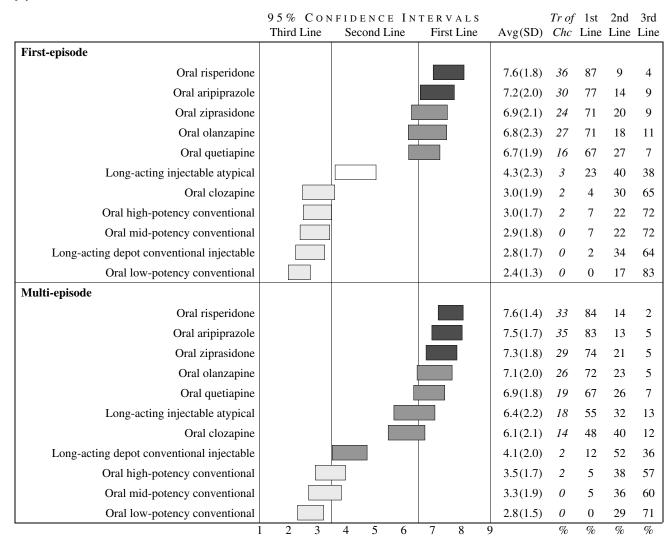
#### **Expert Survey Results and Guideline References**

**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.

	95% CON Third Line	FIDENCE IN Second Line	NTERVALS First Line	Avg(SD)		1st Line	2nd Line	
First-episode				<u> </u>				
Oral risperidone			*	8.5(0.7)	57	100	0	0
Oral aripiprazole				7.3(1.7)	29	71	22	7
Oral olanzapine				7.1(2.0)	26	77	17	6
Oral ziprasidone				6.9(1.7)	19	72	21	6
Oral quetiapine				6.8(1.5)	13	64	34	2
Long-acting injectable atypical				4.6(2.2)	2	21	49	30
Oral high-potency conventional				3.7(1.9)	2	11	30	60
Oral mid-potency conventional				3.4(2.0)	0	9	26	66
Long-acting depot conventional injectable				2.9(1.8)	0	4	26	70
Oral low-potency conventional				2.9(1.6)	0	0	26	74
Oral clozapine				2.7(1.7)	2	4	19	77
Multi-episode								
Oral risperidone			*	8.3(0.8)	50	100	0	0
Oral aripiprazole				7.8(1.1)	31	88	12	0
Oral ziprasidone				7.3(1.6)	27	77	20	2
Oral olanzapine				7.2(1.7)	23	75	20	5
Long-acting injectable atypical				7.1(1.7)	23	67	31	3
Oral quetiapine				7.0(1.5)	18	66	34	0
Oral clozapine				6.2(1.5)	7	42	53	5
Long-acting depot conventional injectable				5.8(1.8)	5	36	57	7
Oral high-potency conventional				4.5(1.8)	2	14	61	25
Oral mid-potency conventional				4.0(1.9)	0	11	55	34
Oral low-potency conventional				3.5(1.6)	0	2	52	45
	1 2 3	4 5 6	7 8 0	1	0/0	0%	0%	0%

**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.



**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.

		FIDENCE I			Tr of		2nd	
	Third Line	Second Line	First Line	Avg(SD)	Chc	Line	Line	Line
First-episode								
Oral risperidone				8.4(0.7)	48	100	0	0
Oral aripiprazole				7.2(1.8)	27	73	18	9
Oral ziprasidone				7.0(1.8)	20	76	17	7
Oral olanzapine				6.9(2.2)	26	74	17	9
Oral quetiapine				6.9(1.5)	15	67	30	2
Long-acting injectable atypical				4.6(2.4)	5	24	38	38
Oral high-potency conventional				3.4(1.9)	2	9	26	66
Oral mid-potency conventional				3.2(1.9)	0	9	23	68
Oral clozapine				3.1(1.8)	2	4	30	66
Oral low-potency conventional				2.7(1.5)	0	0	26	74
Long-acting depot conventional injectable				2.7(1.7)	0	0	30	70
Multi-episode								
Oral risperidone				8.2(0.8)	44	98	2	0
Oral aripiprazole				7.6(1.3)	28	84	16	0
Oral ziprasidone				7.3(1.5)	22	73	24	2
Oral olanzapine				7.2(1.8)	24	76	18	7
Long-acting injectable atypical				6.9(1.6)	15	68	30	3
Oral quetiapine				6.9(1.5)	13	64	33	2
Oral clozapine				6.3(1.6)	9	48	45	7
Long-acting depot conventional injectable				4.9(1.8)	0	14	68	18
Oral high-potency conventional				4.1(1.8)	2	7	59	34
Oral mid-potency conventional				3.8(2.0)	0	5	51	44
Oral low-potency conventional				3.2(1.7)	0	0	44	56
	1 2 3	4 5 6	7 8 9	)	%	%	%	%

**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					
	(mg/	reatment (day) (SD)	Maintenance treatment (mg/day) Avg (SD)		(mg/	reatment /day) (SD)	(mg/	ce treatment (day) (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.

		level assays nt available ou?	If yes, do you use these levels to monitor compliance?		. , .	ou use these ljust 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	
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n	n	n	
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 do (mg/day)			
	Avg	-		
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)		

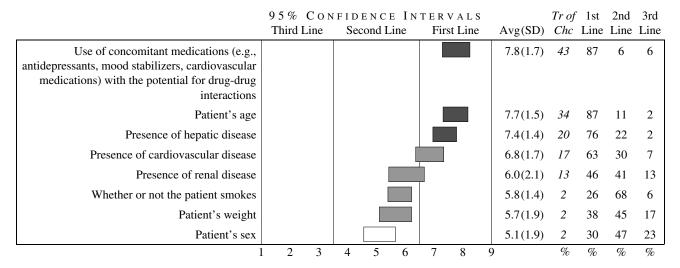
**Tose equivalency of antipsychotics.** Please write in the doses (mg) of each of the following antipsychotics that you would consider equivalent to each of the doses of haloperidol listed below. In this question, we are trying to get a feeling for the equivalency of doses between the older conventional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

	Haloperi	dol 1 mg	Haloperi	dol 5 mg	g Haloperidol 10 mg		Haloperio	dol 20 mg	Haloperidol 30 mg		
	Avg	(SD)	Avg	(SD)	Avg	(SD)	Avg	(SD)	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)	

**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.

		one 1 mg (SD)		one 2 mg (SD)	-	one 4 mg (SD)	-	one 6 mg (SD)	. 1	one 8 mg (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)

**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.

	95	95% CONFIDENCE INTERVALS					Tr of	1st	2nd	3rd				
	Thi	rd Li	ine	Seco	ond Li	ne	Firs	t Line	A	Avg(SD)	Chc	Line	Line	Line
Start with a low dose and then increase it based on level of response and side effects										7.0(2.0)	28	62	30	9
Start with a moderate dose										6.6(1.9)	15	57	36	6
Start with a relatively high dose, then decrease dose if possible										3.7(2.0)	0	9	38	53
	1 /	2	3	4	5	6	7	8	9		%	%	%	%

**1 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.

	95%	95% CONFIDENCE INTERVALS					Tr of	1st	2nd	3rd		
	Third I	Line	Sec	ond Lii	ne	First	Line	Avg(SD)	Chc	Line	Line	Line
Start with a low dose and then increase it based on level of response and side effects								6.5(1.9)	17	57	35	9
Start with a moderate dose								6.5(1.8)	9	59	37	4
Start with a relatively high dose, then decrease dose if possible								2.9(1.9)	0	7	20	74
1	1 2	3	4	5	6	7	8	9	%	%	%	%

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 g	generally use	Average daily target dose (mg/day) Avg (SD)		•	generally use	dose (n	aily target ng/day) (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)

 $oldsymbol{12}^{ ext{Dose selection for special populations}}, continued$ 

		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 disturbanc and/or psychosis					
	Would not generally use n (%)		Average daily target dose (mg/day) Avg (SD)			Would not generally use n (%)		aily target ng/day) (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 Avg (SD)	Maximum number of weeks to wait 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.

	you inc	rease dos	se to this medica e or switch to a d otic? (check one	lifferent	•	dose would
		se dose	Switch me	edications	(mg/	y target dose (day)
	n	(%)	n	(%)	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%)
	•			aripiprazole	1	(3%)
Oral clozapine	risperidone	11	(34%)	olanzapine	7	(23%)
	aripiprazole	8	(25%)	quetiapine	5	(17%)
	olanzapine	3	(9%)	aripiprazole	4	(13%)
	ziprasidone	2	(6%)	risperidone	4	(13%)
	add risperidone	2	(6%)	ziprasidone	3	(10%)
	add lamotrigine/other adjunctive	1	(3%)	ECT	2	(7%)
	add valproate	1	(3%)	add ECT	1	(3%)
	haloperidal	1	(3%)	add lamotrigine/other adjunctive	1	(3%)
	long-acting injectable atypical	1	(3%)	clozapine	1	(3%)
	NEVER	1	(3%)	combinations	1	(3%)
	quetiapine	1	(3%)	long-acting injectable atypical	1	(3%)
Oral olanzapine	risperidone	25	(60%)	clozapine	18	(43%)
	aripiprazole	5	(12%)	aripiprazole	9	(21%)
	ziprasidone	5	(12%)	quetiapine	5	(12%)
	clozapine	3	(7%)	risperidone	4	(10%)
	quetiapine	3	(7%)	olanzapine	2	(5%)
	haloperidal	1	(2%)	ziprasidone	2	(5%)
				add lamotrigine/other adjunctive	1	(2%)
				long-acting injectable atypical	1	(2%)
Oral quetiapine	risperidone	27	(64%)	olanzapine	16	(38%)
	olanzapine	6	(14%)	clozapine	13	(31%)
	aripiprazole	5	(12%)	aripiprazole	6	(14%)
	ziprasidone	3	(7%)	ziprasidone	3	(7%)
	clozapine	1	(2%)	risperidone	2	(5%)
				haloperidal	1	(2%)
				long-acting injectable atypical	1	(2%)
Oral risperidone	olanzapine	21	(50%)	clozapine	14	(35%)
	aripiprazole	8	(19%)	aripiprazole	10	(25%)
	clozapine	5	(12%)	quetiapine	5	(13%)
	quetiapine	4	(10%)	olanzapine	3	(8%)
	ziprasidone	4	(10%)	ziprasidone	3	(8%)
				add lamotrigine/other adjunctive	1	(3%)
				add valproate	1	(3%)
				haloperidal	1	(3%)
				long-acting injectable atypical	1	(3%)
				NEVER	1	(3%)

# 

10	First medication you would			Second medication you		
Inadequate response to:	switch to	n	(%)	would switch to	n	(%)
Oral ziprasidone	risperidone	17	(44%)	clozapine	13	(34%)
Orar Ziprasidone	aripiprazole	8	(21%)	olanzapine	11	(29%)
	olanzapine	8	(21%)	aripiprazole	6	(16%)
	quetiapine	4	(21%) $(10%)$	risperidone	5	(13%)
	clozapine	1	(3%)	quetiapine	2	(5%)
	haloperidal	1	(3%)	long-acting injectable atypical	1	(3%)
Oral chlorpromazine	risperidone	25	(64%)	olanzapine	13	(35%)
Orai emorpromazme	-		` ′	_		(19%)
	olanzapine aripiprazole	7	(18%) (8%)	clozapine quetiapine	7 5	(14%)
	ziprasidone	3	(8%)	aripiprazole	4	
	_					(11%)
	quetiapine	1	(3%)	risperidone	4	(11%)
0.10.1	,	22	((2.07)	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%)
	1		. /	ziprasidone	4	(12%)
Oral trifluoperazine	risperidone	22	(61%)	olanzapine	9	(27%)
2 umwoporuzine	olanzapine	6	(17%)	clozapine	6	(18%)
	aripiprazole	4	(11%)	risperidone	5	(15%)
	ziprasidone	3	(8%)	ziprasidone	5	(15%)
	quetiapine	1	(3%)	aripiprazole	4	(12%)
	quettapine	1	(370)	quetiapine	4	(12%)
				quenapme	7	(12/0)

Inadequate response to:	First medication you would			Second medication you		
	switch to	n	(%)	would switch to	n	(%)
Long-acting injectable	clozapine	9	(27%)	clozapine	12	(40%)
atypical	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%)
				risperidone	1	(3%)
Injectable fluphenazine	long-acting injectable atypical	14	(38%)	clozapine	14	(41%)
decanoate	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%)
	_			long-acting injectable atypical	1	(3%)
Injectable haloperidol	long-acting injectable atypical	14	(39%)	clozapine	15	(45%)
decanoate	risperidone	8	(22%)	olanzapine	5	(15%)
	aripiprazole	3	(8%)	risperidone	3	(9%)
	olanzapine	3	(8%)	ziprasidone	3	(9%)
	ziprasidone	3	(8%)	aripiprazole	2	(6%)
	fluphenazine decanoate	2	(6%)	quetiapine	2	(6%)
	quetiapine	2	(6%)	fluphenazine	1	(3%)
	clozapine	1	(3%)	fluphenazine decanoate	1	(3%)
				long-acting injectable atypical	1	(3%)

#### Target doses when switching antipsychotics

	0	first switch (day)	0	of second 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)

<sup>\*</sup>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.

	95% CON	FIDENCE IN	TERVALS		Tr of			3rd
	Third Line	Second Line	First Line	Avg(SD)	Chc	Line	Line	Line
If switching to aripiprazole								
Cross-titration: gradually taper dose of first antipsychotic while gradually increasing dose of second antipsychotic				6.7(2.2)	22	64	24	11
Overlap and taper: continue the same dose of the first antipsychotic while gradually bringing the second up to therapeutic level, then taper the first antipsychotic				6.1(2.3)	20	50	36	14
Stop the old/start the new: discontinue the first antipsychotic abruptly and then begin second antipsychotic immediately				4.4(2.6)	7	24	31	44
Taper and stop the first/then titrate the second: taper and stop the first antipsychotic over several days and then start second antipsychotic and increase dose slowly while monitoring for side effects				2.5(1.5)	0	4	9	87
If switching to clozapine								
Cross-titration: gradually taper dose of first antipsychotic while gradually increasing dose of second antipsychotic				7.5(1.7)	36	85	9	6
Overlap and taper: continue the same dose of the first antipsychotic while gradually bringing the second up to therapeutic level, then taper the first antipsychotic				6.3(2.5)	23	55	26	19
Stop the old/start the new: discontinue the first antipsychotic abruptly and then begin second antipsychotic immediately				2.9(1.7)	0	4	23	72
Taper and stop the first/then titrate the second: taper and stop the first antipsychotic over several days and then start second antipsychotic and increase dose slowly while monitoring for side effects				2.3(1.4)	0	4	9	87
1	2 3	4 5 6	7 8	9	%	%	%	%

## 16 Switching strategies, continued

_ •	95% CON Third Line	NFIDENCE IN Second Line	TERVALS First Line	Avg(SD)		1st Line		
If switching to olanzapine								
Cross-titration: gradually taper dose of first antipsychotic while gradually increasing dose of second antipsychotic				6.7(2.2)	21	64	26	11
Overlap and taper: continue the same dose of the first antipsychotic while gradually bringing the second up to therapeutic level, then taper the first antipsychotic				5.9(2.5)	16	51	27	22
Stop the old/start the new: discontinue the first antipsychotic abruptly and then begin second antipsychotic immediately				4.1(2.3)	2	19	30	51
Taper and stop the first/then titrate the second: taper and stop the first antipsychotic over several days and then start second antipsychotic and increase dose slowly while monitoring for side effects				2.6(1.6)	0	4	17	78
If switching to quetiapine								
Cross-titration: gradually taper dose of first antipsychotic while gradually increasing dose of second antipsychotic				7.0(1.9)	23	68	23	9
Overlap and taper: continue the same dose of the first antipsychotic while gradually bringing the second up to therapeutic level, then taper the first antipsychotic		-		6.3(2.2)	15	60	26	15
Stop the old/start the new: discontinue the first antipsychotic abruptly and then begin second antipsychotic immediately				3.4(2.0)	0	13	22	65
Taper and stop the first/then titrate the second: taper and stop the first antipsychotic over several days and then start second antipsychotic and increase dose slowly while monitoring for side effects				2.3(1.5)	0	4	13	83
	2 3	4 5 6	7 8 9	)	%	%	%	%

### 16 Switching strategies, continued

	95% CON	FIDENCE IN	TERVALS		Tr of	1st	2nd	3rd
	Third Line	Second Line	First Line	Avg(SD)	Chc	Line	Line	Line
If switching to risperidone								
Cross-titration: gradually taper dose of first antipsychotic while gradually increasing dose of second antipsychotic				6.9(2.2)	23	72	19	9
Overlap and taper: continue the same dose of the first antipsychotic while gradually bringing the second up to therapeutic level, then taper the first antipsychotic				6.0(2.4)	19	49	32	19
Stop the old/start the new: discontinue the first antipsychotic abruptly and then begin second antipsychotic immediately				4.1(2.4)	2	22	27	51
Taper and stop the first/then titrate the second: taper and stop the first antipsychotic over several days and then start second antipsychotic and increase dose slowly while monitoring for side effects				2.7(1.7)	0	6	15	79
If switching to ziprasidone								
Cross-titration: gradually taper dose of first antipsychotic while gradually increasing dose of second antipsychotic				6.9(2.0)	20	76	18	7
Overlap and taper: continue the same dose of the first antipsychotic while gradually bringing the second up to therapeutic level, then taper the first antipsychotic				6.0(2.2)	13	48	33	20
Stop the old/start the new: discontinue the first antipsychotic abruptly and then begin second antipsychotic immediately				3.8(2.2)	2	14	32	55
Taper and stop the first/then titrate the second: taper and stop the first antipsychotic over several days and then start second antipsychotic and increase dose slowly while monitoring for side effects				2.5(1.5)	0	4	15	80
1	. 2 3	4 5 6	7 8 9	<u> </u> 	%	%	%	%

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.

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

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.

	95% CON	FIDENCE IN	TERVALS		Tr of	1st	2nd	3rd
	Third Line	Second Line	First Line	Avg(SD)	Chc	Line	Line	Line
Trials of one or more conventional antipsychotics and two atypical antipsychotics			*	7.9(1.7)	51	91	4	4
Trials of three atypical antipsychotics				7.7(1.8)	45	85	11	4
Trials of one or more conventional antipsychotics and all of the other atypical antipsychotics			*	7.6(2.5)	70	77	11	13
Trials of two atypical antipsychotics				7.2(1.8)	34	70	23	6
Trials of one or more conventional antipsychotics and one atypical antipsychotic				7.1(1.8)	30	70	28	2
Trials of two conventional antipsychotics				4.7(2.5)	11	23	38	38
Trial of one atypical antipsychotic				4.3(2.3)	6	15	45	40
Trial of one conventional antipsychotic				3.2(2.0)	2	9	26	65
	1 2 3	4 5 6	7 8	9	%	%	%	%

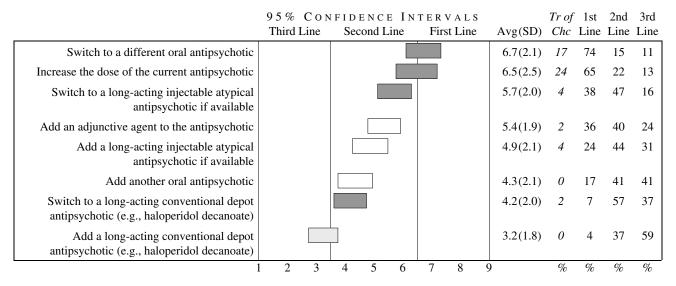
19 Strategies when there is partial response. Please rate the appropriateness of each of the following strategies for a patient who is having a partial but still inadequate response (some persisting positive symptoms) to each of the following types of antipsychotics (we are not asking about cross-titration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

	95% C	ON	FIDE	N C E	ΙN	TER'	VALS			Tr of	lst	2nd	3rd
Partial but inadequate response to:	Third Li	ne	Seco	nd Lir	ne	Firs	st Line	A	Avg(SD)	Chc	Line	Line	Line
Oral conventional													
Add a long-acting injectable atypical antipsychotic if available									5.5(2.2)	7	39	37	24
Add an oral atypical antipsychotic									5.1(2.7)	16	36	24	40
Add valproate									5.0(2.0)	2	21	51	28
Add a benzodiazepine									4.1(1.9)	0	13	47	40
Add electroconvulsive therapy (ECT)									4.1(2.1)	2	13	51	36
Add lithium		ţ							4.0(1.8)	2	4	55	40
Add a long-acting conventional depot antipsychotic (e.g., haloperidol decanoate)									3.7(2.1)	0	6	36	57
Add an antidepressant									3.6(1.9)	0	11	28	62
Add carbamazepine									3.1(1.7)	0	4	32	64
Add an oral conventional antipsychotic									1.8(1.0)	0	0	4	96
	1 2	3	4	5	6	7	8	9		%	%	%	%

#### 19 Strategies when there is partial response, continued

		FIDENCE IN			Tr of		2nd	
Partial but inadequate response to:	Third Line	Second Line	First Line	Avg(SD)	Chc	Line	Line	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	1	%	%	%	%

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.

	95% Third I			N C E nd Lin		ERVA First Li		Avg(SD)	Tr of Chc		2nd Line	3rd Line
Switch to a long-acting injectable atypical antipsychotic if available								7.7(1.2)	36	82	18	0
Switch to a long-acting conventional depot antipsychotic (e.g., haloperidol decanoate)								6.1(1.6)	4	46	46	9
Add a long-acting injectable atypical antipsychotic if available								6.0(2.0)	9	42	42	16
Switch to a different oral antipsychotic								5.4(2.2)	4	37	46	17
Add a long-acting conventional depot antipsychotic (e.g., haloperidol decanoate)								4.6(2.0)	2	22	41	37
Add an adjunctive agent to the antipsychotic								4.2(2.0)	0	20	39	41
Add another oral antipsychotic								3.7(2.0)	0	11	37	52
	1 2	3	4	5	6	7 8	9	)	%	%	%	%

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.

	95%	95% CONFIDENCE INTERVALS						Tr of	1st	2nd	3rd		
	Third I	Line	Sec	ond Li	ne	Firs	t Line	Avg(	SD)	Chc	Line	Line	Line
Switch to a long-acting injectable atypical antipsychotic if available								8.2(	0.9)	47	93	7	0
Switch to a long-acting conventional depot antipsychotic (e.g., haloperidol decanoate)								6.5(	1.8)	4	65	26	9
Switch to a different oral antipsychotic								4.5(	2.3)	2	20	42	38
	1 2	3	4	5	6	7	8	9		%	%	%	%

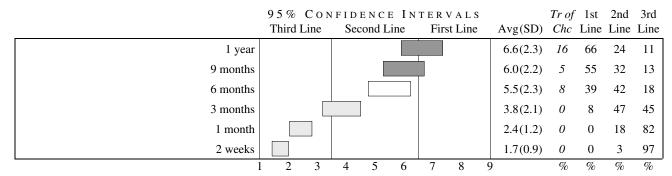
23 Strategies after relapse in a patient receiving a long-acting CONVENTIONAL DEPOT antipsychotic. Please rate the appropriateness of each of the following pharmacologic strategies for a patient who relapses while receiving a long-acting conventional depot antipsychotic.

	95% Con	FIDENCE IN	TERVALS		Tr of	1st	2nd	3rd
	Third Line	Second Line	First Line	Avg(SD)	Chc	Line	Line	Line
Switch to a long-acting injectable atypical antipsychotic if available				7.9(1.0)	26	96	4	0
Increase the dose of the long-acting conventional depot antipsychotic the patient is receiving				6.7(1.8)	13	70	21	9
Increase the frequency of injections of the long- acting conventional depot antipsychotic the patient is receiving				6.0(2.0)	6	51	36	13
Add an oral antipsychotic				5.8(1.8)	4	42	42	16
Obtain plasma levels of the antipsychotic				5.6(2.3)	11	36	49	15
Add an adjunctive agent				5.4(2.0)	0	32	51	17
Switch to a different oral antipsychotic				4.6(2.2)	2	24	39	37
Switch to a different conventional depot agent if not previously tried				4.6(2.0)	0	19	49	32
	1 2 3	4 5 6	7 8	)	%	%	%	%

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.

	-		he dose after stable patien	If ves, what ave	rage daily target	
	Y	es	N	0)		use? (mg/day)
	n	(%)	n	(%)	Avg	(SD)
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.



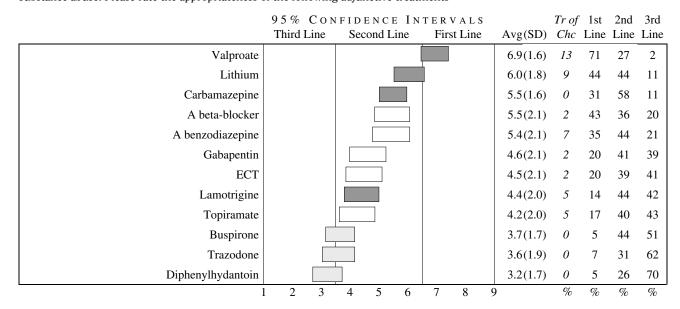
**26** Complicating problems. Rate the appropriateness of each of the following types of antipsychotic medications for a patient with a psychotic disorder who has the following complicating problems. Give your highest ratings to the medications you consider most appropriate for a patient with this problem.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

		FIDENCE IN	TERVALS		Tr of		2nd	3rd
	Third Line	Second Line	First Line	Avg(SD)	Chc	Line	Line	Line
Aggression/violence								
Oral clozapine				8.1(1.1)	43	89	11	0
Oral risperidone				7.2(1.2)	14	77	23	0
Oral olanzapine				6.9(1.4)	7	72	26	2
Long-acting injectable atypical				6.4(1.8)	5	60	33	8
Oral quetiapine				5.9(1.6)	0	42	47	12
Oral ziprasidone				5.8(1.6)	5	33	58	10
Oral aripiprazole				5.7(1.7)	5	32	57	11
Long-acting depot conventional injectable				5.5(1.8)	0	34	49	17
Oral high-potency conventional				5.2(2.0)	2	32	43	25
Oral low-potency conventional				5.1(1.9)	0	28	51	21
Oral mid-potency conventional				4.8(2.0)	0	19	52	29
Suicidal behavior								
Oral clozapine			*	8.3(1.1)	59	95	5	0
Oral risperidone				6.8(0.9)	2	64	36	0
Oral olanzapine				6.7(1.2)	2	62	33	4
Oral ziprasidone				6.2(1.6)	3	51	41	8
Oral aripiprazole				6.1(1.2)	0	35	62	3
Oral quetiapine				6.0(1.4)	0	41	51	7
Long-acting injectable atypical				5.8(1.8)	3	41	46	13
Long-acting depot conventional injectable				4.6(1.8)	0	13	56	31
Oral mid-potency conventional				4.0(1.8)	0	7	49	44
Oral high-potency conventional				3.9(1.9)	0	7	42	51
Oral low-potency conventional				3.8(1.8)	0	5	50	45
	1 2 3	4 5 6	7 8 9	)	%	%	%	%

# $26^{\,^{\text{Complicating problems}},\, continued}$

	95% CON	FIDENCE IN	TERVALE		Tr of	1ct	2nd	3rd
	Third Line	Second Line	First Line	Avg(SD)				
Dysphoria/depression								
Oral olanzapine				6.9(1.5)	7	70	23	7
Oral clozapine				6.9(1.4)	9	65	33	2
Oral aripiprazole				6.7(1.5)	13	58	37	5
Oral risperidone				6.6(1.3)	5	62	36	2
Oral ziprasidone				6.4(1.9)	10	59	32	10
Oral quetiapine				6.0(1.5)	2	42	44	14
Long-acting injectable atypical				5.8(1.6)	0	40	48	13
Long-acting depot conventional injectable				3.9(1.9)	2	7	46	46
Oral low-potency conventional				3.6(1.7)	0	2	49	49
Oral mid-potency conventional				3.5(1.7)	0	5	45	50
Oral high-potency conventional				3.2(1.8)	0	2	34	64
Cognitive problems								
Oral risperidone				6.8(1.3)	2	67	30	2
Oral aripiprazole				6.7(1.4)	8	61	34	5
Oral olanzapine				6.5(1.6)	7	61	30	9
Oral ziprasidone				6.3(1.5)	5	57	36	7
Oral clozapine				6.2(1.5)	2	52	36	12
Oral quetiapine				5.9(1.4)	0	40	51	9
Long-acting injectable atypical				5.8(1.8)	0	49	36	15
Long-acting depot conventional injectable				4.0(1.9)	3	10	50	40
Oral high-potency conventional				3.3(1.7)	0	5	42	53
Oral mid-potency conventional				3.3(1.6)	0	5	37	59
Oral low-potency conventional				3.0(1.6)	0	2	37	60
Substance abuse								
Oral clozapine				6.8(1.7)	14	63	33	5
Oral risperidone				6.4(1.5)	3	60	33	8
Long-acting injectable atypical				6.2(1.7)	5	58	38	5
Oral aripiprazole				6.1(1.5)	9	40	54	6
Oral olanzapine				6.0(1.7)	5	44	46	10
Oral quetiapine				5.8(1.6)	0	39	49	12
Oral ziprasidone				5.8(1.7)	3	43	45	13
Long-acting depot conventional injectable				5.1(2.0)	0	29	51	20
Oral high-potency conventional				3.8(2.1)	0	9	42	49
Oral mid-potency conventional				3.7(2.0)	0	10	40	50
Oral low-potency conventional				3.7(1.9)	0	5	49	46
	1 2 3	4 5 6	7 8	9	%	%	%	%

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



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.

	95% CON	FIDENCE IN	TERVALS		Tr of	1st	2nd	3rd
	Third Line	Second Line	First Line	Avg(SD)	Chc	Line	Line	Line
Selective serotonin reuptake inhibitor				7.0(1.6)	18	71	24	4
ECT				6.4(2.0)	16	58	36	7
Venlafaxine				6.4(1.8)	11	53	38	9
Mirtazapine				5.4(1.9)	2	36	43	21
Lithium				5.1(2.1)	2	31	40	29
Valproate				5.0(1.8)	0	24	42	33
Bupropion				5.0(2.1)	5	33	40	28
Nefazodone				5.0(2.1)	2	32	43	25
Lamotrigine				4.6(2.0)	0	18	45	36
Trazodone				4.0(2.0)	0	13	42	44
A tricyclic antidepressant	[			4.0(1.9)	2	5	50	45
Carbamazepine				3.8(1.9)	0	7	43	50
A benzodiazepine				3.6(1.9)	0	9	44	47
Buspirone				3.2(1.5)	0	0	39	61
A stimulant (e.g., methylphenidate)				3.0(1.7)	0	0	31	69
1	1 2 3	4 5 6	7 8 9	)	%	%	%	%

**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

	95% CON	FIDENCE IN	TERVALS		Tr of	1st	2nd	3rd
	Third Line	Second Line	First Line	Avg(SD)	Chc	Line	Line	Line
Selective serotonin reuptake inhibitor				7.5(1.4)	24	82	18	0
Venlafaxine		[		6.9(1.6)	13	67	29	4
ECT				5.9(2.0)	7	40	47	13
Mirtazapine				5.8(1.8)	2	45	43	12
Bupropion				5.7(1.9)	5	41	45	14
Nefazodone				5.7(2.0)	2	44	44	12
Lithium				5.0(2.0)	0	20	58	22
A tricyclic antidepressant				4.8(2.0)	0	20	56	24
Valproate				4.8(1.8)	0	20	55	25
Lamotrigine				4.7(2.1)	2	25	41	34
Trazodone				4.3(2.0)	0	14	52	34
Carbamazepine				3.7(1.8)	0	9	40	51
A benzodiazepine				3.6(2.0)	0	5	49	47
A stimulant (e.g., methylphenidate)				3.5(2.0)	0	9	36	56
Buspirone				3.3(1.5)	0	0	40	60
1	2 3	4 5 6	7 8	)	%	%	%	%

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

	95% Con	LS		Tr of	1st	2nd	3rd		
	Third Line	Second Lin	e First L	ine	Avg(SD)	Chc	Line	Line	Line
A glutamatergic agent (e.g., glycine, cyclo-serine)			]		5.4(2.0)	5	32	45	23
Selective serotonin reuptake inhibitor					5.0(2.3)	4	29	47	24
Another antipsychotic					4.6(2.6)	11	27	33	40
Venlafaxine					4.5(2.1)	0	24	47	29
A stimulant (e.g., methylphenidate)					4.4(2.3)	2	20	44	36
Bupropion	[				4.0(2.0)	0	16	39	45
Mirtazapine					3.9(1.9)	0	7	45	48
Valproate					3.8(1.9)	0	9	44	47
Lithium					3.6(1.9)	0	4	44	51
Nefazodone					3.6(1.9)	0	7	45	48
Lamotrigine					3.5(2.1)	0	9	36	55
A tricyclic antidepressant					3.4(1.8)	0	4	36	60
ECT					3.3(2.1)	2	9	29	62
A benzodiazepine					3.2(1.8)	0	2	38	60
Trazodone					3.1(1.7)	0	0	42	58
Buspirone					3.0(1.7)	0	5	30	66
Carbamazepine					2.9(1.6)	0	2	29	69
	2 3	4 5	6 7 8	3 9		%	%	%	%

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

	95% CONFIDENCE INTERVAL				Tr of	1st	2nd	3rd
	Third Line	Second Line	First Line	Avg(SD)	Chc	Line	Line	Line
Switch to a different antipsychotic with less weight gain liability and provide nutritional and exercise counseling				7.7(1.7)	43	83	11	6
Switch to a different antipsychotic with less weight gain liability				6.9(1.7)	13	72	21	6
Continue treatment with the same antipsychotic at the same dose and provide nutritional and exercise counseling				6.1(2.1)	13	51	30	19
Lower the dose of the current antipsychotic and provide nutritional and exercise counseling				4.8(2.0)	4	15	57	28
Add topiramate (Topamax) to the treatment regimen and provide nutritional and exercise counseling				4.3(2.0)	0	16	49	36
Add orlistat (Xenecal) to the treatment regimen and provide nutritional and exercise counseling				3.8(1.8)	0	10	45	45
Add sibutramine (Meridia) to the treatment regimen and provide nutritional and exercise counseling				3.7(1.6)	0	5	45	50
No intervention; continue treatment with the same antipsychotic				3.0(1.7)	2	2	32	66
Refer for surgical treatment of obesity				2.1(1.4)	0	0	17	83
1	2 3	4 5 6	7 8 0	)	0%	0/0	0%	0%

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

	95% CON Third Line	FIDENCE IN Second Line	TERVALS First Line	Avg(SD)	Tr of Chc		2nd Line	3rd Line
Continue treatment with clozapine at the same dose and provide nutritional and exercise counseling				7.5(1.6)	34	77	19	4
Lower the clozapine dose and provide nutritional and exercise counseling				5.7(2.5)	13	49	32	19
Switch to a different antipsychotic with less weight gain liability and provide nutritional and exercise counseling				4.6(2.1)	0	19	45	36
Add topiramate (Topamax) to the treatment regimen and provide nutritional and exercise counseling				4.5(2.2)	2	24	38	38
Add orlistat (Xenecal) to the treatment regimen and provide nutritional and exercise counseling				4.0(1.8)	0	12	48	40
Add sibutramine (Meridia) to the treatment regimen and provide nutritional and exercise counseling				4.0(1.7)	0	10	50	40
Switch to a different antipsychotic with less weight gain liability				3.9(1.9)	0	9	52	39
No intervention; continue treatment with clozapine				3.8(2.1)	2	13	40	47
Refer for surgical treatment of obesity				2.4(1.6)	0	2	24	74
1	1 2 3	4 5 6	7 8	9	%	%	%	%

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.

	95% Con	FIDENCE IN	N T E R V A L S		Tr of		2nd	
	Third Line	Second Line	First Line	Avg(SD)	Chc	Line	Line	Line
Importance								
Obesity			*	8.5(0.7)	60	100	0	0
Diabetes			*	8.4(0.9)	56	96	4	0
Cardiovascular problems				7.8(1.4)	44	82	18	0
HIV risk behavior				7.7(1.6)	36	89	7	4
Medical complications of substance abuse				7.6(1.2)	21	86	12	2
Heavy smoking				7.6(1.5)	36	84	13	2
Hypertension				7.4(1.7)	40	71	27	2
Amenorrhea				7.0(1.6)	20	69	27	4
Galactorrhea				6.8(1.4)	13	64	33	2
Osteoporosis				6.0(1.7)	4	47	42	11
Feasibility								-
Obesity			*	8.6(0.7)	70	98	2	0
Hypertension			*	8.0(1.2)	50	85	15	0
Amenorrhea				8.0(1.4)	41	91	7	2
Diabetes				7.9(1.2)	40	84	16	0
Heavy smoking				7.8(1.7)	48	83	13	4
Galactorrhea				7.7(1.3)	37	89	9	2
Cardiovascular problems				7.2(1.4)	24	70	30	0
HIV risk behavior				6.6(1.8)	17	59	33	9
Medical complications of substance abuse				6.4(1.4)	5	53	44	2
Osteoporosis				4.9(1.7)	4	13	65	22
	1 2 2	1 5 6	7 0 (	`	07	07	07	07

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)

D-----1-4:---

• *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)

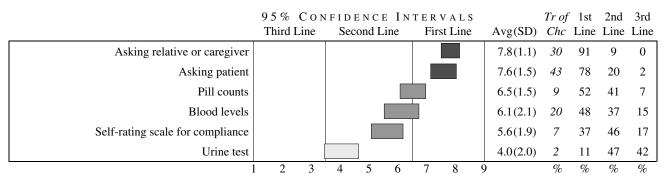
**35** Levels of compliance in your patients. We are interested in finding out what proportion of *your patients* with schizophrenia are compliant, partially compliant, and noncompliant according to the definitions given above.

Level of compliance:	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.



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%	95% CONFIDENCE INTERVALS								1st	2nd	3rd
	Third	Line	Seco	ond L	ine	First Li	ne	Avg(SD)	Chc	Line	Line	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	1	%	%	%	%

**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).

	9 5	5% CONFIDENCE INTERVALS								Tr of	1st	2nd	3rd
	Th	nird Li	ine	Seco	ond Li	ne	First	t Line	Avg(SD)	Chc	Line	Line	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%	Con	FIDI	ENCE	IN	TER	VALS			$Tr\ of$	1st	2nd	3rd
	Third	Line	Sec	ond Li	ine	Firs	t Line		Avg(SD)	Chc	Line	Line	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	1 2	3	4	5	6	7	8	9	1	%	%	%	%

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

	95% C	ONF	FIDE	NCE I	[ N ]	ΓΕRVALS			Tr of	1st	2nd	3rd
	Third Line	e	Seco	nd Line	:	First Line		Avg(SD)	Chc	Line	Line	Line
Patient education								7.9(1.3)	48	87	13	0
Family education and support								7.9(1.0)	35	91	9	0
Medication monitoring (e.g., dispensing doses, supervising use of a weekly pill box, or directly observing doses)								7.9(1.3)	45	86	14	0
Compliance therapy (focused cognitive- behavioral therapy targeting compliance issues)								7.3(1.1)	14	80	20	0
Symptom and side effect monitoring (e.g., daily checklist)								6.1(1.5)	9	37	57	7
Group psychotherapy								5.4(1.9)	0	28	57	15
Individual psychotherapy								5.4(1.8)	2	30	48	22
	1 2 3	3	4	5 6	<u> </u>	7 8	9		%	%	%	%

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

	95% C			NCE I		V A L S st Line	Avg(SD)	Tr of		2nd Line	
	Tima Em		5000	ma Eme	1.11	St Eme					
Assertive community treatment services							7.2(1.3)	15	76	24	0
Continuity of primary clinician across treatment modalities (e.g., inpatient, outpatient, and residential programs)							7.2(1.7)	22	72	24	4
Intensive services (e.g., contact 1–5 times weekly or more frequently as needed)							7.0(1.5)	11	70	26	4
Supervised residential services							6.7(1.9)	20	63	30	7
Partial hospitalization services							6.0(1.7)	7	46	46	9
Rehabilitation services							5.9(1.6)	4	33	61	7
Involuntary outpatient commitment							5.8(1.9)	9	41	43	16
	2 ′	3	4	5 6	7	8	9	%	%	%	%

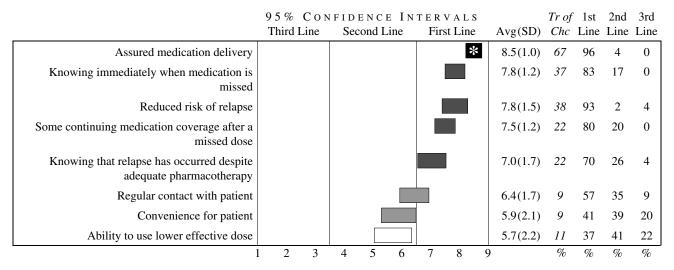
Pharmacologic strategies for partial compliance. Please rate the appropriateness of each of the following pharmacologic strategies if there is evidence that the patient is only partially compliant with an oral antipsychotic. The patient periodically denies having a mental illness or needing treatment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

	95% CON	IFIDENCE IN	TERVALS		Tr of	1st	2nd	3rd
	Third Line	Second Line	First Line	Avg(SD)	Chc	Line	Line	Line
Switch to a long-acting atypical antipsychotic if available				8.0(1.3)	44	93	4	2
Switch to a long-acting conventional depot antipsychotic (e.g., haloperidol decanoate)				6.2(1.8)	4	52	39	9
Add a long-acting injectable atypical antipsychotic if available				6.1(2.1)	16	49	33	18
No change in pharmacotherapy; intensify psychosocial treatment				6.0(2.4)	17	46	39	15
Switch to a different oral antipsychotic that has not previously been used				5.3(1.8)	0	29	49	22
Regular monitoring of plasma levels of medication				4.9(2.0)	2	22	52	26
Add a long-acting conventional depot antipsychotic (e.g., haloperidol decanoate)				4.6(2.2)	0	26	33	41
Add another oral antipsychotic				3.2(1.7)	0	7	20	73
1	2 3	4 5 6	7 8	9	%	%	%	%

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.

	95% Co	NFIDENCE I	NTERVALS		Tr of	1st	2nd	3rd
	Third Line	Second Line	First Line	Avg(SD)	Chc	Line	Line	Line
Switch to a long-acting atypical antipsychotic if available			*	8.5(1.1)	69	96	2	2
Switch to a long-acting conventional depot antipsychotic (e.g., haloperidol decanoate)				7.0(1.9)	22	74	20	7
Add a long-acting injectable atypical antipsychotic if available				6.6(2.3)	18	60	22	18
Add a long-acting conventional depot antipsychotic (e.g., haloperidol decanoate)				5.0(2.4)	4	37	30	33
Regular monitoring of plasma levels of medication				4.4(2.5)	7	20	35	46
Switch to a different oral antipsychotic that has not previously been used				4.3(2.1)	0	20	41	39
No change in pharmacotherapy; intensify psychosocial treatment				4.0(2.2)	4	17	33	50
Add another oral antipsychotic				3.0(1.8)	0	4	29	67
1	2 3	1 5 6	7 9	0	0%	0%	0%	0%

**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.

		FIDENCE IN		4 (CD)	Tr of		2nd	3rd
	Third Line	Second Line	First Line	Avg(SD)	Cnc	Line	Line	Line
Lack of patient acceptance				7.2(1.9)	33	72	20	9
Logistical issues				5.7(1.7)	2	41	41	17
Inability to stop medication immediately should side effects become a problem				5.6(1.9)	0	39	48	13
Negative physician perceptions				5.5(2.1)	9	35	43	22
Stigma associated with injections or depot clinics				5.5(1.9)	2	37	43	20
Inadequately appreciated benefit				5.5(2.4)	7	46	30	24
Local effects of repeated injections				4.8(1.7)	0	17	54	28
Reimbursement issues				4.0(2.2)	0	16	31	53
Inadequately established benefit		]		3.1(1.6)	0	4	28	67
	1 2 3	4 5 6	7 8 (	)	%	%	%	0%

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.

	95% Con	NFIDENCE IN	NTERVALS		Tr of	1st	2nd	3rd
	Third Line	Second Line	First Line	Avg(SD)	Chc	Line	Line	Line
Availability of an atypical antipsychotic in a long-acting injectable formulation			*	8.4(0.9)	59	96	4	0
Good patient acceptance of injection				8.0(1.3)	43	91	7	2
Demonstrated fewer relapses/hospital admissions than oral equivalent				7.8(1.4)	37	85	13	2
Fewer side effects than oral medications				7.5(1.7)	37	78	17	4
Better quality of life/patients say they feel better				7.4(2.1)	48	72	20	9
Easy administration of injection				7.1(1.4)	15	74	24	2
Longer interval between injections				6.9(1.6)	13	70	28	2
Demonstrated superior efficacy to oral equivalent				6.9(2.1)	24	65	24	11
Easy preparation of injection				6.7(1.7)	15	61	35	4
Little dose titration required with long-acting injectable formulation				6.2(1.7)	2	50	43	7
Easy dose conversion from oral equivalent				5.8(1.7)	2	43	48	9
Easy dose conversion from other oral antipsychotic agent				5.5(1.8)	0	39	48	13
·	1 2 3	4 5 6	7 8	9	%	%	%	%

**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% CON Third Line	FIDENCE IN Second Line	TERVALS First Line	Avg(SD)	Tr of Chc			3rd 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
1	. 2 3	4 5 6	7 8	9	%	%	%	%

**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.

	95%	95% CONFIDENCE INTERVALS								Tr of	1st	2nd	3rd
	Third I	Line	Sec	ond Li	ne	Firs	t Line	Av	g(SD)	Chc	Line	Line	Line
Early episode schizophrenia								5.	4(2.0)	7	33	47	20
Bipolar mania with psychosis								5.	2(1.8)	0	29	51	20
Dementia with psychosis								5.	0(2.0)	2	20	60	20
Substance abuse								3.	7(2.1)	2	16	25	59
Bipolar mania without psychosis								3.	7(1.7)	0	9	32	59
Treatment-resistant depression								3.	3(1.8)	0	4	31	64
Dementia without psychosis			]					3.	2(1.7)	0	2	27	71
	1 2	3	4	5	6	7	8	9		%	%	%	%

**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.

	95% CONFIDENCE INTERVALS								Tr of	1st	2nd	3rd
	Thir	d Line	Sec	cond Li	ine	First	Line	Avg(SD)	Chc	Line	Line	Line
Patient taking a depot conventional antipsychotic who is experiencing EPS							*	8.3(0.9)	53	96	4	0
Patient taking an oral conventional antipsychotic who is experiencing EPS								7.2(1.6)	24	73	22	4
Patient taking a depot conventional antipsychotic who is not experiencing EPS								6.0(2.0)	7	49	40	11
Patient taking an oral conventional antipsychotic who is not experiencing EPS								5.6(2.0)	7	38	44	18
	1 2	3	4	5	6	7	8 9	)	%	%	%	%

**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.

	95% CONFIDENCE INTERVALS								Tr of	1st	2nd	3rd
	Third l	Line	Sec	ond Line	•	Firs	t Line	Avg(SD)	Chc	Line	Line	Line
Urging/insistency of family or caregivers								7.2(1.3)	9	84	13	2
Urging of physician/treatment team								7.0(1.2)	7	73	24	2
Involuntary outpatient commitment								6.9(2.1)	17	69	21	10
Contact with treatment team								6.7(1.4)	9	69	29	2
Decreased risk of relapse								6.7(1.5)	9	67	33	0
Not having to remember to take oral medications								6.3(1.8)	9	53	40	7
Convenience								5.8(1.8)	9	33	56	11
Better efficacy								5.5(1.7)	5	30	55	16
	2	3	4	5 (	5	7	8	9	%	%	%	%

**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.

	9 5	95% CONFIDENCE INTERVALS							Tr of 1st 2nd					3rd
	Th	nird L	ine	Sec	ond Li	ne	Firs	t Line		Avg(SD)	Chc	Line	Line	Line
Give first dose of long-acting injectable atypical antipsychotic while patient is hospitalized for acute symptoms										6.7(1.8)	11	65	26	9
	1	2	3	4	5	6	7	8	9		%	%	%	%

**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.

	95% CONFIDENCE INTERVALS								Tr of	1st	2nd	3rd
	Third	l Line	Sec	ond Lii	ne	First	Line	Avg(SD)	Chc	Line	Line	Line
To ensure continuing medication coverage when the patient is discharged								7.7(1.3)	28	93	4	2
To facilitate acceptance of a long-acting injectable antipsychotic in subsequent outpatient treatment								7.2(1.4)	17	83	15	2
Because patients are most vulnerable to relapse soon after discharge from the hospital								6.4(1.8)	13	50	41	9
	1 2	3	4	5	6	7	8 9	)	%	%	%	%

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.

	95% CON Third Line	FIDENCE IN Second Line	Tr of		2nd Line	3rd		
	Tillia Lille	Second Line	First Line	Avg(SD)	Chc	Line	Line	Line
Increase the dose of the long-acting injectable atypical antipsychotic				7.2(1.5)	16	80	18	2
Add the oral form of the long-acting injectable atypical the patient is receiving				6.8(1.6)	18	62	36	2
Add an adjunctive agent				5.3(2.2)	2	42	31	27
Obtain plasma levels of the antipsychotic				5.3(2.0)	2	30	51	19
Add a different oral antipsychotic				4.8(2.2)	4	27	33	40
Switch to a different oral antipsychotic				4.6(2.1)	0	20	40	40
Switch to a conventional depot agent				3.5(1.8)	0	9	36	56
1	1 2 3	4 5 6	7 8	)	%	%	%	%

**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% Con	NFIDENCE IN	Tr of 1st			2nd	3rd	
	Third Line	Second Line	First Line	Avg(SD)	Chc	Line	Line	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	%	%	%	%

<sup>\*</sup>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	
	n	(%)	n	(%)	n	(%)	n	(%)	Avg
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		2		3		
	n	(%)	n	(%)	n	(%)	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?

	n	(%)
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 syn	nptoms	Mild sy	mptoms	Moderate	symptoms	How long must the symptoms be at this
	n	(%)	n	(%)	n	(%)	level? (Avg months)
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