

Oral presentation

Optimizing the transition from acute episode treatment to maintenance therapy

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Schizophrenia is a chronic and disabling mental disease. It is characterized by a complex of positive and negative symptoms associated with marked social and occupational dysfunction. There are four main phases of the disease: the acute phase, the resolving phase, the stable phase and the relapse phase. Most patients come to the clinic in the acute phase which is, often, characterized by agitation, hostility, positive symptoms and catatonic signs. The goal of therapy is the rapid reduction in the agitation and aggression. Conventional antipsychotics have been, for many years, the mainstay of treatment in the acute schizophrenic patient. Rapid neuroleptization was a commonly used strategy to control agitation and florid psychotic symptoms. Drugs were titrated until clinical improvement was observed. However, the last years, the use of this method has declined. Higher doses were associated with more neurological side-effects and clinical response was no greater than that seen with moderate doses. Nowadays, atypical antipsychotics (alone or in combination with benzodiazepines) are recommended as the first-line treatment in acute schizophrenia. These drugs have been shown to be as effective as conventional antipsychotics regarding positive symptoms with a much better safety profile, particularly with respect to motor side-effects. Risk factors for relapse include psychosocial stressors, substance abuse and discontinuation of the antipsychotic medication. The goals of the maintenance treatment are to maintain or to further improve symptoms remission, achieve psychosocial reintegration, improve quality of life and prevent relapse.