



GUEST EDITORIAL

A critical synthesis of treatment guidelines for schizophrenia

Evangelia Maria Tsapakis¹, Konstantinos N. Fountoulakis¹

³rd Department of Psychiatry, Aristotle University of Thessaloniki, Thessaloniki, Greece

Regularly updated guidelines are essential to translate rapidly evolving evidence into routine care. In schizophrenia, the therapeutic landscape shifts with new antipsychotics and formulations, refined dosing and trial-duration data for first-episode psychosis (FEP) and relapse prevention, and accumulating safety information across cardiometabolic, neurologic, and perinatal domains (1–3). Updated guidance integrates these developments, clarifies when to escalate to clozapine, and codifies best practices for psychosocial interventions, thereby reducing unwarranted practice variation and improving outcomes (1, 4).

Contemporary schizophrenia treatment guidelines help clarify areas of consensus, map disagreements, and support implementation in routine care. Convergent recommendations include antipsychotic monotherapy at cautious doses for acute treatment, continuation of the effective acute-phase agent for maintenance, and timely initiation of clozapine for treatment-resistant schizophrenia (2, 3, 5). Clozapine is also consistently endorsed for suicidality and chronic aggression (1, 3). Divergence persists regarding optimal maintenance dose and duration, indications and timing for long-acting injectables (LAIs), and management of negative symptoms and cognitive impairment. Most guidelines support early LAI use when adherence is at risk, with variable enthusiasm in FEP (3, 6, 7). Psychosocial interventions such as psychoeducation, family work, cognitive-behavioral and skills-based therapies, supported employment, and exercise, are recommended across phases (2, 8).

Safety guidance is consistent. Clinicians are advised to avoid routine prophylactic anticholinergics, treat acute dystonia promptly with anticholinergics, prefer β -blockers or benzodiazepines for akathisia, consider vesicular monoamine transporter-2 (VMAT-2) inhibitors for tardive dyskinesia, implement cardiometabolic monitoring, and use first-line metformin for antipsychotic-associated weight gain (1, 3). Special-population advice addresses pregnancy and lactation, older adults, catatonia, substance use, and forensic settings. Standardized measurement of positive and negative symptoms, depression, cognition, and catatonia at baseline and follow-up is encouraged to support measurement-based care (4, 9). Translating these recommendations into concise algorithms and checklists can reduce polypharmacy, shorten time to clozapine, standardize LAI use, strengthen safety practices, and identify research priorities where evidence remains limited (1, 10).

In summary, schizophrenia treatment guidelines include convergent themes on antipsychotic monotherapy at cautious doses for acute treatment, continuation of the effective acute-phase agent during maintenance, and timely clozapine initiation for treatment-resistant schizophrenia (2, 3). Clozapine also remains the most consistently recommended option for suicidality and chronic aggression (1). Psychosocial interventions, including psychoeducation, family work, cognitive-behavioral and skills-based therapies, supported employment, and exercise, are endorsed across all phases of the disorder (2, 8).

How to cite this article: Tsapakis EM, Fountoulakis KN. A critical synthesis of treatment guidelines for schizophrenia. *Dusunen Adam J Psychiatr Neurol Sci* 2025;38:201-203.

Correspondence: Evangelia Maria Tsapakis, ³rd Department of Psychiatry, Aristotle University of Thessaloniki, Thessaloniki, Greece

E-mail: emtsapakis@doctors.org.uk



Moreover, timely guideline revisions enhance safety and equity. New safety signals, such as QTc prolongation, metabolic risk, drug-drug interactions, pregnancy and lactation data, and monitoring recommendations, require prompt incorporation to prevent harm. Guideline updates aim to embed implementation aids for dose-range optimization and trial-length consensus, switching algorithms, LAI initiation pathways, and shared decision-making tools that streamline care and support multidisciplinary teams (1, 4). Critically, refreshed guidelines address health-system changes that incorporate digital delivery, coordinated specialty care, early intervention services, and social determinants, promoting access and continuity for underserved groups (7). Up-to-date guidelines also strengthen quality improvement and research. By specifying measurable indicators such as metabolic screening rates, timely clozapine trials, and post-discharge follow-up, they enable audit and feedback. At the same time, transparent grading of evidence exposes gaps, such as those related to long-term functional outcomes or perinatal safety, guiding future studies (3, 9).

To conclude, maintaining and regularly updating current schizophrenia guidelines raises the floor of care, safeguards patients as evidence evolves, and aligns clinical practice with contemporary standards and resources. Translating consensus points into concise algorithms and checklists can reduce polypharmacy, shorten time to clozapine, standardize LAI use, strengthen safety practices, and highlight research priorities where guidance remains uncertain (1).

Conflict of Interest: The authors have no conflict of interest to declare.

Use of AI for Writing Assistance: Not declared.

REFERENCES

1. American Psychiatric Association. The American Psychiatric Association Practice Guideline for the Treatment of Patients With Schizophrenia. 3rd ed. Washington: American Psychiatric Association Publishing; 2021. [\[Crossref\]](#)
2. National Institute for Health and Care Excellence (NICE). Psychosis and Schizophrenia in Adults: Prevention and Management (CG178). London: National Institute for Health and Care Excellence; 2014.
3. Barnes TRE, Drake R, Paton C, Cooper SJ, Deakin B, Ferrier IN, et al. Evidence-based guidelines for the pharmacological treatment of schizophrenia: updated recommendations from the British Association for Psychopharmacology. *J Psychopharmacol* 2020; 34:3-78. [\[Crossref\]](#)
4. Scottish Intercollegiate Guidelines Network (SIGN). Management of Schizophrenia Edinburgh: SIGN; 2013.
5. Hasan A, Falkai P, Wobrock T, Lieberman J, Glenthøj B, Gattaz WF, et al. World Federation of Societies of Biological Psychiatry guidelines for biological treatment of schizophrenia: a short version for primary care. *Int J Psychiatry Clin Pract* 2017; 21:82-90. [\[Crossref\]](#)
6. American Association of Community Psychiatrists. Clinical Tips Series: Long-Acting Antipsychotic Medications. Dallas: AACAP; 2017.
7. Galletly C, Castle D, Dark F, Humberstone V, Jablensky A, Killackey E, et al. Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the management of schizophrenia and related disorders. *Aust N Z J Psychiatry* 2016; 50:410-472. [\[Crossref\]](#)
8. World Health Organization. mhGAP Intervention Guide for Mental, Neurological and Substance Use Disorders in Non-Specialized Health Settings. Version 2.0. Geneva: World Health Organization; 2016.
9. Keepers GA, Fochtmann LJ, Anzia JM, Benjamin S, Lyness JM, Mojtabai R, Servis M, et al. The American Psychiatric Association practice guideline for the treatment of patients with schizophrenia. *Am J Psychiatry* 2020; 177:868-872. [\[Crossref\]](#)
10. Leucht S, Leucht C, Huhn M, Chaimani A, Mavridis D, Helfer B, et al. Sixty years of placebo-controlled antipsychotic drug trials in acute schizophrenia: systematic review, Bayesian meta-analysis, and meta-regression of efficacy predictors. *Am J Psychiatry* 2017; 174:927-942. [\[Crossref\]](#)

AUTHORS' BIOGRAPHIES

Eva Maria Tsapakis, BSc (Hons), MBBS, MSc, PhD (London), MRCPsych, is Assistant Professor of Psychiatry at the Aristotle University of Thessaloniki, serving at the 3rd Psychiatric Clinic, AHEPA General University Hospital in Thessaloniki, Greece, directed by Professor Konstantinos N. Fountoulakis, MD, PhD. She studied Pharmacology at King's College London and Medicine at St. George's Hospital Medical School, University of London, UK. She trained in Psychiatry at the Maudsley and Royal Bethlem Hospitals (CCST in General Adult Psychiatry). She completed the International Program on Bipolar Disorders Fellowship at McLean Hospital, Harvard Medical School, USA, supported by a Travelling Fellowship from the Royal College of Psychiatrists, UK. She completed the MSc in Affective Neurosciences at the University of Maastricht, the Netherlands, and subsequently earned a PhD in Psychological Medicine (psychopharmacogenetics and psychopharmacogenomics) from the Institute of Psychiatry, Psychology and Neuroscience, King's College London. She also trained in Cognitive-Behavioral Therapy (DipCBT) at the St. George's Hospital Psychotherapy Department, London. Eva-Maria is actively involved in clinical work, teaching, writing, and research, focusing on the psychopharmacology and biological correlates of severe and enduring mental illness and eating disorders.

Konstantinos N. Fountoulakis, MD, is Professor of Psychiatry at the Aristotle University of Thessaloniki and Director of the 3rd Department of Psychiatry at AHEPA University Hospital in Thessaloniki, Greece.

He is currently the Zonal 8 Representative (South Europe) on the Board of the World Psychiatric Association, National Representative for Mental Health to the World Health Organization, Director of the World Health Organization (WHO) Collaborating Center at AUTH, and Vice-President of the Hellenic Psychiatric Association. He chairs the Mental Health Section of the Institute of Scientific Research of the Greek Medical Association. During 2020-21 he served as Director of Cochrane Greece.

In recent years, he has been ranked in the top 0.5% of scientists worldwide, both annually and across his career, according to the Stanford ranking of scientists across all disciplines.

He has authored or co-authored numerous book chapters. His books include *Bipolar Disorders: An Evidence-Based Guide to Manic Depression* (Springer 2015); *Philosophical and Historical Roots and the Current Face of Psychiatry* (Springer, 2022); and *The Human Connectome: How the Brain Works* (Springer, 2022). He has co-edited the WPA book *Advances in Psychiatry, Vol 3* (Springer, 2018) and *Psychobiology of Behavior* (Springer, 2019).

He has received several national and international research awards, including the 2012 Kraepelin-Alzheimer Medal of the University of Munich, the 2015 Excellence in Education Award of the WFSBP, and the 2024 award by the ECNP for the paper with the highest number of citations in the European Neuropsychopharmacology over the preceding two years. Since 2014 he has been an honorary member of the WPA.