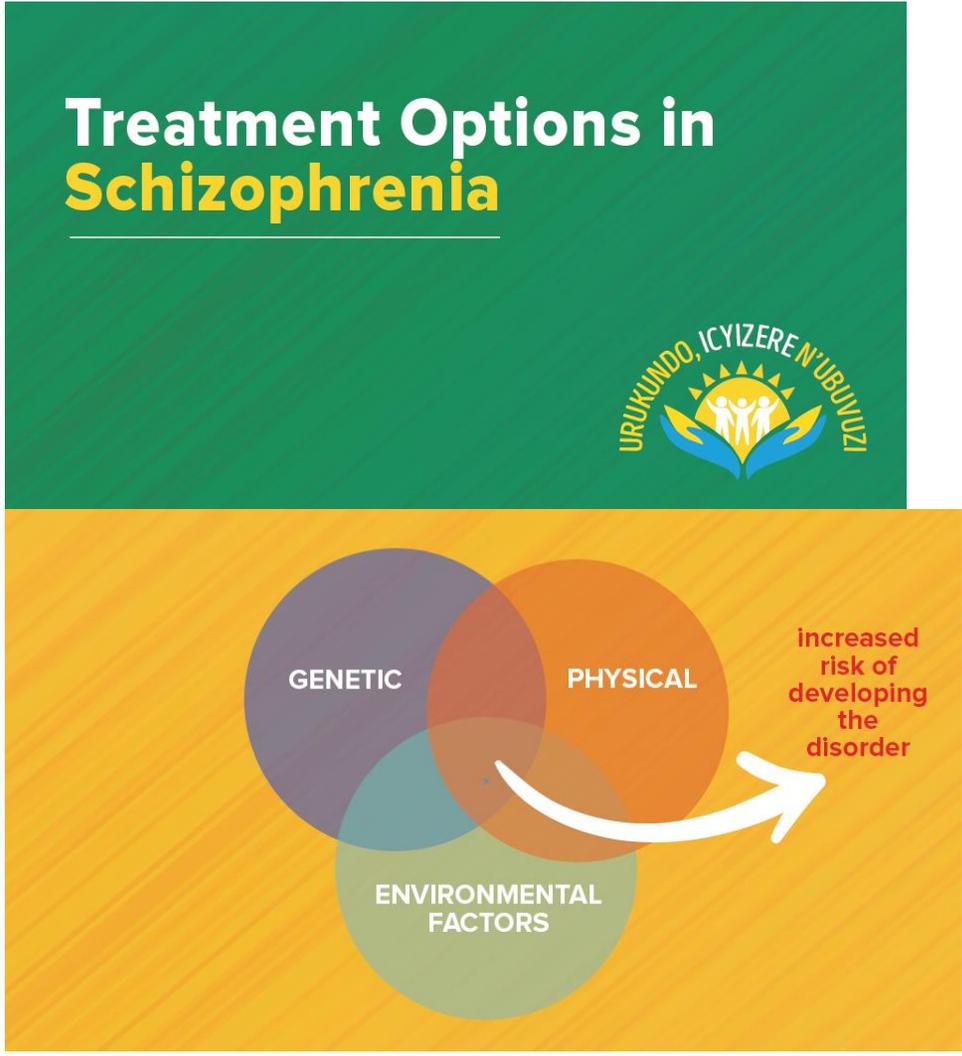


VO	Visual Cues	Illustrations
<p>Treatment of Schizophrenia</p> <p>Suggested Title: Treatment Options in Schizophrenia</p> <p>In the previous video 'An Introduction to Schizophrenia', we looked at some of the defining characteristics and symptoms of schizophrenia. Now we're going to discuss some of the main treatment approaches to this chronic and debilitating condition.</p> <p>As we mentioned in the first video, while the exact cause of schizophrenia is unknown, research suggests that a combination of genetic, physical, and environmental factors can increase a person's risk of developing the disorder. (National Health Service, 2019)</p> <p>And people suffering from schizophrenia experience a variety of psychotic symptoms and cognitive impairment.</p>	<p>Title Card: Treatment Options in Schizophrenia</p>	 <p>The illustration consists of two parts. The top part is a green title card with the text 'Treatment Options in Schizophrenia' in white and yellow. Below the title is a logo with the Swahili text 'URUKUNDO, ICYIZERE N'UBUVUZI' and a graphic of three stylized figures under a sun. The bottom part is a Venn diagram on a yellow background with three overlapping circles: a purple circle labeled 'GENETIC', an orange circle labeled 'PHYSICAL', and a green circle labeled 'ENVIRONMENTAL FACTORS'. A white arrow points from the intersection of these three circles to the text 'increased risk of developing the disorder'.</p>

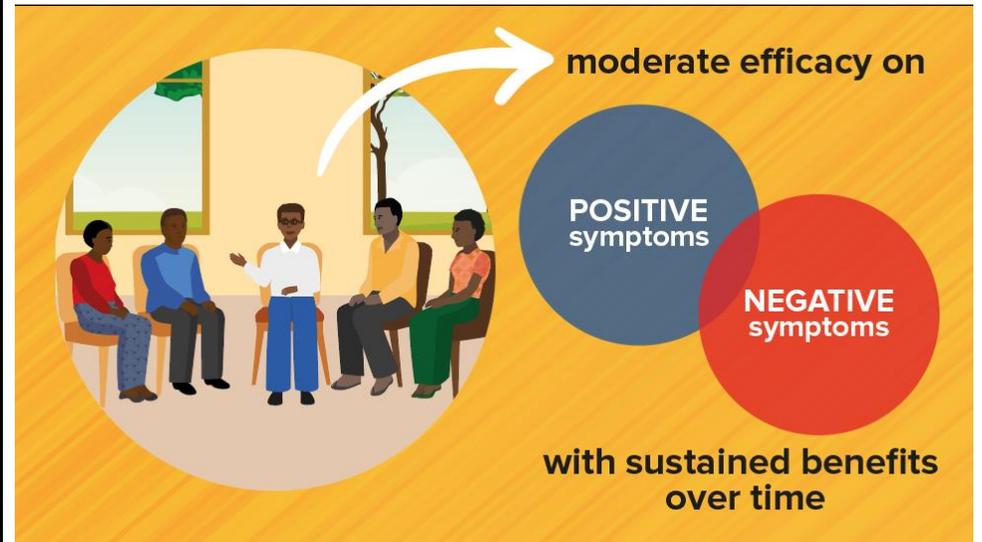
Clearly, there is no one size fits all treatment for this complex condition, but there are many effective treatment options, and with careful assessment of the patient's condition and needs, you can be optimistic about creating a comprehensive treatment regimen.

The current standard of care for schizophrenia involves pharmacological treatments and psychosocial interventions, such as psychoeducation.



There is a considerable body of evidence to support the use of psychoeducation for the treatment of schizophrenia. Studies have shown it to have moderate efficacy for positive and negative symptoms, with sustained benefits over time.

But perhaps the biggest breakthrough in the treatment of schizophrenia has been the introduction of antipsychotic treatments, which are now considered standard of care for people living with schizophrenia.



These can be split into two classes: First-generation antipsychotics, also referred to as FGAs or typical agents.

And second-generation antipsychotics, sometimes referred to as SGAs or atypical agents.

Super/build the following table:

Common First-Generation Antipsychotics	Common Second-Generation Antipsychotics
Chlorpromazine	Risperidone
Levomepromazine	Olanzapine
Haloperidol	Quetiapine
Zuclopenthixol	Clozapine
Flupentixol	Paliperidone
Pimozide	Lurasidone

The image shows two graphic cards on a yellow background. The left card is blue and titled 'COMMON FIRST-GENERATION ANTIPSYCHOTICS'. It lists: Chlorpromazine, Levomepromazine, Haloperidol, Zuclopenthixol, Flupentixol, and Pimozide. The right card is yellow and titled 'COMMON SECOND-GENERATION ANTIPSYCHOTICS'. It lists: Risperidone, Olanzapine, Quetiapine, Clozapine, Paliperidone, and Lurasidone.

The complete list of available FGAs and SGAs can be found on the Essential Medicines List for Rwanda, which is accessible to Healthcare Professionals with prescribing authority.

FGAs have been instrumental in creating a paradigm shift in schizophrenia treatment. These 'typical' agents remain a valuable option in the treatment of psychotic disorders.

The need for an effective treatment with a more favourable safety profile than the FGAs led to the development of a second generation of antipsychotics.

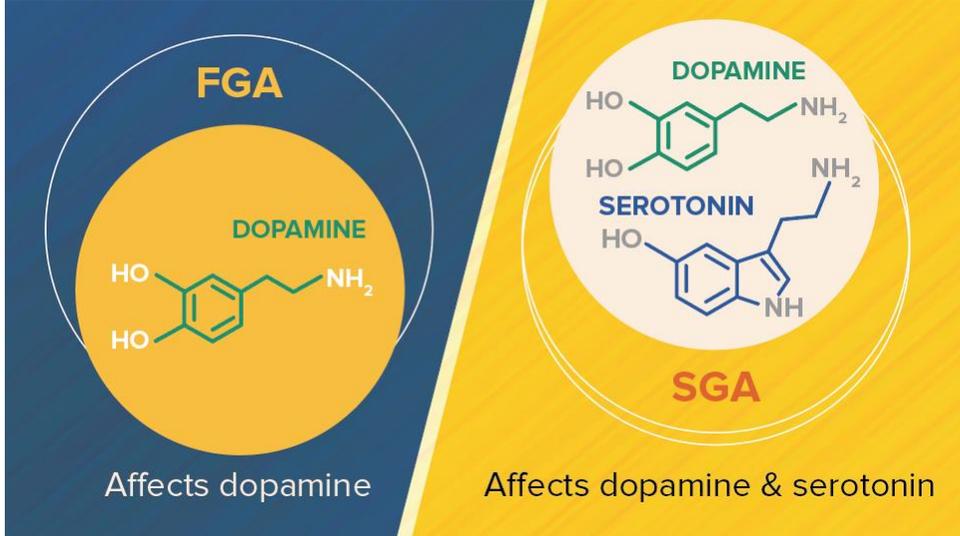


As with most medications, FGAs and SGAs can cause adverse events. In general FGAs carry a higher risk of extrapyramidal side effects (or EPS), including, but not limited to, akathisia, dystonia, and tardive dyskinesia. And SGAs carry a higher risk of metabolic side effects, such as weight gain, glucose abnormalities, and hyperlipidemia. Other side effects such as sedation and hyperprolactinemia differ by agent.

Let's take a look at some side effects commonly observed in each class of antipsychotics.

The following table builds onscreen as the narrator continues:

FGA	SGA
Older	Newer
Dopamine effects	Dopamine and serotonin effects
Increased incidence of EPS	Increased incidence of metabolic side effects

<p>Most commonly, first- and second-generation antipsychotics are available in oral formulations, but some are also available as depot injections.</p> <p>Let's take a closer look now at some of the characteristics of, and differences between the two classes of antipsychotics.</p> <p>Post-synaptic dopamine receptor antagonism is a common feature of all antipsychotics, but in addition to blocking dopamine, SGAs also affect the transmission of serotonin, giving them a different mode of action from FGAs.</p>	<p>FGA Affects dopamine</p> <p>SGA Affects dopamine & serotonin</p>	 <p>The diagram is split into two colored sections: a dark blue section on the left for FGAs and a yellow section on the right for SGAs. In the FGA section, a dopamine molecule (a benzene ring with two hydroxyl groups and a propylamine chain) is shown in a yellow circle, with the text 'DOPAMINE' above it and 'Affects dopamine' below it. In the SGA section, both a dopamine molecule and a serotonin molecule (a benzene ring with one hydroxyl group, an indole ring, and a propylamine chain) are shown in a white circle, with 'DOPAMINE' above the dopamine structure and 'SEROTONIN' above the serotonin structure, and 'Affects dopamine & serotonin' below the entire circle.</p>
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Both FGAs and SGAs are suitable for use in acute and long-term treatment of schizophrenia, and studies show similar efficacy in psychosis symptoms between typical and atypical agents.

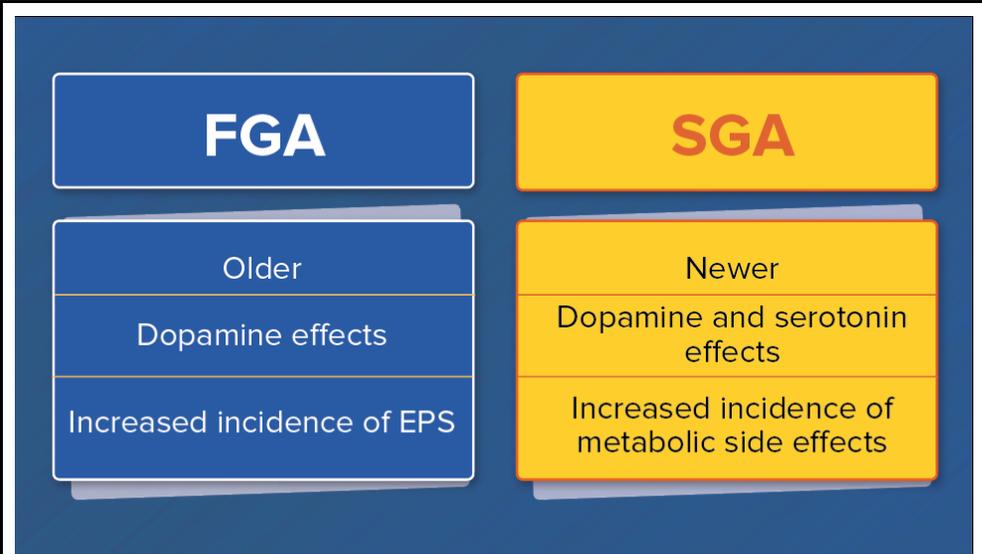
When deciding on which class of antipsychotic best fits your and your patient's needs...

... it is useful to consider the patient's prior experience with antipsychotics, if any, the patient's comorbid conditions, and any contraindications.

As discussed in the first video of this series, preventing relapse is the most important treatment goal in schizophrenia. In this regard, the new second-generation antipsychotics have been shown to be superior to the first-generation therapies.

As with any medication there is the possibility of unwanted side-effects with both first- and second-generation antipsychotics. You should be familiar with these before pursuing a treatment plan as side effects are a factor in medication nonadherence.

More information on side effect management will be presented in part 4 of this video series.



Regular communication with all members of the treatment team will help you and your colleagues prepare for and alleviate any potential complications.

Antipsychotics don't cure psychosis, but they are effective in reducing and controlling many positive symptoms, and in doing so, improving the quality of life for people suffering from this condition.

In our next video, we will be discussing the ways in which you can collaborate with patients to help improve outcomes in schizophrenia.

Until then, thank you for your time and attention.

Closing screen: Appropriate logos &/or contact details



