

Regional Considerations -- Canada

Canadians would make a number of alterations to the proposed algorithm.

IM Ziprasidone is not available. We do have IM Zuclopenthixol. The acuphase intramuscular version is intended for use in the initial treatment of acute schizophrenia. Doses are either 50 mg, 100 or 150 mg IM. Peak levels are achieved after 24 to 48 hours. Fluphenazine has no special indication in the use of acute schizophrenia. IM chlorpromazine is available although its autonomic side effects make this a second choice to haloperidol.

AMI and ARIP are not available. Thioridazine would not be considered appropriate as a choice. It now carries an official warning from the manufacturer Novartis and Health Canada that it should no longer be used as a first line treatment for schizophrenia because of QT prolongation.

In Canada there are a number of alternative long acting or depot antipsychotic medications. These include zuclopenthixol, pipotiazine, flupenthixol.

The Canadian Clinical Practice Guidelines do not support the use of adjunctive antidepressants or mood stabilizers in the initial treatment of acute schizophrenia. The guidelines give limited support to the use of adjunctive antidepressants for the treatment of a major depression in the post psychotic phase of schizophrenia. The latter situation is not covered in the algorithm.

No augmentation strategies are preferred over the others on the basis of systematic review. A number of augmentation strategies are mentioned including the addition of lithium and adjunctive antipsychotics.

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