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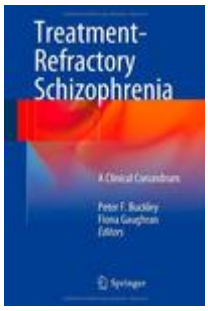

When Treatment of Schizophrenia Fails, What Happens Next?

A Review of

Treatment-Refractory Schizophrenia: A Clinical Conundrum
by Peter F. Buckley and Fiona Gaughran (Eds.)
New York, NY: Springer-Verlag, 2014. 230 pp. ISBN
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Reviewed by

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Most people with schizophrenia receive treatment with antipsychotic medications, and most of these patients have a good clinical response early in their illness, with up to 90 percent of patients demonstrating remission the first time that they are treated. However, just about every patient stops his or her medications within a year or two, and for 90 percent of them, the same thing happens: They have a symptomatic relapse (Robinson et al., 1999). What happens next is the focus of Peter F. Buckley and Fiona Gaughran's edited volume *Treatment-Refractory Schizophrenia: A Clinical Conundrum*. After the first couple of cycles of treatment, medication discontinuation, and relapse, about one third or more of patients who had an initial good clinical response fail to respond to the next treatment. Patients whose symptoms were drastically reduced now look little different when they are treated with the same medicine.

The *why*s and *how*s of what to do next are covered in this excellent, well-organized, and well-written book. The editors have assembled a group of experts who cover what happens next in excellent detail. A number of the 13 chapters address the use of clozapine, the only medicine specifically approved for treatment of patients whose symptoms fail to respond. The book also covers alternatives for clozapine nonresponse, which is unfortunately common (only about 25 to 35 percent of clozapine-treated patients have a good response). The coverage of alternative treatments is really good, ranging from pharmacological strategies, brain stimulation, and tips for the better usage of clozapine to several psychological interventions.

Psychological interventions for poor antipsychotic treatment response are clearly needed and rarely used. Cognitive-behavioral therapy (CBT) is important for targeting symptoms that persist. Its application with this patient group is well described and may be useful to the American psychologist practitioner, who may not be as familiar with this use of CBT as are practitioners in the United Kingdom. Further, cognitive remediation, family interventions, and other psychosocial interventions aimed at improving functioning even in

the presence of psychotic symptoms are well described; their use is well justified, and excellent examples are provided.

Other strong points of the book include discussion of brain simulation as an alternative to pharmacological treatment, which is becoming more widely available and clearly less aversive in its nature than it was previously. Also, the safety of clozapine is discussed openly. It is now known that clozapine has multiple potential adverse health consequences that need to be monitored, particularly in the domains of metabolic adverse events. At the same time, the cost–benefit ratio of clozapine for those who respond to treatment is almost always worth it because of the reduction in morbidity and mortality, but for nonresponders, it is almost always not worth it.

The descriptions in these chapters address many state-of-the-art approaches to treating both responsive and nonresponsive patients. This is a critical feature to clarify because vocational and remediation interventions are not aimed at symptom reduction. Rather, they are aimed at disability reduction and increasing quality of life; they are not predicated on the patients being symptom free. Thus, this book does a real service to the field by not presenting symptom reduction and clinical remission as the sole goals of treatment, focusing rather on a whole-person (and whole-family) approach that is much more appealing than would be a singular focus on pharmacological treatment algorithms.

The book appealed to me to review because it avoids (certainly in the title if not in some of the chapters) one of those commonly used terms that is frequently misunderstood: *treatment resistance*. Meaning the same thing as *treatment refractory* or *treatment nonresponsive*, the term *treatment resistant* has a potential connotation that blames the person with the illness: It can be interpreted to suggest that individuals with schizophrenia are in some way uncooperative or less then fully committed or motivated to achieve benefit from treatment. It is much more straightforward and accurate to refer to failure to achieve benefit from treatment as being *treatment nonresponsive* or *treatment refractory*.

Another strong aspect of the book is the broad-ranging set of authors, which leads to a wide readership appeal. Not only is much of the world covered by the author list, but the disciplines of the authors are quite diverse as well. I learned things as a psychologist that I would not have thought about on my own, including family interventions. Coverage of pharmacogenomics includes both efficacy and adverse effects, which is critical for a full evaluation of the potential use of these likely expensive assessment tools.

One thing minimally addressed in the book, and this is a book on treatment nonresponse after all, is the literature on clozapine as a treatment for suicidality (Meltzer et al., 2003). As clozapine is grossly underutilized in any case, it might have been helpful to have a slightly greater focus on that particular use of the medication as it is the only medication indicated for suicidality in schizophrenia (or any other condition). The data on mortality in treatment-nonresponsive patients clearly make the case that even if clozapine is risky, treatment-refractory schizophrenia is acutely and chronically life threatening and deserves treatment.

In summary, two excellent points come out of this book. *Treatment-Refractory Schizophrenia* should clearly increase awareness of the need to offer clozapine to treatment-refractory patients and that all interventions for schizophrenia are not medical or pharmacological. The entire array of mental health professionals has a role in the treatment of patients who fail to respond to adequate treatment trials with other antipsychotic medications. It is critical for them all to step up and accept this challenge, as the public

health problem of treatment-refractory schizophrenia is huge and clearly illustrated by this book.

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