

**Guideline 14: Duration of Antipsychotic Treatment** Questions 38 & 39

The table below summarizes the experts' recommendations concerning 1) how long they would continue antipsychotic treatment before changing the dose or switching to a different medication if the patient is having an inadequate response and 2) how long they would continue treatment with an antipsychotic after response before trying to discontinue the medication. Note that the intervals listed in the table are based on the median of the respondents' write-in answers (see Survey Questions 38 and 39). The editors note that again there was a high level of agreement between the psychiatrists and the internists/primary care physicians who completed the survey on this question.

<b>Disorder</b>	<b>Duration of treatment before changing dose or medication if response inadequate</b>	<b>Duration of treatment after response before trying to discontinue</b>
Delirium*	1 day	1 week
Dementia with agitation and delusions**	5 days	3 months
Dementia with agitation without delusions**	7 days	3 months
Schizophrenia***	2 weeks	Indefinitely
Delusional disorder***	2 weeks	6 months–indefinitely
Agitated nonpsychotic major depression	1 week	2 months
Psychotic major depression	1 week	6 months
Nonpsychotic major depression with severe anxiety****	2 weeks	2 months
Mania with psychosis	5 days	3 months
Mania without psychosis	1 week	2 months

\*Delirium is a medical emergency in which the demands of acute management require frequent reassessment of treatment response and rapid dosage adjustment. Note that many of the experts gave their response in terms of hours.

\*\*If an older patient with dementia with agitation has responded well to treatment with an antipsychotic, the experts recommend waiting 3–6 months before trying to taper the dose to determine the lowest effective maintenance dose to prevent relapse.<sup>Question 41</sup>

\*\*\*If an older patient with schizophrenia or delusional disorder has responded well to treatment with an antipsychotic, the experts recommend tapering to the lowest effective dose and then continuing treatment indefinitely.<sup>Question 40</sup> When asked to write in how long they would continue treatment after response in delusional disorder, 31% said they would continue indefinitely; the median of all responses was 6 months.

\*\*\*\*Approximately a third of the experts indicated that they would not generally use an antipsychotic to treat nonpsychotic major depression with severe anxiety.