SMIAdviser
A Clinical Support System for Serious Mental Illness

MYTH vs FACT on Serious Mental Illness

PSYCHOPHARMACOLOGY

There are many myths around serious mental illness (SMI) that are not always accurate. Let's take a look at common myths around SMI and psychopharmacology.

MYTH

You Should Not Prescribe Clozapine Until All Other Medications Have Failed

FACT

Do not think of clozapine as a last-resort option. The APA Practice Guideline for Treatment of Patients with Schizophrenia recommends clozapine for these situations:

- a patient shows no or minimal response to two antipsychotic medications at an adequate dose.[1]
- the risk of suicide attempts or suicide remains substantial despite other treatments.[1]
- the risk for aggressive behavior remains high despite other treatments.[1]

MYTH

Weight Gain from Antipsychotics is a Side Effect that Cannot Be Treated

FACT

There are options to help manage this side effect!

Some medications have higher risk for weight gain than others. Simply switch from a higher-risk medication to one with a lower risk.[2] Among second-generation agents, aripiprazole, brexpiprazole, lurasidone, and ziprasidone are lower risk.[1, 3]

There are other approaches that can be helpful:[4]

- Nutritional counseling
- Exercise
- Cognitive-behavioral therapy

Finally, you can augment with medications that can be helpful for weight gain. The best studied option is metformin.[5]

MYTH

Long-Acting Injectables Are Only For People Who Are Nonadherent

FACT

Even if adherence is not a problem, some patients prefer long-acting injectable (LAI) antipsychotic medications.[6, 7, 8]

In fact, some find LAIs to be more convenient because they don't need to remember to take a pill every day.[9] Studies across different settings show that LAIs can prevent relapse. This includes people who experience first episode psychosis.[10]

Clinicians can discuss LAIs in the context of a shared decision-making approach. You can:

- inform your patients about long-acting formulations.
- discuss the available advantages and disadvantages.
- let patients make the best decision for themselves.

MYTH

You Should Not Prescribe Antidepressants to Individuals Who Have Bipolar Disorder

FACT

A subset of people actually appear to benefit from antidepressants.

This happens when they are combined with mood stabilizers or atypical antipsychotics for bipolar depression. However, in general this is not considered a first line strategy.[11, 12, 13]

When you add antidepressants to adjuvant mood stabilizers or atypical antipsychotics, the risk of treatment-emergent affective switch is similar to placebo in the short-term.[13]

You should avoid antidepressants:[12, 14]

- in people who have a history of antidepressant-induced mania or hypomania.
- for those with recent rapid cycling.
- for those with current mixed features.
- as monotherapy for people with Bipolar I disorder.

Join our #MissionForBetter at SMIadviser.org.

Sources:

1. American Psychiatric Association. The American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia, Third Edition 2020 [9/24/2020]. Available from: https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines
2. Stroup TS, McEvoy JP, Ring KD, Hamer RH, LaVange LM, Swartz MS, et al. A randomized trial examining the effectiveness of switching from olanzapine, quetiapine, or risperidone to aripiprazole to reduce metabolic risk: comparison of antipsychotics for metabolic problems (CAMP). Am J Psychiatry. 2011;168(9):947-56.
3. Pillinger T, McCutcheon RA, Vano L, Mizuno Y, Arumuham A, Hindley G, et al. Comparative effects of 18 antipsychotics on metabolic function in patients with schizophrenia, predictors of metabolic dysregulation, and association with psychopathology: a systematic review and network meta-analysis. The Lancet Psychiatry. 2020;7(1):64-77.
4. Alvarez-Jiménez M, Hetrick SE, González-Blanch C, Gleeson JF, McGorry PD. Non-pharmacological management of antipsychotic-induced weight gain: systematic review and meta-analysis of randomised controlled trials. The British journal of psychiatry : the journal of mental science. 2008;193(2):101-7.
5. de Silva VA, Suraweera C, Ratnatunga SS, Dayabandara M, Wanniarachchi N, Hanwella R. Metformin in prevention and treatment of antipsychotic induced weight gain: a systematic review and meta-analysis. BMC psychiatry. 2016;16(1):341.
6. Kane JM, Schooler NR, Marcy P, Achtyes ED, Correll CU, Robinson DG. Patients With Early-Phase Schizophrenia Will Accept Treatment With Sustained-Release Medication (Long-Acting Injectable Antipsychotics): Results From the Recruitment Phase of the PRELAPSE Trial. J Clin Psychiatry. 2019;80(3).
7. Blackwood C, Sanga P, Nuamah I, Keenan A, Singh A, Mathews M, et al. Patients' Preference for Long-Acting Injectable versus Oral Antipsychotics in Schizophrenia: Results from the Patient-Reported Medication Preference Questionnaire. Patient Prefer Adherence. 2020;14:1093-102.
8. Heres S, Schmitz FS, Leucht S, Pajonk FG. The attitude of patients towards antipsychotic depot treatment. International clinical psychopharmacology. 2007;22(5):275-82.
9. Iyer S, Banks N, Roy MA, Tibbo P, Williams R, Manchanda R, et al. A qualitative study of experiences with and perceptions regarding long-acting injectable antipsychotics: Part I-patient perspectives. Canadian journal of psychiatry Revue canadienne de psychiatrie. 2013;58(5 Suppl 1):14s-22s.
10. Kane JM, Schooler NR, Marcy P, Correll CU, Achtyes ED, Gibbons RD, et al. Effect of Long-Acting Injectable Antipsychotics vs Usual Care on Time to First Hospitalization in Early-Phase Schizophrenia: A Randomized Clinical Trial. JAMA Psychiatry. 2020.
11. Gitlin MJ. Antidepressants in bipolar depression: an enduring controversy. International journal of bipolar disorders. 2018;6(1):25.
12. Yatham LN, Kennedy SH, Parikh SV, Schaffer A, Bond DJ, Frey BN, et al. Canadian Network for Mood and Anxiety Treatments (CANMAT) and International Society for Bipolar Disorders (ISBD) 2018 guidelines for the management of patients with bipolar disorder. Bipolar Disord. 2018;20(2):97-170.
13. McGirr A, Vöhringer PA, Ghaemi SN, Lam RW, Yatham LN. Safety and efficacy of adjunctive second-generation antidepressant therapy with a mood stabiliser or an atypical antipsychotic in acute bipolar depression: a systematic review and meta-analysis of randomised placebo-controlled trials. The Lancet Psychiatry. 2016;3(12):1138-46.
14. Pacchiarotti I, Bond DJ, Baldessarini RJ, Nolen WA, Grunze H, Licht RW, et al. The International Society for Bipolar Disorders (ISBD) task force report on antidepressant use in bipolar disorders. The American journal of psychiatry. 2013;170(11):1249-62.

GRANT STATEMENT

Funding for this initiative was made possible (in part) by Grant No. SM080818 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

© 2021 American Psychiatric Association. All rights reserved.

An APA and SAMHSA Initiative

AMERICAN PSYCHIATRIC ASSOCIATION

SAMHSA
Substance Abuse and Mental Health Services Administration