Add benzodiazepine
- agitation/aggression, e.g. diazepam
- anxiety, e.g. lorazepam
- sleep disturbance, e.g. temazepam

Psychiatric and physical assessment
allow antipsychotic drug-free assessment phase

Start antipsychotic treatment
(start low, go slow)

Psychiatric emergency

Differential diagnoses
If manic or depressive symptoms evident, consider other disorders which involve psychosis:
- bipolar I disorder with psychotic features
- schizoaffective disorder
- major depressive disorder with psychotic features

Start antipsychotic treatment
(start low, go slow)

Start low dose
then slowly increase according to efficacy and tolerability to initial target dose

If insufficient response after 3 weeks
Increase dose over next 2–3 weeks and optimise psychosocial interventions

If non-response after 6–8 weeks
Cross-over switch to another SGA including
- Olanzapine
  Start with: 2.5–5 mg/day
  Initial target dose: 10 mg/day
  Highest dose: up to 20 mg/day

If non-response to second antipsychotic trial:
review reasons for failure, e.g. adherence, substance use, family stresses etc

Consider switch to clozapine
If not possible, consider add-on or trial of low dose typical antipsychotic or mood stabiliser or (other) antipsychotic combination therapy

Response
- Continue treatment for at least 2–5 years
- If incomplete remission or treatment resistance, consider long-term treatment
- If discontinuing, stop gradually over at least 3–6 months with close follow-up

Differential diagnoses
If manic or depressive symptoms evident, consider other disorders which involve psychosis:
- bipolar I disorder with psychotic features
- schizoaffective disorder
- major depressive disorder with psychotic features

Non-adherence
- Discuss with patient and carers, analyse reasons and optimise treatment, give compliance therapy
- For non-adherence because of side effects: try another antipsychotic drug
- Consider trial of depot medication (e.g. atypical depot agents or low-dose typical drugs)
- Improved adherence: go on with treatment or switch to other antipsychotic if no response

Amisulpride
Start with: 50–100 mg/day
Initial target dose: 300–400 mg/day
Highest dose: up to 800 mg/day

Aripiprazole
Start with: 5–10 mg/day
Initial target dose: 15–20 mg/day
Highest dose: up to 30 mg/day

Quetiapine
Start with: 25–50 mg/day
Initial target dose: 300–400 mg/day
Highest dose: up to 750 mg/day
Rapid dose adaptation from starting dose recommended

Risperidone
Start with: 0.5–1 mg/day
Initial target dose: 2–3 mg/day
Highest dose: up to 6 mg/day

Ziprasidone
Start with: 20–40 mg/day
Initial target dose: 80–120 mg/day
Highest dose: up to 160 mg/day