8)	64	100	0	0
Patient taking an oral atypical antipsychotic who is experiencing relapse because he or she stopped taking medication			*	8.1(1.2)	51	89	11	0
Patient taking an depot conventional antipsychotic who is stable but experiencing EPS			*	8.1(1.2)	51	91	9	0
Involuntary outpatient commitment			■	7.7(1.7)	39	84	11	5
Patient taking an oral conventional antipsychotic who is chronically relapsing			■	7.5(1.4)	33	84	16	0
Persistent lack of insight/denial of illness			■	7.2(2.0)	29	82	9	9
Patient taking an oral atypical antipsychotic who is experiencing relapse for reasons that are unclear			■	7.2(1.3)	18	77	23	0
History of or potential for aggressive or violent behavior			■	7.1(1.7)	22	64	33	2
History of or potential for suicidal behavior			■	6.6(2.0)	14	59	34	7
Homelessness			■	6.4(2.1)	11	64	25	11
Comorbid substance abuse problems			■	6.3(2.0)	11	58	33	9
Lack of social supports			■	6.3(2.0)	7	55	36	9
Elderly patient taking an oral conventional antipsychotic who forgets to take medication			■	6.1(1.8)	11	47	44	9
Patient taking an oral conventional antipsychotic who is stable but experiencing EPS			■	5.9(2.0)	9	44	38	18
Other severe psychosocial stressor		□		5.4(2.1)	2	39	41	20
Patient taking an depot conventional antipsychotic who is stable and is not experiencing serious EPS		■		5.2(2.1)	2	29	51	20
Elderly patient taking an oral conventional antipsychotic who is having troublesome side effects		■		4.8(2.0)	7	18	59	23
A patient with treatment-refractory illness who is taking clozapine and having troublesome side effects		□		4.7(1.9)	2	24	42	33
Patient taking an oral conventional antipsychotic who is stable and not experiencing serious EPS		□		4.1(2.1)	2	11	44	44
Patient taking an oral atypical antipsychotic who is stable and is not experiencing serious EPS		□		3.8(2.1)	2	13	31	56
A new patient who was just confirmed with a diagnosis of schizophrenia and who has had no previous antipsychotic treatment		□		3.7(1.9)	0	9	47	44

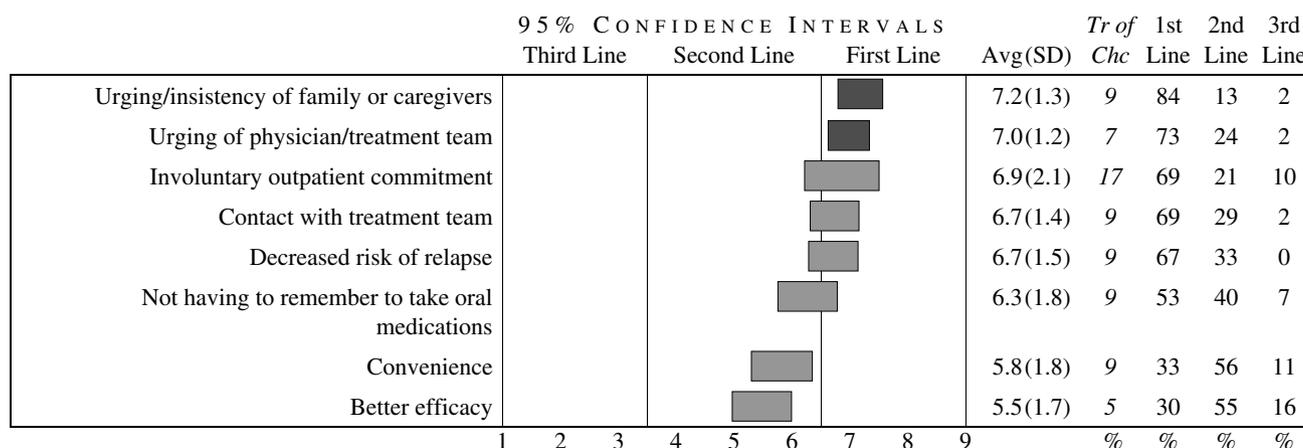
49 Use of a long-acting injectable atypical antipsychotic. Please rate the appropriateness of using a long-acting injectable atypical antipsychotic to treat a patient with each of the following conditions.



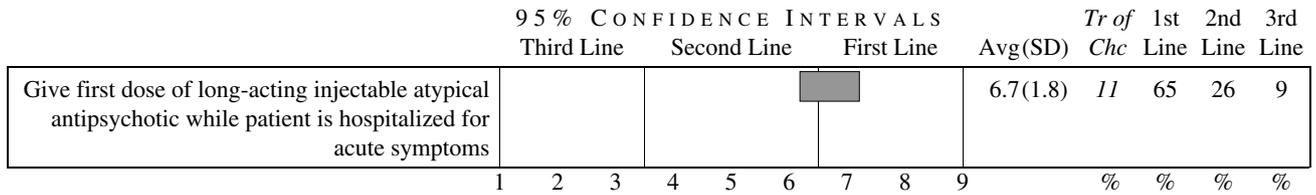
50 Risk of tardive dyskinesia. Please rate the appropriateness of switching to a long-acting injectable atypical antipsychotic in each of the following situations because of concern about the potential for tardive dyskinesia.



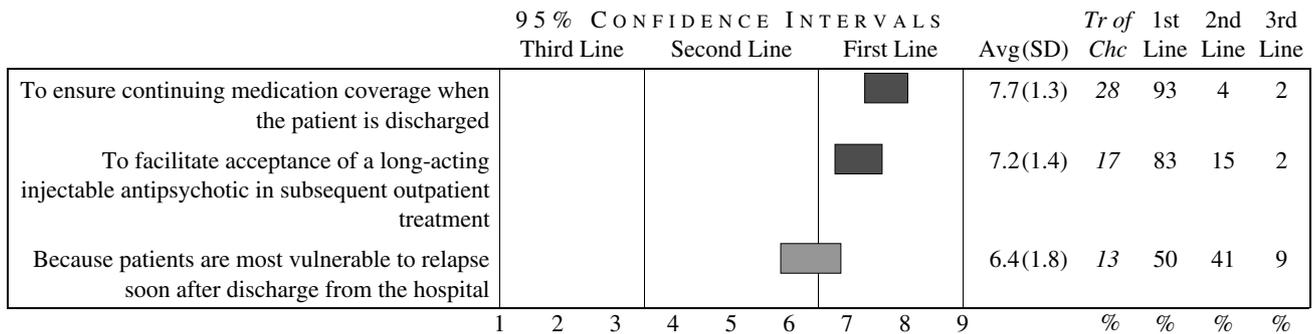
51 Factors motivating patients to return for injections. In your clinical experience, what are the most important factors in motivating patients to come into the clinic for repeat injections of a long-acting injectable antipsychotic? Please give a rating of 7, 8, or 9 to those you consider most important; a 4, 5, or 6 to those you consider somewhat important; and a 1, 2, or 3 to those that you consider not too important.



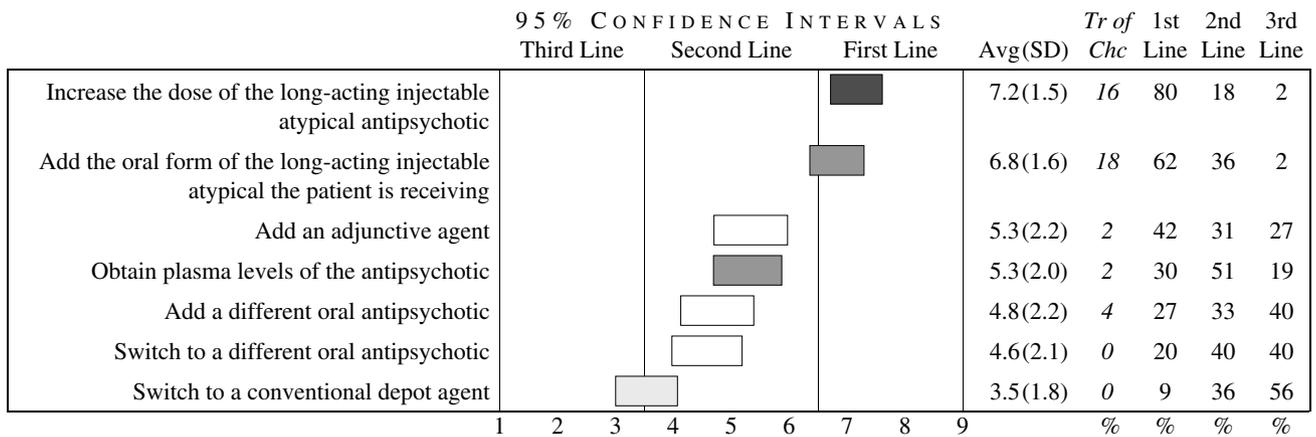
52 Use of a long-acting injectable atypical antipsychotic in the acute treatment setting. Given shorter lengths of hospital stays, please rate the appropriateness of beginning treatment with a long-acting injectable atypical antipsychotic while a patient is hospitalized.



53 Reasons to begin injections during hospitalization. If you would begin treatment with a long-acting injectable atypical antipsychotic while a patient is hospitalized, rate the relative importance of the following reasons for doing so.



54 Strategies for relapse in a patient receiving a long-acting injectable atypical antipsychotic. Please rate the appropriateness of each of the following strategies for a patient who relapses while receiving a long-acting injectable atypical antipsychotic.



55 Defining remission and recovery.

We are interested in how you would define remission and recovery in your patients with schizophrenia. Please rate the appropriateness of each of the following as an indicator 1) of remission and 2) of recovery.*

	95% CONFIDENCE INTERVALS			Avg(SD)	Tr of 1st Chc	2nd Line	3rd Line						
	Third Line	Second Line	First Line										
Remission													
Level of positive symptoms				8.3(1.0)	61	95	5	0					
Level of cognitive/disorganized symptoms				6.8(1.3)	7	66	34	0					
Level of negative symptoms				6.8(1.5)	16	61	34	5					
Level of depressive symptoms				6.4(1.5)	5	58	37	5					
Meaningful peer relationships				5.6(1.7)	2	30	58	12					
Ability to live independently				5.6(1.9)	5	33	50	17					
Occupational/educational functioning				5.6(1.7)	2	33	56	12					
Recovery													
Occupational/educational functioning				8.1(1.0)	39	95	5	0					
Meaningful peer relationships				8.0(1.0)	39	93	7	0					
Level of negative symptoms				8.0(1.0)	39	89	11	0					
Ability to live independently				7.9(1.1)	39	89	11	0					
Level of positive symptoms				7.8(1.6)	48	82	18	0					
Level of cognitive/disorganized symptoms				7.7(1.0)	25	89	11	0					
Level of depressive symptoms				7.2(1.7)	26	70	26	5					
	1	2	3	4	5	6	7	8	9	%	%	%	%

*Some items in the list are adapted from the operational definition of recovery presented in Liberman RP, Kopelowicz A, Ventura J, Gutkind D. Operational criteria and factors related to recovery from schizophrenia. International Review of Psychiatry 2002;14:256–272.

Occupational/educational functioning: e.g., being employed in the competitive sector; successfully attending school; if retirement age, actively participating in recreational, family, or volunteer activities.

Ability to live independently: e.g., living on one's own without day-to-day supervision; able to initiate activities and schedule one's time independently; participating constructively in instrumental activities.

Meaningful peer relationships: e.g., an interaction such as a social event or recreational activity with a peer outside the family on a regular basis.

56 Rank order of symptoms.

How important are the following symptoms as indicators of remission and recovery? Although we realize this construct may vary somewhat from one patient to another, we would like you to rank each type of symptom in terms of the importance you believe it has in defining remission and recovery in the average patient with schizophrenia. Rank the following from 1 to 4 (no ties), with 1 = most important.

	1	2	3	4	Avg
	n (%)	n (%)	n (%)	n (%)	
Remission					
Level of positive symptoms	41 (89%)	2 (4%)	2 (4%)	1 (2%)	1.17
Level of cognitive/disorganized symptoms	4 (9%)	18 (39%)	11 (24%)	13 (28%)	2.68
Level of negative symptoms	1 (2%)	16 (35%)	14 (30%)	15 (33%)	2.89
Level of depressive symptoms	0 (0%)	11 (24%)	19 (41%)	16 (35%)	3.07
Recovery					
Level of positive symptoms	19 (41%)	10 (22%)	12 (26%)	5 (11%)	2.03
Level of cognitive/disorganized symptoms	15 (33%)	16 (35%)	9 (20%)	6 (13%)	2.09
Level of negative symptoms	13 (28%)	15 (33%)	11 (24%)	7 (15%)	2.22
Level of depressive symptoms	0 (0%)	8 (17%)	12 (26%)	26 (57%)	3.36

57 Rank order of functional indicators. How important are the following functional outcomes as indicators of remission and recovery? Although we realize this construct may vary somewhat from one patient to another, we would like you to rank each functional outcome area in terms of the importance you believe it has in defining remission and recovery in the average patient with schizophrenia. See Question 55 for a more complete description of these areas. Rank the following from 1 to 3 (no ties), with 1 = most important.

		1	2	3	
		<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>	Avg
Remission	Independent living	20 (45%)	10 (23%)	14 (32%)	1.86
	Occupational/educational functioning	14 (32%)	16 (36%)	14 (32%)	2.00
	Peer relationships	9 (20%)	19 (43%)	16 (36%)	2.16
Recovery	Occupational/educational functioning	28 (64%)	10 (23%)	6 (14%)	1.50
	Independent living	8 (18%)	19 (43%)	17 (39%)	2.20
	Peer relationships	9 (20%)	15 (34%)	20 (45%)	2.25

58 Defining functional improvement. Which of the following do you consider the most appropriate way of defining functional improvement in your patients?

	<i>n (%)</i>
Relative change for the patient	38 (86%)
Absolute change	6 (14%)

59 Symptom severity and duration. We are interested in what level of symptom severity you use to define remission and recovery. Please check the level you consider most appropriate in each category and indicate how long this level of symptoms needs to be present before you would consider the patient in remission and in recovery.

No symptoms = score of 1 on the relevant items on the Brief Psychiatric Rating Scale (1–7 scale)

Mild symptoms = score of 2 or 3

Moderate = score of 4

		No symptoms	Mild symptoms	Moderate symptoms	How long must the symptoms be at this level? (Avg months)
		<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>	
Remission	Positive	15 (33%)	28 (62%)	2 (4%)	3.2
	Cognitive/disorganized	6 (13%)	31 (69%)	8 (18%)	3.2
	Negative	3 (7%)	28 (62%)	14 (31%)	3.5
	Depressive	8 (18%)	33 (73%)	4 (9%)	3.1
Recovery	Positive	28 (62%)	15 (33%)	2 (4%)	13.0
	Cognitive/disorganized	20 (44%)	23 (51%)	2 (4%)	13.2
	Negative	15 (33%)	28 (62%)	2 (4%)	12.8
	Depressive	19 (42%)	23 (51%)	3 (7%)	12.0

60 **Duration of improvement in functional areas.** How long must significant improvement in the following functional areas be maintained for a patient to be considered in recovery? Please write in the minimum period (months or years) you would want to see the improvement maintained before you would consider the patient in recovery.

	Duration of improvement to be considered in recovery (months)
Employment	15.4
Independent living	14.7
Peer relationships	16.7