

MINISTRY OF HEALTH CLINICAL PRACTICE GUIDELINES: SCHIZOPHRENIA

Verma S, Chan L L, Chee K S, Chen H, Chin S A, Chong S A, Chua W, Fones C, Fung D, Khoo C L, Kwek S K D, Ling J, Poh P, Sim K, Tan B L, Tan C, Tan C H, Tan L L, Tay W K

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The correct print version on page 524 is as follows:

GPP For all patients on clozapine, clinicians should have their full blood count monitored weekly for the first 18 weeks and monthly thereafter (pg 16).

GPP

D Electroconvulsive therapy should be considered for patients who have not responded to an adequate trial of antipsychotics and for patients with life-threatening symptoms such as catatonia and prominent depressive symptoms (pg 16).

Grade D, Level 3

A Electroconvulsive therapy should not be prescribed as first-line treatment or monotherapy in schizophrenia (pg 17).

Grade A, Level 1+

Adjunctive medications

A Antidepressants should be considered when depressive symptoms emerge during the stable phase of schizophrenia (post-psychotic depression) (pg 18).

Grade A, Level 1+

D Antidepressants should be used at the same dose as for treatment of major depressive disorder (pg 18).

Grade D, Level 4

A Anticholinergic agents have been shown to be effective in reducing the severity of antipsychotic-induced extrapyramidal side effects and may be prescribed to patients experiencing these side effects (pg 19).

Grade A, Level 1+

Editor's note: The corrected version is available online at: <http://smj.sma.org.sg/5207/5207cpg1.pdf>