

## Treatment recommendation at Psychosis / schizophrenia

helps with negative symptoms

Active ingredients for drug therapy:

*for interval intake:*

- **Aripiprazole 5mg** ( antipsychotic Main active ingredient daily , later in interval form )  
Atypical Antipsychotic

*For daily intake :*

- **Bupropion 300-450mg** ( effective against Negative symptoms - 150mg starting dose)  
SNRI antidepressant , works selectively on norepinephrine and dopamine
- **Citalopram 10-40mg** ( prophylaxis for certain Side effects )  
SSRI antidepressant , works selectively on serotonin
- **Trimipramine drops** (optional at initial Sleep disorders )  
Tricyclic Antidepressant , works broadband

## **Combination of active ingredients and interval therapy**

For psychosis / schizophrenia and schizoaffective psychosis.  
works on negative and positive symptoms

## Symptome der Schizophrenie

Symptome der Schizophrenie sind gezeichnet durch drei grundlegende Symptombereiche:<sup>1</sup>



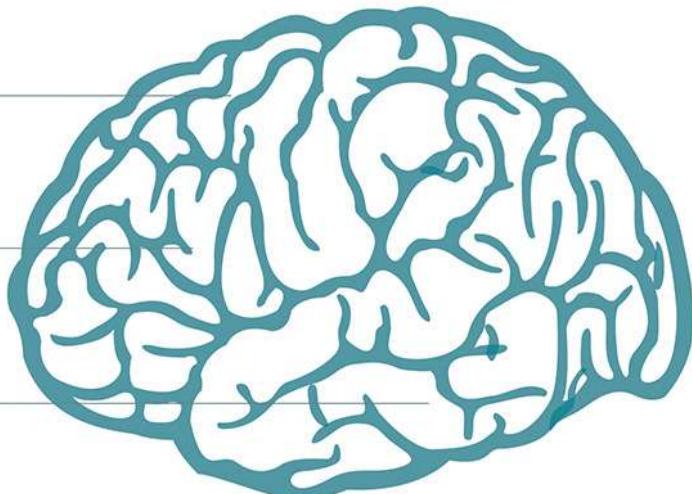
**Positiv**



**Negativ**



**Kognitiv**



Symptome der Schizophrenie beginnen üblicherweise im Alter von 16 bis 35 Jahren. Patienten haben schwerwiegende Probleme mit persönlichen und sozialen Beziehungen, welche die Lebensqualität beeinflussen.<sup>2</sup>

References: 1. NIH. Mental Health Information. Schizophrenia. 2. Arsova S. Open Access Maced J Med Sci. 2016;4(3):388-391

The following recommendation is based on **monotherapy with a relatively well-tolerated antipsychotic** with the active ingredient aripiprazole. Instead of relying on continuous daily intake as is usually the case, two additional antidepressants, which are taken daily, enable **interrupted interval intake** of aripiprazole, which is in addition to one. This helps reduce side effects, but also makes it possible to treat **negative symptoms that are otherwise very difficult to treat**.

In order to take the three necessary active ingredients correctly and to switch to them, approximate dosages and order must be taken into account when changing the medication:

First, you should switch to aripiprazole (antipsychotic) in a low dosage by discontinuing the original antipsychotics and medications if possible and switching to aripiprazole monotherapy (ideally 5 mg).

Aripiprazole can already have a sufficient antipsychotic effect from 5 mg, so even if 15 mg or more is already taken, you should try to reduce the dosage by one or two steps if possible in order to ideally reach a daily intake of 5 to 10 mg daily.

At the beginning of the change, aripiprazole should be taken daily. Intermittent taking of the antipsychotic (aripiprazole) will only be possible weeks/months later, when stability permits and the two antidepressants ( bupropion and citalopram) have been taken.

To take the two antidepressants in addition to aripiprazole, you have to sneak in the bupropion first and then the citalopram, because bupropion relieves restlessness, which citalopram and aripiprazole tend to cause. Bupropion also reduces mood swings such as irritability, which has to do with its effect on norepinephrine.

Once these two antidepressants have crept in , it is theoretically only possible to take the antipsychotic (aripiprazole) at intervals, which you can start doing months after the change.

by discontinuing aripiprazole for 1-4 months at a time and continuing to take the two antidepressants daily in doses as high as possible, whereby the citalopram can be adapted to individual needs in terms of emotional perception and libido.

If aripiprazole is discontinued for too long, the effect of the two antidepressants would eventually wear off and depressive symptoms, negative symptoms and positive symptoms would appear again; mood swings, paranoia and irritability or shopping mania are also possible during this phase. Sleep disorders are also common when taking aripiprazole again.

**The dosages and active ingredients are discussed in more detail below, side effects and interactions are described and additional medication options are shown, for example for sleep disorders:**

- For depressives Moods and excessive emotionality \_ or Sexuality /libido should tend to the dose of citalopram increase or Aripiprazole take whatever \_ at depressions more reliable as a antidepressant works .  
At certain Side effects How Difficulty micturition ( weak bladder) or constipation Is citalopram effective ? Such Side effects can occur due to the bupropion .

- Regarding the negative symptoms and internal Unrest , should rather increase the dose of bupropion and this is best done in the morning and at lunchtime distributed taken become . The dose should between 300 and 600 mg per day .
- For psychosis and depression is Aripiprazole a Medication whatever \_ in depression \_ effective and reliable works , as well it works effectively against the psychotic ones Positive symptoms . This should be as Main active ingredient seen which is in interval form taken for that ensures that the two of them Antidepressants in one therapeutic windows work well can .
- As soon as the antidepressants take effect subsides , aripiprazole ( anti-psychotic ) should be taken at intervals . Positive – negative symptoms , sleep disorders or depressive moods would be such Warning sign . Aripiprazole So you should always have it in case of an emergency at itself have , too if it's current because of the interval intake discontinued is .

## **Medication schedule**

### **Overview :**

Medication plan : Bupropion (300-600mg) + Citalopram (10-40mg) + Aripiprazole (5-15mg for interval dosing)

Optional: trimipramine drops or valerian tablets

### **Active ingredient combination ( details):**

#### **Bupropion**

##### **Benefits of Bupropion**

works very well against negative symptoms and improves the course of the disease.

##### **Effect**

It is more likely to lead to alertness and increase concentration. Has similarities to ADHD medication, but is an antidepressant and nicotine cessation agent, which is also used in diet medications, among other things.

## Citalopram

### **Benefits of citalopram**

Useful interactions: Slightly dampens libido, promotes sleep, helps against constipation or bladder weakness, which are side effects of bupropion or aripiprazole.

## Aripiprazole ( Ability)

### **Notes on switching and taking intervals**

#### At the start of the changeover:

Regular daily intake of 5mg Aripiprazole in the morning.

#### Later interval intake:

7-14 days of continuous intake of Aripiprazole 5-10mg. (Interval)

approx. 1-3 months break between intervals.

The antidepressants ( bupropion approx. 300-600mg + citalopram approx. 10-40mg) are taken continuously and daily (no interval intake)

### **Benefits of Aripiprazole**

Works very well for positive symptoms, acute depression and sleep disorders.

### **Advantages and disadvantages of interval taking**

Disadvantages of interval therapy:

Mild post-psychotic depression often occurs with prolonged discontinuation of antipsychotics.

Sleep disorders can occur when you stop taking the antipsychotic ( aripiprazole). Since bupropion tends to make you awake, these can be worsened.

#### Advantages:

Negative symptoms occur primarily while taking aripiprazole ; taking aripiprazole at intervals and discontinuing it greatly reduces the negative symptoms. You are much more motivated and problems with concentration and thinking also disappear. Taking bupropion can increase forgetfulness somewhat, which doesn't have to be a disadvantage.

## Optional at sleep disorders

### **Trimipramine 10mg in drop form (optional in the evening)**

#### **Benefits of trimipramine:**

Helps with sleep and sleep disorders (you feel more motivated and rested the next day). Reduces inner restlessness.

During the discontinuation period of aripiprazole, trimipramine may be useful to relieve sleep disorders.

### **Valerian (optional in the evening)**

#### **Benefits of Valerian:**

against inner restlessness during weaning intervals, slightly sleep-promoting effect.

#### Order when sneaking in!

Aripiprazole (1), then bupropion (2), then citalopram (3), because citalopram + aripiprazole otherwise causes nervous restlessness and akathisia (restlessness). Trimipramine and valerian added later.

### **More additional Options**

- **Vitamin supplement** ⇒ Vitamin deficiency or Mineral deficiency at Schizophrenia ?
- **Weight loss** ⇒ Lose weight with Naltrexone – Mysimba

### General precautions and safety instructions

During the discontinuation intervals of aripiprazole, depressive moods can occur after a long period of time and positive and negative symptoms can return to a small extent, despite antidepressants being taken daily. At this point at the latest, Aripiprazole should be taken at intervals, which on the one hand is antidepressant and on the other hand stabilizes quickly so that the antidepressants are also effective again in a reliable manner.

Be careful when driving and operating machines, especially when you are taking aripiprazole, your concentration can be reduced and the negative symptoms can become more difficult. You should avoid longer journeys because of

fatigue. In the event of restlessness, which can occur with aripiprazole mono-therapy , bupropion has a calming effect, which makes driving significantly safer.

The antidepressant bupropion improves concentration, alertness and helps against inner restlessness, which has a very positive effect on concentration.

This recommendation is based on personal experience. Everyone reacts a little differently to the medication, so the recommendation is intended to provide certain guidelines that you can use as a guide. You can adapt a lot to your individual needs based on the dosages.

The medication combination can only be prescribed by a trained doctor or psychiatrist.

According to the current DDGPN guidelines, bupropion is recommended for psychosis with nicotine addiction. Since the medication is very useful for both negative and positive symptoms, better access for sufferers to this complete medication combination would be very desirable.

## => Simpler version ([hyperlink](#))

**As of December 14, 2023**

Studies:

[https://applications.emro.who.int/imemrf/Iran\\_J\\_Pharm\\_Res/Iran\\_J\\_Pharm\\_Res\\_2014\\_13\\_4\\_1227\\_1233.pdf](https://applications.emro.who.int/imemrf/Iran_J_Pharm_Res/Iran_J_Pharm_Res_2014_13_4_1227_1233.pdf)  
<https://www.cochrane.org/de/CD00230...ur-patienten-mit-schizophrenia-und-depression>