

# Long-Acting Injectable Antipsychotics: Recommendations for Clinicians

## 1 For All Phases of Illness

- The existence and potential use of LAIs for antipsychotic therapy should be discussed with patients and families at all phases of illness, including “critical period” of first two to five years

## 2 Informed Patient Decision

- Provide information regarding LAIs in a collaborative environment
- Review information about LAIs on a regular basis

## 3 Clinical Stability and Patient’s Change in Opinions and Attitudes

- Continue discussion regarding:
  - a. Attitude towards treatment
  - b. Adherence to treatment
  - c. LAIs as an option

## 4 Physician’s Knowledge and Attitude

- Be well informed and trained in the use of LAIs
- Do not assume patient’s rejection of LAI or fear of needles
- Treatment team to be aware of their own biases

## 5 Non-Adherence

- In case of overt or impending non-adherence to medication, serious consideration should be given to using LAIs as one of the choices for addressing non-adherence

## 6 Involuntary Treatment During Acute Phase of Psychosis

- During acute phase of psychosis and after frequent relapses, the use of LAIs may become necessary  
Under such circumstances, it is recommended:
  - a. To discuss using LAIs as an option
  - b. That clinical realities, at times, demand involuntary hospitalization and LAI treatment

## 7 Engagement With Psychosocial Interventions and Rehabilitation

- Active efforts at engagement in treatment of patient and family must continue throughout care

## 8 Oral Supplementation and Stabilization

- LAIs for initial stabilization if acceptable (consider oral test dose to rule out hypersensitivity)
- LAIs when acutely ill, uncooperative and not capable of consenting

## 9 Monitoring

- Follow up and assessment at regular intervals
- Evaluate side effects:
  - a. Movement disorder (extrapyramidal side effects, tardive dyskinesia, akathisia)
  - b. Metabolic (BP, weight, glucose, lipids)
  - c. Signs of hyperprolactinemia
- Ongoing discussions with patient and family

## 10 Special Situations

- Clinicians should be prepared to proactively address situations that may arise such as pregnancy, travel, moving, medication coverage, age (transfer to geriatric services from adult or to adult from child psychiatry) etc., which may lead to a change or interruption in therapy.