TIMA Antipsychotic Algorithm (2003)

Choice of antipsychotic (AP) should be guided by considering the clinical characteristics of the patient and the efficacy and side effect profiles of the medication.

Any stage(s) can be skipped depending on the clinical picture or history of antipsychotic failures.

First episode or never before treated with a NGA

Stage 1*
Trial of a single NGA
(ARIPIPRAZOLE, OLANZAPINE, QUETIAPINE, RISPERIDONE, or ZIPRASIDONE)

Partial or non-response

Stage 2
Trial of a single NGA
(not NGA tried in Stage 1)

Partial or non-response

Stage 2A
Trial of a single agent
FGA*** or NGA
(not NGA tried in Stages 1 or 2)

Partial or non-response

Stage 3
CLOZAPINE

Partial or non-response

Stage 4
CLOZAPINE
+ (FGA, NGA or ECT)

Non-response

Stage 5
Trial of a single agent
FGA*** or NGA
(not NGA tried in Stages 1,2 or 2A)

Stage 6
Combination Therapy
E.g. NGA + FGA, combination of NGAs, (FGA or NGA) +ECT, (FGA or NGA)+other agent (e.g. mood stabilizer)****

FGA = First generation AP
NGA = Newer generation AP

* If patient is non-adherent to medication, the clinician may use haloperidol decanoate or fluphenazine decanoate at any stage, but should carefully assess for unrecognized side effects and consider a different oral AP if side effects could be contributing to non-adherence.

** See text for discussion. Current expert opinion favors choice of clozapine.

*** Assuming no history of failure on FGA.

****Whenever a second medication is added to an antipsychotic (other than clozapine) for the purpose of improving psychotic symptoms, the patient is considered to be in Stage 6. See Description of Tactics and CDPs for more explanation.

Value in clozapine failures not established

Case reports, no controlled studies of combinations in long term treatment of schizophrenia

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