Schizophrenia Treatment Using Low-Dose Meds and Specialty Care Offers Better Outcomes

June 29, 2016

Currently, traditional treatments for schizophrenia emphasize high doses of antipsychotic medications to help manage symptoms of the mental illness. But findings published online in the journal Schizophrenia Bulletin show that a recent government program focusing on lower doses of antipsychotic meds, paired with talk therapy and case management sessions, has proved to be better for patients and more cost-effective for providers in the long run, Al Jazeera reports.

The program, called Navigate, is backed by the National Institutes of Mental Health. It treats people recently diagnosed with schizophrenia—a mental illness that affects nearly 3 million Americans and is marked by hallucinations, paranoia and other forms of psychosis.

For the study, researchers at the Yale School of Medicine reviewed the cost and treatment outcomes for almost 400 people diagnosed with schizophrenia. Between 2010 and 2012, participants were randomly assigned to either Navigate or a standard community care program. Scientists found that while Navigate costs $3,600 more per year than standard care, those enrolled in the new program fared about 13 percent better overall in improving their symptoms than the control group.

In addition, scientists noted that patients could decrease the costs of the program by about $2,000 each year if they could get generic antipsychotic medications.

“The value of the achieved clinical benefit [of coordinated specialty care programs] appears to justify these additional expenditures, especially for clients with shorter [duration of untreated psychosis] and when generic prices for antipsychotic medication are applied,” wrote the study authors.

Since 2014, 32 states have added early intervention programs, such as care coordination and supported employment and education, to their existing treatment programs for patients who experience first-episode psychosis.

To learn more about available schizophrenia treatments, click here.

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