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## EXPERT PANEL SUPPLEMENT

# ***REAL WORLD MANAGEMENT OF SCHIZOPHRENIA IN THE COMORBID PATIENT***

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### **ABSTRACT**

Rates of comorbid medical conditions are increased in patients with schizophrenia compared with the general population. Psychiatrists encounter a wide array of medical and psychiatric comorbidities in patients with schizophrenia, including cardiovascular disorders, diabetes, respiratory illnesses, generalized anxiety disorder, and substance use disorders. These comorbidities can contribute to worsened physical health, more severe psychosis and depression, and a greater likelihood of suicide attempts. The treatment of schizophrenia using second-generation antipsychotics can complicate matters further by their propensity for adverse effects such as weight gain and sedation.

In this supplement, four experts present cases that revolve around patients with schizophrenia and their comorbidities. Targeted treatment plans and medications are presented, along with the side effects that may be encountered. Also discussed in this supplement are strategies regarding switching antipsychotics and adding augmenting agents, as well as the use of nonpharmacologic interventions, such as behavioral therapy. Leslie Citrome, MD, MPH, presents a case of an obese female patient who was developing chronic obstructive pulmonary disease from smoking. Oliver Freudenreich, MD, presents a second case of a male patient with a 16-year history of schizoaffective disorder who gained considerable weight on antipsychotics. Peter J. Weiden, MD, and Michael Weiden, MD, present two cases, the first of a patient with asthma, and the second of a patient with substance use who develops an acute dystonic reaction after receiving an intramuscular dose of an antipsychotic when being treated in the emergency room.



This activity is jointly sponsored by the Mount Sinai School of Medicine and MBL Communications, Inc.



**Accreditation Statement**

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**Statement of Need and Purpose**

Although considerable progress has been made in schizophrenia management, challenges remain. The treatment of schizophrenia is complicated by medical and psychiatric comorbidities and different treatment stages, resulting in frequent polypharmacy and potential side effect/adverse event risks including significant weight gain. Schizophrenia is associated with increased medical comorbidity likely caused by interactions between lifestyle, environment, and the disease itself. The Clinical Antipsychotic Trials of Intervention Effectiveness data indicated that a large number of schizophrenia patients met metabolic syndrome criteria at baseline and that few were receiving treatment for metabolic-related conditions: rates of nontreatment were 30.2% for diabetes, 62.4% for hypertension, and 88% for dyslipidemia.

**Learning Objectives**

At the completion of this activity, participants should be better able to:

- Identify the long-term health impact of common psychiatric and medical comorbidities in patients with schizophrenia
- Assess current evidence on the efficacy, safety, and tolerability of treatments for schizophrenia that address comorbid psychiatric and medical conditions to create targeted care plans
- Integrate psychoeducation, establish a clinician-patient alliance to provide a supportive care environment, and address real world clinical concerns

**Target Audience**

This activity is designed to meet the educational needs of psychiatrists.

**Faculty Affiliations and Disclosures**

**Leslie Citrome, MD, MPH**, is professor in the Department of Psychiatry at New York University School of Medicine in New York City, and director of the Clinical Research and Evaluation Facility at the Nathan S. Kline Institute for Psychiatric Research in Orangeburg, New York. Dr. Citrome has received research support from AstraZeneca, Eli Lilly, Janssen, and Pfizer; is a consultant

and advisor to Azur, Eli Lilly, GlaxoSmithKline, Janssen, Merck, Novartis, and Pfizer; has received compensation for services on the advisory boards of Eli Lilly, Janssen, Merck, Novartis, and Pfizer; has received honoraria for lectures, papers, and teaching from AstraZeneca, Azur, Eli Lilly, Merck, Novartis, and Pfizer; has received consulting fees from Azur, GlaxoSmithKline, and Janssen; and owns stock in Bristol-Myers Squibb, Eli Lilly, Johnson & Johnson, Merck, and Pfizer.

**Oliver Freudenreich, MD**, is assistant professor of psychiatry at Harvard Medical School in Cambridge, Massachusetts, and director of the First Episode and Early Psychosis program at Massachusetts General Hospital in Boston. Dr. Freudenreich has received research support from Pfizer, honoraria from Reed Medical Education, and consulting fees from Beacon Health Strategies.

**Peter J. Weiden, MD**, is professor of psychiatry and director of the Psychotic Disorders program at the University of Illinois in Chicago. Dr. P.J. Weiden is a consultant to AstraZeneca, Bristol-Myers Squibb/Otsuka, Eli Lilly, Forest, Merck, Novartis, Ortho-McNeil-Janssen, Pfizer, Takeda, Vanda, and Wyeth; has received grant support from the National Institute of Mental Health and Ortho-McNeil-Janssen; and is a speaker for Novartis, Ortho-McNeil-Janssen, and Pfizer.

**Michael Weiden, MD**, is associate professor of pulmonary and critical care medicine at the New York University School of Medicine in New York. Dr. M. Weiden reports no affiliation with or financial interest in any organization that may pose a conflict of interest.

CME Course Director **James C.-Y. Chou, MD**, is associate professor of psychiatry at Mount Sinai School of Medicine in New York City. Dr. Chou has received honoraria from AstraZeneca, Bristol-Myers Squibb, Eli Lilly, GlaxoSmithKline, Janssen, Merck, Novartis, and Pfizer.

**Margaret McNamara McClure, PhD**, is assistant professor of psychiatry, and director of the Advanced Psychology Fellowship at Mount Sinai School of Medicine in New York City. Dr. McNamara McClure reports no affiliation with or financial interest in any organization that may pose a conflict of interest.

**Activity Review Information**

The activity content has been peer reviewed by Margaret McNamara McClure, PhD.

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Release date: July 31, 2010

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The estimated time to complete this activity is 2 hours.

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