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Department of Health Research
Ministry of Health and Family Welfare, Government of India

INDIAN COUNCIL OF MEDICAL RESEARCH
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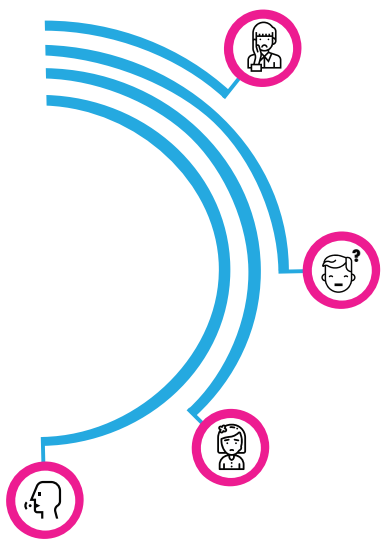
Standard Treatment Workflow (STW) for the Management of PSYCHOSIS

ICD10-F20-29



DIAGNOSIS

- Presence of delusions (suspiciousness and fear without obvious explanation)
- Hallucinations (talking, smiling or laughing to self)
- Disorganized behaviour & poor self-care
- Social and occupational dysfunction

PRIMARY CARE LEVEL

WELLNESS CENTERS

Identify, educate and refer to PHC

If immediate threat to self/ others, refer to Taluk / District center

FOLLOW-UP AND REHABILITATION:

- Monitor & manage challenges in treatment continuation
- If unsatisfactory outcome despite regular treatment:
  - Liaise with higher centers for optimal outcome
  - Liaise with social welfare department for disability certification & welfare benefits if continued poor outcomes

PHC

INITIATE TREATMENT:

- T. Risperidone 2mg HSx1 week f/b 3 – 4 mg HS + Trihexyphenidyl (THP) 2mg(morning)
- Psychoeducation:
  - medical model of psychosis
  - address misconceptions & build hope
  - inform about possible adverse effects of medications

FOLLOW UP:

- 2 weeks after initial contact: Check for changes in symptoms and adverse effects (excess sleep, extrapyramidal symptoms (EPS), tiredness) adjust the dose of risperidone and THP accordingly; address questions if any; advise gradual return to work/school; give specific follow-up date; liaise with wellness center for ensuring continuity of care
- Once in 1 – 2 months: Check for symptoms, functioning and adverse effects (EPS, weight-gain, menstrual/sexual dysfunction); adjust the dose of Risperidone (range: 2 – 8 mg/day) and THP (range 2 – 6 mg/day); liaise with wellness center for ensuring continuity of care

REASONS FOR REFERRAL TO TALUK / DISTRICT LEVEL:

- Diagnostic confusion / suspicion of organic condition
- Substantial risk of harm to self or others and catatonic symptoms
- Comorbid substance use, depression/anxiety, intellectual disability
- Poor symptom-control or functioning despite regular treatment or poor treatment adherence
- Significant adverse effects: weight-gain, metabolic adverse effects, tardive dyskinesia
- Questions regarding marriage, pregnancy, sexual dysfunction

SECONDARY CARE (TALUK/DISTRICT HOSPITALS)

INDICATION FOR REFERRAL FROM PHC	Diagnostic confusion	Poor response to Risperidone	Intolerance to Risperidone	Poor adherence to treatment	Comorbid conditions	Challenging situations	Rehabilitation needs	Pregnancy
MANAGEMENT #Encourage follow up in primary care after addressing referral issues * Watch for adverse effects as SSRIs may increase serum levels of antipsychotics	Clarify diagnosis; neuroimaging if organicity is suspected	**Positive symptoms:** Follow algorithm **Negative symptoms:** • Rule out or manage depression/ anxiety and extrapyramidal symptoms; • Family counseling if understimulated/ over-protected • Consider less-sedating antipsychotics and adding SSRIs*	Follow algorithm	• Assessment of factors causing poor adherence & specific manage-ment • Consider depot anti-psychotics • Liaise with primary care for assertive follow up	• **Depression/ anxiety:** Brief psychological intervention; consider SSRIs* • **Substance use:** Detoxification and brief interventions (see SUD module) • **Developmental disabilities:** Behavioral assessment & management	• **Suicidality:** -Inpatient care, -Crisis management, -Management of comorbidity; -Consider ECT • **Violence:** -Verbal de-escalation -IV sedation, -Brief inpatient care	• Assess disability & counsel about welfare benefits • **Rehabilitation counseling** - Family intervention for expressed emotions and attitudes & behaviors interfering with functioning - Brief interventions for cognitive & social-skill deficits - Address vocational/ educational challenges involving governmental/ non-governmental agencies	• Proactively address sexual and endocrine problems when relevant • Educate about risk of obstetric outcomes, risk of relapse & risk of psychosis in the offspring

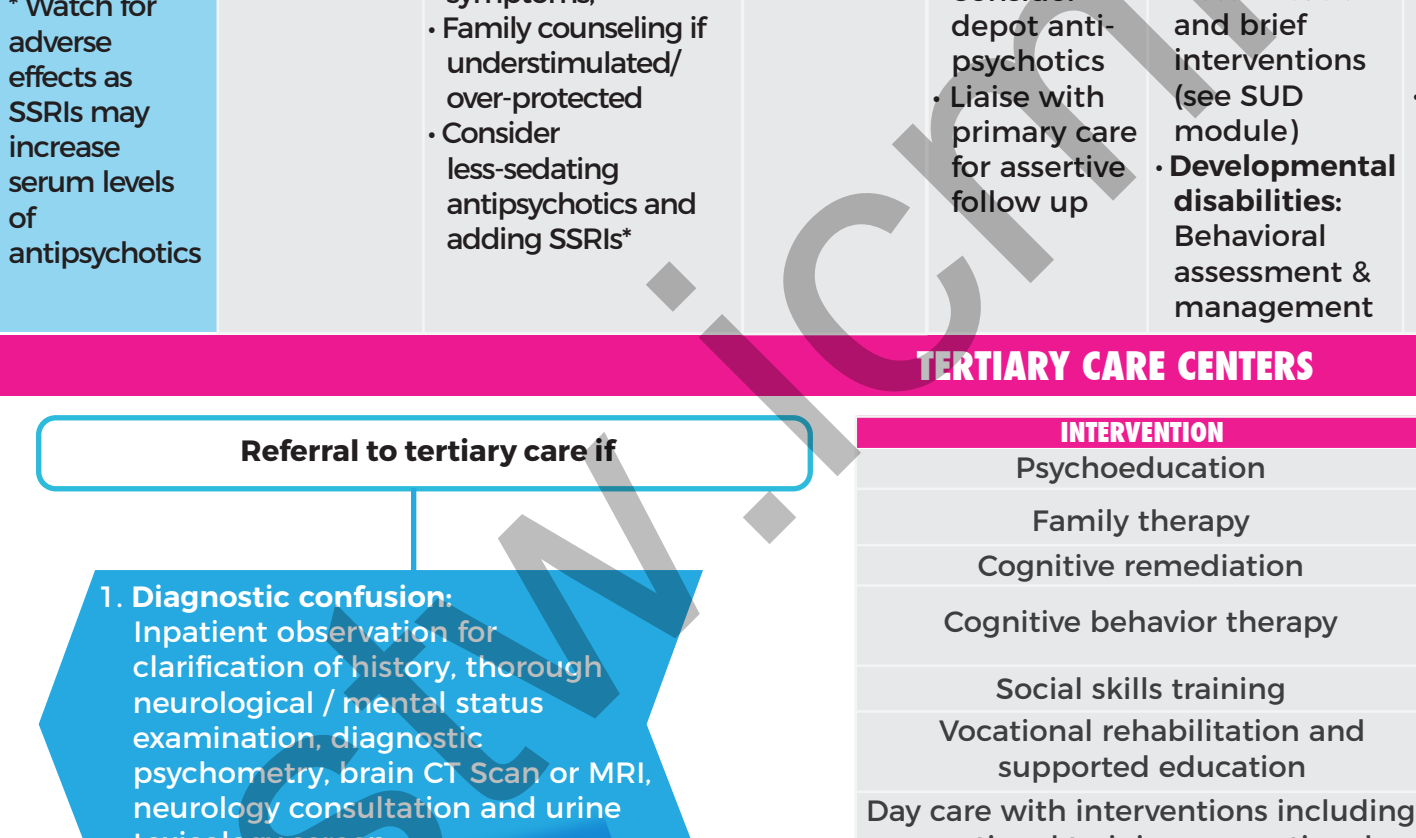
TERTIARY CARE CENTERS

Referral to tertiary care if

1. **Diagnostic confusion:** Inpatient observation for clarification of history, thorough neurological / mental status examination, diagnostic psychometry, brain CT Scan or MRI, neurology consultation and urine toxicology screen
2. **Poor outcome:** +Following psychosocial interventions may be offered in isolation or in combination depending on the context in inpatient, outpatient or day-boarding settings

INTERVENTION	CONTEXT IN WHICH USEFUL
Psychoeducation	Poor adherence; high family expressed emotions
Family therapy	High family expressed emotions; family discord
Cognitive remediation	Poor neuro and social cognitive functions
Cognitive behavior therapy	Depression, anxiety, obsessions, persistent psychotic symptoms
Social skills training	Poor social skills
Vocational rehabilitation and supported education	Poor occupational functioning, challenges in studying or getting / pursuing gainful occupation
Day care with interventions including vocational training, recreational activities, living-skill training, etc.	Negative symptoms, poor socio-occupational functioning, combination of other symptoms listed in the table
Interventions for substance-use	Hazardous use of substance or substance use disorder
Pregnancy – puerperium services	Pre-pregnancy, pregnancy and post-partum advise and interventions Pre-pregnancy, pregnancy and post-partum advise and interventions

ALGORITHM FOR CHOOSING ANTIPSYCHOTIC MEDICATION (AP) FOR TREATMENT OF SCHIZOPHRENIA



At any point, consider electroconvulsive therapy if:

1. Serious suicidal risk
2. Catatonia not responding to Lorazepam
3. Refusal of food / fluids
4. Severe aggression / violence
5. Refractory / intolerance to clozapine

* Treat with adequate dose as shown in table-1 for 6 – 8 weeks to assess efficacy
#While choosing alternative AP, consider adverse effect profile and cost
^ At any point, if there is medication non-adherence, consider long-acting preparations in addition to other measures for managing non-adherence

KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal (**stw.icmr.org.in**) for more information.