**Principles of Practice**

**Comprehensive Assessment**

- Careful, differential diagnostic evaluation
- Risk for suicide and violence
- Co-occurring mental and medical disorders
- Substance abuse disorders, including tobacco use
- Potential bipolar disorder must be assessed in patients presenting with depression
- Serious mental health conditions are chronic in nature; therefore, a long-term management plan is essential
  - Use measurement-based care to measure symptoms, side effects, and adherence
  - Select maintenance medications that have a low relative risk of weight gain and metabolic syndrome
  - Monitoring of physical health parameters and medication side effects (See Program publication *A Summary for Monitoring Physical Health and Side-Effects of Psychiatric Medications in the Severely Mentally Ill Population* available at [www.medicaidmentalhealth.org](http://www.medicaidmentalhealth.org))
- Integrate care of psychiatrists and primary care providers
- Incorporate collaborative/shared treatment decision-making with patients and family/caregivers
- Perform a psychosocial assessment
- Assess social support system (housing, family, other caregivers)
- Evaluate threats to continuity of care (access to medication, adherence, etc.)
- Give patients tools/support for recovery and self-management

**Adjunctive Psychosocial Treatments (As Indicated)**

- Individual and family psychoeducation
- Cognitive-behavioral therapy (CBT)
- Interpersonal psychotherapy (IPT)
- Interpersonal and social rhythm therapy (IPSRT)
- Family-focused therapy
- Group psychoeducation (especially for bipolar disorder)
- Social skills training (especially in schizophrenia)
- Cognitive remediation/rehabilitation (to improve attention, memory, and/or executive function)

*Note on pharmacogenomic testing - Limited data exists examining whether patient care that integrates pharmacogenomic test information results in better or safer treatment.*
**Measurement-Based Care**

Questionnaires and rating scales are useful tools for diagnostic assessment and evaluation of treatment outcomes, and such instruments can be helpful in providing supplemental information to clinical judgment. The integration of measurement scales into routine clinical practice is suggested for each of the conditions covered in this document. Clinicians should use rating scales to assess symptom severity during the initial evaluation/treatment, when medication changes are implemented, and/or when the patient reports a change in symptoms.

- Treatment targets need to be precisely defined.
- Effectiveness and safety/tolerability of the medication treatment must be systematically assessed by methodical use of appropriate rating scales and side-effect assessment protocols.

Internet links to the following scales are available on the program website - [www.medicaidmentalhealth.org](http://www.medicaidmentalhealth.org)

- Beck Depression Inventory (BDI)
- Brief Psychiatric Rating Scale (BPRS)
- Clinical Global Impression (CGI) Scale
- Clinician-Rated Dimensions of Psychosis Symptom Severity (CRDPSS)
- Hamilton Rating Scale for Depression (HAM-D)
- Montgomery-Asberg Depression Rating Scale (MADRS)
- Patient Health Questionnaire (PHQ-9)
- Positive and Negative Syndrome Scale (PANSS)
- Quick Inventory of Depression Symptomatology (QIDS)
- Young Mania Rating Scale (YMRS)
### Assessment Scales for Adult Disorders

<table>
<thead>
<tr>
<th>Measures</th>
<th>Bipolar Acute Depression</th>
<th>Bipolar Acute Mania</th>
<th>Bipolar Cont/Main Therapy</th>
<th>Major Depression</th>
<th>Major Depression with Mixed Features</th>
<th>Major Depression with Psychosis</th>
<th>Schizophrenia</th>
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<tbody>
<tr>
<td>Beck Depression Inventory (BDI)</td>
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Principles of Practice (continued)

TREATMENT WITH ANTIPSYCHOTIC MEDICATION

Selection of antipsychotic medication with well-informed patients should be made on the basis of prior individual treatment response, side-effect experience, medication side-effect profile, and long-term treatment planning. Antipsychotics are heterogeneous or variable in efficacy:

- The risks are not insignificant.
- There is no difference in efficacy between first generation antipsychotics (FGAs) and second generation antipsychotics (SGAs).
- FGAs and SGAs are heterogeneous within the class and differ in many properties, such as efficacy, side-effects, and pharmacology.
- Antipsychotics carry extrapyramidal symptoms (EPS) liability and metabolic effects.
- Caution should be used in prescribing antipsychotic medication in the context of dementia, anxiety disorders, and impulse control disorders. For these conditions, antipsychotic utilization should be:
  - Aimed at target symptoms
  - Prescribed only after other alternative treatments have been tried
  - Used in the short-term
  - Monitored with periodic re-evaluation of benefits and risks
  - Prescribed at the minimal effective dose
**Achieving Optimal Outcomes with Currently Available Antipsychotics**

**STEP 1 – Considerations for selecting the most appropriate antipsychotic for a particular patient:**

- Equivalent efficacy across agents.
- Individual variability in response.
- No good pre-treatment predictor of individual response to different agents.
- Different agents have different side-effects and safety profiles.
- Individual patients have different vulnerabilities and preferences.

**STEP 2 – Proper antipsychotic trial sequence:**

- Begin with systematic 6 to 10 week trial of one antipsychotic with optimal dosing.
- If inadequate response, follow with systematic trial of monotherapy with one or more other antipsychotics at adequate dose and duration.
- If inadequate response, follow with a trial of clozapine or a long-acting antipsychotic.
- Follow with a trial of clozapine, if not tried before.
- If foregoing insufficient, consider other strategies (e.g., antipsychotic polypharmacy).

**STEP 3 - Good practice guidelines for ongoing antipsychotic treatment:**

- Measurement-based individualized care.
- Repeated assessment of efficacy using reliably defined treatment targets (use standard rating scales, e.g. CRDPS, CGI, BPRS, PANSS).
- Careful assessment and measurement of adverse effects.
- Care consistent with health monitoring protocols.
- Standard protocols customized to individual vulnerabilities/needs and specific agent.
- Ongoing collaboration with patient in decision-making.

**List of Antipsychotics Available in the United States:**

- First Generation Antipsychotics (FGAs): chlorpromazine, fluphenazine*, haloperidol*, loxapine, perphenazine, thioridazine, thiothixene, and trifluoperazine.

*available in long-acting injectable formulation.
**introduced in 2015.
Below is a list of national and local resources for adults with serious mental illness (SMI). This list does not imply endorsement of the following websites and is not exhaustive:

**NATIONAL RESOURCES:**
- Mental Health America (MHA) – [http://www.mentalhealthamerica.net/](http://www.mentalhealthamerica.net/)
- Massachusetts General Hospital Center for Women’s Mental Health - [https://womensmentalhealth.org/](https://womensmentalhealth.org/)

**LOCAL RESOURCES:**
To address providers’ concerns and answer questions on starting patients on clozapine, we recommend the **Clozapine Hotline – 727-562-6762**. Calls will be promptly answered by an experienced Florida clozapine prescriber.

The hotline is funded by the Florida Medicaid Drug Therapy Management Program for Behavioral Health through a contract with the Florida Agency for Healthcare Administration.

The service is available Monday through Friday between 8:00am and 5:00pm. **No registration is required and the service is free.**

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**Florida Clozapine Hotline**  
**727-562-6762**

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**Treatment guidelines are available on our program website - medicaidmentalhealth.org**

- Autism Spectrum Disorder & Intellectual Disability Disorder: Psychotropic Medication Recommendations for Target Symptoms in Children and Adolescents
- Psychotherapeutic Medication Guidelines for Adults
- A Summary for Monitoring the Physical Health and Side-Effects of Psychiatric Medications in the Severely Mentally Ill Population
- Psychotherapeutic Medication Guidelines for Children and Adolescents

If you would like hard copies of the guidelines, please email sabrinasingh@usf.edu