New Schizophrenia Algorithm Being Developed

BY MICHELE G. SULLIVAN
Mid-Atlantic Bureau

STOCKHOLM — An interactive, online schizophrenia treatment algorithm provides a decision tree complete with graded supporting evidence and special clinical considerations for patients with comorbid or pre-existing conditions. Herbert Meltzer, M.D., said at the annual meeting of the European College of Neuropsychopharmacology.

Dr. Meltzer of Vanderbilt University, Nashville, Tenn., is part of a team of international experts who have spent 3 years preparing the algorithm for the International Psychopharmacology Algorithm Project. The algorithm is available at www.ipap.org and is free to registered users.

“This is meant to be an educational tool that opens the literature to people,” Dr. Meltzer said in an interview. “At each node, you can access extensive material that provides the rationale for each decision and gives more clinical information and key references.

The algorithm begins with a triage approach to classifying patients by pre-existing condition or comorbid disorder. Clicking on those conditions—including emergent schizophrenia, substance abuse, suicidal and violent tendencies, noncompliance, and pregnancy—will link the user to information critical to the therapeutic decision-making process, Dr. Meltzer said.

The algorithm touches on nonpharmacologic treatments, although the bulk of the evidence deals with medical therapy with a focus on atypical antipsychotics. It stresses the importance of monotherapy for most patients, reserving polypharmacy for those who fail treatment with a single drug or who have very special needs.

Treatment recommendations are graded as to the level of evidence. At each decision node, the user can access links to the supporting literature. The nodes also include information about cost-effectiveness of treatments.

Since the project is meant to have international application, each treatment node also takes into account the variability of both international formulations and practice habits in different countries. And, unlike most treatment algorithms, which remain static after publication, this one will be a “living document” frequently updated with the newest evidence. Dr. Meltzer said. Users will receive automatic notifications of the updates, which are expected to occur quarterly.

Kenneth O. Jobson, M.D., of the Tennessee Psychiatry and Psychopharmacology Clinic founded the International Psychopharmacology Algorithm Project. The algorithm is expected to occur quarterly.

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Although it strives for sequential logic and completeness of therapeutic options, the algorithm isn’t meant to be used as “cookbook medicine,” Dr. Jobson cautioned.

The project received funding through unrestricted pharmaceutical company grants to The Dean Foundation. AstaZeneca, Eli Lilly, Bristol-Myers Squibb, Janssen, Pfizer, and Novartis are also among the sources of funding for the project, Dr. Meltzer noted.

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