
Preface

It is a far too frequent occurrence that patients with schizophrenia don't respond adequately or return to function using current pharmacological and non-pharmacological treatment approaches. As schizophrenia is fundamentally characterized by recurrent relapses, the extent to which a refractory treatment status represents a *de novo*, more severe form of psychosis or occurs in evolution over the course of a deteriorative illness is a fundamental consideration. Biological studies reveal a range of deficits and support, at least in part, the proposition that treatment-refractoriness worsens over time. Our field has struggled about when to introduce clozapine, the gold-standard antipsychotic medication for treatment-refractory schizophrenia, and at present this "drug of choice" is more often than not introduced too late in the course of illness. One reason for this is the highly variable efficacy of other antipsychotics in people where one anti-psychotic has already failed, with the sequential availability of each new antipsychotic seeming to relegate clozapine's position even further away from its use in early illness.

Once clozapine is tried, a proportion of patients will inevitably have an unsatisfactory outcome and how best to next treat these patients remains subject to clinical debate. A range of adjunctive medication strategies has been tried with variable success. The coming on line of new neuromodulatory approaches (e.g., repetitive transcranial magnetic stimulation) has provided more treatment options as well as renewed interest in the role of electroconvulsive therapy in this patient population. Cognitive and vocational approaches represent another avenue to bolster improved outcomes. Families play a fundamental role in advancing better outcomes in patients with recalcitrant schizophrenia. Unfortunately, one consequence of chronic and inadequately treated active psychosis is the propensity for poorer social outcomes. This remains a real source of concern, emphasizing just how far we have yet to travel on the journey toward effective, comprehensive, and well-integrated care for people with severe schizophrenia. Perhaps the emergence of pharmacogenetic approaches to individualized care might "move the dial" further toward better individual outcomes.

This book, with thirteen authoritative chapters by leading experts from across the globe, provides a timely overview of the current options for treatment of most severely ill patients with schizophrenia and a peek into future possibilities.

The book is clinically focused, with a view to helping the clinician apply the latest research evidence in both neurobiology and psychology to clinical practice. The content is wide-ranging, covering current pharmacological approaches to treatment nonresponse and treatment intolerance, various emerging add-on approaches, and a range of cognitive and psychosocial treatments. The contributors are highly regarded experts who have taken a translational approach, melding clinical experience with cutting-edge research to provide readers with an invaluable book on the fundamental aspects of clinical care for refractory schizophrenia.

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A Clinical Conundrum

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