

Support From Family and Friends

As a family member or friend, you can help your loved one recover through listening, encouragement, and support. You can also help reduce the risk of treatment-resistant schizophrenia by being watchful and ensuring that your loved one receives treatment as soon as possible.

Talk to the healthcare team!



Things to watch for

- Signs of drug abuse
- Irregular use of antipsychotics
- Side effects
- Signs of relapse

You can help your loved one that much more if you have the right tools and take care of yourself. Get training and support for family and friends from your local schizophrenia society



Keys to success

- Understand the disease.
- Develop communication skills.
- Develop crisis management skills.
- Respect your limits.
- Join a support group.

New Hope: Access to the Antipsychotic Clozapine

Clozapine has been approved for treatment-resistant schizophrenia and is considered the most effective medication for this condition. Recent studies show a response rate of 30% to 65%, depending on the stage of the illness.

Clozapine is also a recognized option to significantly reduce the risk of suicide in people with schizophrenia. If the risk is very high, clozapine can be prescribed as early as the second or even first step in the treatment plan.

If the response to clozapine is inadequate

- Addition of other medications (2nd antipsychotic, mood stabilizer, antidepressant, etc.)
- Addition of electroconvulsive therapy (very effective in 50% of cases)

Strict medical protocols

Clozapine should only be prescribed after two other antipsychotics have been tried. This is because clozapine can significantly reduce white blood cells, which protect against infections. This condition, called agranulocytosis, can have a serious impact on health.

However, the risk of this side effect is minimal, as the frequency of agranulocytosis is less than 1%, and rigorous mandatory screening tests are used to safely monitor this treatment.

Pharmaceutical companies have also set up a monitoring system that includes regular follow-up with required blood tests weekly for the first six months, every two weeks for the next six months, and monthly afterwards.



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Preventing...

Understanding...

TREATMENT-RESISTANT SCHIZOPHRENIA

What Is Treatment Resistant Schizophrenia?

Schizophrenia is treatable. Since everyone is unique, people with the condition do not always have the same symptoms or respond the same way to treatment.

Treatment-resistant schizophrenia is when patients do not respond or inadequately respond to at least two antipsychotics at the optimal dose. Treatment resistance occurs in 30% to 50% of patients and can be apparent from the first psychotic episode (25% of cases) or can progressively develop during the course of the disease.



HERE'S HOPE!

There are solutions for treatment-resistant schizophrenia to help your loved one on the path to recovery.



Clinical symptoms despite optimal treatment

- **Residual symptoms** (hallucinations, delusions)
- **Behavioural deterioration**
- **Deteriorated functioning** (social withdrawal, lack of energy and drive, neglected hygiene, severe academic or professional setbacks)

Preventing and Detecting Treatment-Resistant

True resistance is related to the lack of medication efficacy. Before a doctor can be sure that a patient is resistant, he or she must consider the **risk factors** and eliminate the **factors limiting treatment response**. Sound management of these factors, particularly through prompt and effective therapeutic care, reduces the risk of resistance.

Since ineffective treatment can have major consequences, treatment-resistant schizophrenia must be detected as soon as possible. A few attempts are sometimes needed to find the appropriate medication. With a rigorous plan, treatment resistance can be detected in less than six months from the first psychotic episode.



Risk factors

- Long period between disease onset and treatment
- Number of relapses, regardless of the cause
- Drug abuse



Factors limiting treatment response

- Inadequate medication dose
- Irregular medication use
- Poorly tolerated side effects
- Other psychological problems
- Life stressors
- Symptom severity



Three-step screening plan

- 1 Treatment for 1 to 3 months with an antipsychotic
- 2 If the response is inadequate, treatment for 1 to 3 months with a different antipsychotic
- 3 If the response is inadequate, treatment with the antipsychotic **clozapine**.



ACTING QUICKLY GIVES HOPE!