

## **Study Findings Highlighted in the *Introduction to Magellan's Adopted Clinical Practice Guidelines for the Treatment of Schizophrenia***

- Added a new section based on a significant amount of new studies on treatment strategies for patients in their first episode of schizophrenia or early in the psychosis.
- Added results of studies for first episode/early psychosis: treatment trial periods of one month, or even six weeks, may not be adequate with some medications.
- Added a new section based on a significant number of new studies on violent behavior in schizophrenia.
- Clarified the primary questions addressed by the Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) study. Also, study findings showed that the first-generation antipsychotic (FGA) drug, perphenazine, was less costly than four second-generation antipsychotics (SGAs), and that no one drug among those studied showed superiority in improving neurocognitive or psychosocial functioning.
- Summarized research findings on the efficacy of olanzapine and ziprasidone in terms of improvements in psychopathology and their effects on weight change and lipid profile.
- Summarized a study that provided data supporting clozapine's use over olanzapine in treatment-resistance in childhood schizophrenia.
- Enhanced the information in the APA Guideline section on Supported Employment.
- Added a new citation supporting the premise that social skills training is well established for improving outcomes and reducing relapse rates and symptom scores.
- Summarized research supporting clozapine's superiority over all of the other atypical antipsychotic drugs in reducing suicide attempts in patients with schizophrenia and schizoaffective disorder.
- Highlighted study findings showing that the addition of risperidone to clozapine did not improve symptoms in treatment refractory patients.