**Provision of information**

- When a diagnosis is made, professionals should ensure that service users and families/carers are informed and that clear information is given about what the diagnosis means and why it has been made.

**Access and engagement**

- Comorbid substance misuse should not exclude people with schizophrenia from services or interventions. Management of severe and complex problems may require a joint consultative approach between mental health and substance use services.

**Early intervention services**

- Individuals in the first episode of psychosis should receive treatment within the context of a specialist early intervention model of care. This should be multidisciplinary and encompass:
  - engagement/assertive outreach approaches
  - family involvement and family interventions
  - access to psychological interventions and psychologically informed care
  - vocational/educational interventions
  - access to antipsychotic medication.

**Assertive community treatment**

- Assertive outreach should be provided for people with serious mental disorders (including for people with schizophrenia) who make high use of inpatient services, who show residual psychotic symptoms and who have a history of poor engagement with services leading to frequent relapse and/or social breakdown (for example homelessness).

**Pharmacological and related approaches**

**Antipsychotic tolerability**

- Healthcare professionals and service users should work together to find the most appropriate medication and the lowest effective dose. There should be detailed discussion with service users outlining the potential benefits and harms of individual medications. Service user preference should be elicited and taken into account.

- Local arrangements for physical health monitoring should be put in place at the time of antipsychotic prescribing.

**Management of adverse effects**

<table>
<thead>
<tr>
<th>Concern and/or risk</th>
<th>Consider</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPS</td>
<td>B  SGAs or low-potency FGAs</td>
</tr>
<tr>
<td>tardive dyskinesia</td>
<td>B  SGA</td>
</tr>
<tr>
<td>sedation</td>
<td>B  haloperidol or aripiprazole</td>
</tr>
<tr>
<td>weight gain</td>
<td>A  haloperidol, aripiprazole or amisulpride</td>
</tr>
<tr>
<td>weight gain on antipsychotic medications</td>
<td>A  lifestyle interventions</td>
</tr>
<tr>
<td></td>
<td>B  metformin</td>
</tr>
</tbody>
</table>

**Specific clinical issues**

**Medication effects on comorbidities**

- Individuals with schizophrenia which is in remission who have comorbid anxiety symptoms may benefit from a sedative antipsychotic medication.

- Individuals who meet criteria for:
  - an anxiety state should be treated according to relevant clinical practice guidelines for anxiety and panic disorders.
  - depressive disorder should be treated according to relevant clinical practice guidelines for depression, including the use of antidepressant medication.

- Second-generation antipsychotics should be considered for individuals with schizophrenia which is in remission who have comorbid depressive symptoms.
This Quick Reference Guide provides a summary of the main recommendations in SIGN 131 Management of schizophrenia. Recommendations are graded A B C D to indicate the strength of the supporting evidence.

Good practice points ✓ are provided where the guideline development group wishes to highlight specific aspects of accepted clinical practice.

Details of the evidence supporting these recommendations can be found in the full guideline, available on the SIGN website: www.sign.ac.uk.

This Quick Reference Guide is also available as part of the SIGN Guidelines app.