

Medication Recommendations in Schizophrenia: Interval Therapy and Adjunctive Pharmacological Strategies

1. Background

Many patients refuse long-term therapy with antipsychotics.

Goal: Stabilization without permanent burden from side effects.

- Effective treatment of negative and cognitive symptoms.
- Long-term reduction of positive symptoms and improvement of the illness course.

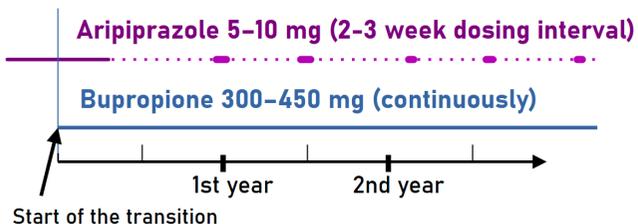
2. Core Strategy

Interval therapy with Aripiprazole (antipsychotic)

- Short-term use (1–3 weeks) at early warning signs, followed by discontinuation phases of 2–8 months.
→ Continuous administration of Bupropion provides stability during discontinuation phases.

Bupropion (continuous administration, NDRI)

- Improves cognition and negative symptoms.
- Reduces **restlessness and irritability**.
- Indirect stabilization of positive symptoms through dopaminergic “baseline activity.”
- Supports smoking cessation via dopaminergic effects.



→ *Although Bupropion is not officially classified as an antipsychotic, indirect antipsychotic effects are plausible, especially in combination with intermittent Aripiprazole.*

Adjunctive Therapy

- SSRIs (Citalopram, Escitalopram, or Sertraline) to **reduce libido and emotional reactivity**, and as prophylaxis **against certain side effects** (e.g., urinary dysfunction such as **bladder weakness or constipation**).
- Tricyclic antidepressant (Doxepin or Trimipramine) in liquid/drop formulation for sedative support in **sleep disorders**.
- Alternative: SARI (Trazodone) for mild sedation combined with SSRI-like antidepressant effects.

Nutritional Supplements

- Vitamin B6 (Caution: risk of peripheral neuropathy with long-term intake ≥ 100 mg/day; may cause mild vegetative effects), used to help **reduce akathisia and restlessness**.
- Magnesium (Caution: may lower blood pressure and potentially contribute to orthostatic symptoms) and B-complex for **autonomic stability**.

Additional Supplements

- Lithium orotate (microdose approx. 10 mg) for gentle mitigation of **racing thoughts**.
- Sulforaphane (broccoli extract) for potential **reduction of neuroinflammatory processes** and in inflammatory skin conditions.

3. Advantages

- Greater acceptance: patients are more likely to agree to continuous therapy with Bupropion.
- Fewer side effects due to reduced antipsychotic exposure.
- Better management of negative symptoms and cognitive deficits.
- Potential long-term reduction of positive symptoms and a more favorable disease course.
- Use of already approved medications
→ legally easier to implement.

4. Limitations and Risks

- Risk of worsening psychopathology or catatonia if Bupropion-induced increases in thought or activity are not promptly addressed with Aripiprazole; therefore, timely on-demand intake at early warning signs is essential.
- Increased risk of seizures at high Bupropion doses → gradual titration and dose monitoring recommended.
- Possible behavioral changes with addictive characteristics (e.g., compulsive shopping, risky financial speculation, gambling).
- Relapse risk not yet fully clarified
→ close monitoring required.

Conclusion

The proposed strategy may represent a pragmatic alternative for patients who refuse continuous antipsychotic therapy.

The combination of continuous Bupropion and intermittent Aripiprazole can stabilize both positive and negative symptoms and increase treatment acceptance.

Since the medications used are approved, their application is legally feasible. However, further controlled studies are necessary to systematically evaluate efficacy and safety.

Side-Effect Overview of Atypical Antipsychotics (2026)

Substance	 Weight gain	 Diabetes	 Sedation	 Cognition	 Prolactin	 Sex. dysf.	 QTc-prol.	Substance	 Cardiac risk	 Hypotension	 Hypertension	 Akathisia	 Parkinsonism	 Tardiv. dysk.	 Constipation	 Salivation	Substance
 Clozapine	 +7 kg	 +++++	 +++++	 +++++	 +	 +	 +(+)	Clo	 +++++	 +++++	 +++++	 0	 0	 0	 +++++	 +++++	Clo
 Olanzapine	 +6 kg	 +++++	 +++++	 +++++	 ++	 +(+)	 ++(+)	Ola	 +(+)	 ++	 +++++	 +	 +	 +	 +++++	 ++	Ola
 Quetiapine	 +3.5 kg	 +++++	 +++++	 ++(+)	 +	 +	 +(+)	Que	 ++	 +++++	 +(+)	 0/+	 0/+	 0/+	 ++	 +	Que
 Risperidone	 +2.7 kg	 ++(+)	 ++(+)	 +++++	 +++++	 +++++	 +(+)	Ris	 +++++	 ++(+)	 +++++	 ++	 +++++	 +++++	 ++	 ++	Ris
 Paliperidone	 +3 kg	 ++(+)	 ++(+)	 +++++	 +++++	 +++++	 ++	Pal	 +++++	 ++(+)	 +++++	 ++	 +++++	 +++++	 ++	 ++	Pal
 Amisulpride	 +2.4 kg	 ++	 ++	 ++	 +++++	 +++++	 +++++	Ami	 +++++	 +	 ++	 +(+)	 ++(+)	 ++	 +(+)	 ++	Ami
 Haloperidol	 +1.7 kg	 +(+)	 ++	 +++++	 +++++	 +++++	 +++++	Hal	 ++	 +(+)	 +	 +++++	 +++++	 +++++	 +	 +	Hal
 Flupentixol	 +1.5 kg	 ++	 ++	 +++++	 +++++	 ++(+)	 ++	Flu	 ++	 +(+)	 ++	 +++++	 +++++	 +++++	 +(+)	 +(+)	Flu
 Ziprasidone	 +0.7 kg	 0/+	 +(+)	 +(+)	 +	 ++	 +++++	Zip	 +	 +(+)	 0/+	 ++	 ++	 ++	 +	 0/+	Zip
 Aripiprazole	 +0.8 kg	 -0	 0/+	 +	 -0	 0/+	 0	Ari	 0	 0/+	 0/+	 +++++	 +	 +(+)	 0/+	 0/+	Ari
 Brexpiprazole	 +1 kg	 0/+	 +	 +	 0	 0/+	 0	Brx	 0	 0/+	 0/+	 ++	 ++(+)	 ++(+)	 0/+	 0/+	Brx
 Cariprazine	 +1.2 kg	 0/+	 +	 +	 0	 +	 0	Car	 0	 0/+	 0/+	 +++++	 ++(+)	 ++(+)	 0/+	 0/+	Car
 Lurasidone	 +0.7 kg	 0	 +	 ++(+)	 +	 ++	 0	Lur	 0	 0	 0/+	 ++	 ++	 ++	 0/+	 0	Lur

Legend:

Weight gain, Diabetes/Lipids, Sedation, Cognition, Prolactin increase, Sexual dysfunction, QTc prolongation, Cardiac risk, Orthostasis/Hypotension, Hypertension, Akathisia, Parkinsonism, Tardive dyskinesia, Constipation, Salivation

Colors:  favorable –  mild –  moderate –  strong –  very strong/high risk

Overall rating before the drug name: color-coded assessment of the entire side effect profile

Average weight gain in kg during intake < 12 months

-  >4,5 kg = High risk
-  2,5–4,5 kg = Strong
-  1,5–2,4 kg = Moderate
-  1,0–1,4 kg = Mild
-  <1,0 kg = Favorable

Recommendation for the Treatment of Psychosis – Schizophrenia →

