

# New Schizophrenia Algorithm Being Developed

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STOCKHOLM — An interactive, online schizophrenia treatment algorithm provides a decision tree complete with graded supporting evidence and special clinical considerations for patients with comorbid or pre-existing conditions, Herbert Meltzer, M.D., said at the annual meeting of the European College of Neuropsychopharmacology.

Dr. Meltzer of Vanderbilt University, Nashville, Tenn., is part of a team of international experts who have spent 3 years preparing the algorithm for the International Psychopharmacology Algorithm Project. The algorithm is available at [www.ipap.org](http://www.ipap.org) and is free to registered users.

"This is meant to be an educational tool that opens the literature to people," Dr. Meltzer said in an interview. "At each



The algorithm links the user to information critical to the therapeutic decision-making process.

DR. MELTZER

node, you can access extensive material that provides the rationale for each decision and gives more clinical information and key references."

The algorithm begins with a triage approach to classifying patients by pre-existing condition or comorbid disorder. Clicking on those conditions—including emergent schizophrenia, substance abuse, suicidal and violent tendencies, noncompliance, and pregnancy—will link the user to information critical to the therapeutic decision-making process, Dr. Meltzer said.

The algorithm touches on nonpharmacologic treatments, although the bulk of the evidence deals with medical therapy with a focus on atypical antipsychotics. It stresses the importance of monotherapy for most patients, reserving polypharmacy for those who fail treatment with a single drug or who have very special needs.

Treatment recommendations are graded as to the level of evidence. At each decision node, the user can access links to the supporting literature. The nodes also include information about cost-effectiveness of treatments.

Since the project is meant to have international application, each treatment node also takes into account the variability of both international formularies and practice habits in different countries. And, unlike most treatment algorithms, which remain static after publication, this one will be a "living document" frequently updated with the newest evidence, Dr. Meltzer said. Users will receive automatic notifications of the updates, which are expected to occur quarterly.

Kenneth O. Jobson, M.D., of the Tennessee Psychiatry and Psychopharmacology Clinic founded the International Psychopharmacology Algorithm Project

(IPAP) in 1992. The project has been endorsed by the Collegium Internationale Neuro-Psychopharmacologicum. IPAP's goal is to bring together experts in psychiatry, psychopharmacology, and algorithm design to create and enhance algorithms for the systematic treatment of major Axis I psychiatric disorders. The idea for a schizophrenia algorithm was born during an IPAP meeting in China in 2001, when Dr. Jobson suggested the creation of an evidence-based online algorithm with inter-

national scope. The development team included specialists from France, Austria, Brazil, Australia, Germany, Canada, China, and Japan, as well as from the United States.

Although the algorithm is longer than most, Dr. Jobson said in an interview, it represents the clinical complexity of schizophrenia. It's also meant to be user-friendly. "We're getting some final comments now from our test group about its usability," he said. "We're going to incorporate those suggestions into the final product."

Although it strives for sequential logic and completeness of therapeutic options, the algorithm isn't meant to be used as "cookbook medicine," Dr. Jobson cautioned.

The project received funding through unrestricted pharmaceutical company grants to The Dean Foundation. AstraZenca, Eli Lilly, Bristol-Myers Squibb, Janssen, Pfizer, and Novartis are also among the sources of funding for the project, Dr. Meltzer noted. ■

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