Pharmacological Orientation in Schizophrenia:
Interval Therapy and Complementary Pharmacological Strategies

1. Starting Point

Many patients refuse long-term therapy with antipsychotics.

Goal: Stabilization without continuous burden from side effects.

- Effectively treat negative and cognitive symptoms
- Reduce positive symptoms and improve the course of illness

2. Core Strategy

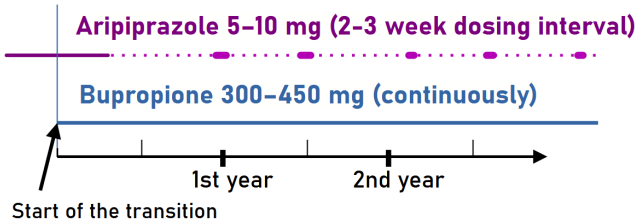
Interval Therapy with Aripiprazole (Antipsychotic)

- Short-term use (1–3 weeks) during early warning signs, followed by discontinuation phases of 2–8 months

  → Continuous administration of bupropion provides stability during discontinuation phases.

Bupropion (continuous use, NDRI)

- Improves cognition and negative symptoms
- **NET modulation:** increases prefrontal dopamine → less agitation/irritability, better control during discontinuation phases
- **DAT modulation:** stabilizes striatal signal-to-noise ratio → fewer hallucinations
- **NET : DAT ≈ 2 : 1**



→ ***Alternative:*** ***In highly dosed patients, bupropion may support dose reduction and a return to monotherapy.***

Adjunctive Therapy

- *SSRIs (citalopram, escitalopram, or sertraline)* to dampen **libido and emotional intensity**, and as a prophylactic measure against certain side effects (e.g., reduction of **urinary symptoms**, bladder weakness, or **constipation**)
- *Tricyclic antidepressant (doxepin or preferably trimipramine)* in drop form for sedating support in sleep **disturbances**
- *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 above ≈100 mg/day; possible orthostatic effects) → to prevent akathisia, **irritability, and restlessness**

  Magnesium (Caution: may lower blood pressure) and *B-complex* for **autonomic stability**
- *High-dose vitamin B-complex*
- Prior blood testing recommended (B1, B6, B9, B12, magnesium)

Other Important Additions

- *Lithium orotate (microdose approx. 20–60 mg)* for gentle reduction of **thought acceleration and restlessness**
- *Sulforaphane* (broccoli extract) to reduce **neuroinflammatory processes**; also effective for skin inflammation

3. Advantages

- Higher acceptance: patients are more likely to accept long-term therapy with bupropion
- Fewer side effects and long-term risks due to minimal antipsychotic exposure
- Effective treatment of negative and cognitive symptoms → improved integration
- Significant PANSS improvements (e.g., from ~100 to 50 in case presentations with bupropion add-on)
- Meta-analysis by English et al., 2013 shows that bupropion is not associated with increased relapse risk
- NET modulation reduces agitation and irritability
- DAT modulation reduces positive symptoms

4. Limitations and Risks

- Risk of catatonia or catatonic tension states → monitor sleep disturbances and early warning signs
- Slightly above-placebo seizure risk at bupropion doses ≥450 mg → slow titration recommended
- Possible behavioral changes with addictive or manic tendencies → may require more frequent aripiprazole intervals
- Relapse risk not fully clarified → close monitoring and documentation recommended
- Due to **CYP2D6 inhibition** by bupropion, **aripiprazole levels may moderately increase (approx. 40–70%)** → TDM and precautionary dose reduction by a factor of 1.5–2 are often considered → Too little antipsychotic typically leads to sleep disturbances and loss of trimipramine efficacy

Conclusion

The proposed strategy may represent a pragmatic alternative for patients who refuse long-term antipsychotic therapy. The combination of continuous bupropion and intermittent aripiprazole can stabilize both positive and negative symptoms and improve treatment acceptance.

Since the medications used are approved, there is a basic legal framework for their use. For patients on very high doses or multiple antipsychotics, bupropion may support reduction and transition back to monotherapy.

Side-Effect Overview of Atypical Antipsychotics (2026)

Substance	Weight gain	Diabe-tes	Seda-tion	Cogni-tion	Prolac-tin	Sex. dysf.	QTc-prol.	Substance	Cardi-ac risk	Hypo-tension	Hyper-tension	Akathi-sia	Parkin-sonism	Tradiv dyskin.	Consti-pation	Saliva-tion	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 ➜

SCAN ME

Schizophrenie-Forum.com – Self-help meets science.