Algorithm 1: Management of Schizophrenia

1. Diagnosis of schizophrenia
2. Identify phases of illness
3. Acute phase
   - Need rapid tranquillisation?
     - Yes
       - Urgent?
         - Yes: Combination of parenteral treatment
         - No: Oral medication is preferred. When parenteral needed, use a single agent.
     - No: Provide comprehensive plan (pharmacological, psychosocial & service level interventions).
       - Offer conventional APs (300-1000 mg CPZ equivalent) or AMS or OLZ.
       - Monitor clinical response, side effects & treatment adherence.
     - Poor response?
       - Yes: Adequate dose & duration?
         - Yes: Optimise APs usage.
         - No: Refer to psychiatrist for trial of clozapine.
       - No: Optimise APs usage.
     - Relapse prevention
       - Plan for recovery (assertive community treatment, family intervention, psychoeducation, social skills training & supported employment).
       - APs usage to continue with single oral agent from acute phase; use depot when non-adherent.
       - Monitor for clinical response, side effects & treatment adherence.
4. Stable phase
   - Follow-up at primary care.
   - Follow manual on Garis panduan Perkhidmatan Rawatan Susulan Pesakit Mental di Klinik Kesihatan.
5. Prevention & management of side effects of APs at all phases:
   - Monitor extrapyramidal side effects (EPS)/akathisia/weight gain/diabetes/heart disease/sexual dysfunction.
   - Follow schedule of physical care as per follow-up manual.