Psychosis — Recognition & Treatment

First-episode psychosis needs same-day referral to EPPIC

CLINICAL PATHWAY

All first-episode psychosis needs same-day referral to an early psychosis service (e.g. EPPIC). First-line antipsychotic choice now favours aripiprazole, brexpiprazole, cariprazine or lurasidone for their cardiometabolic profile; clozapine after 2 failed trials.

RECOGNISING ACUTE PSYCHOSIS

- **Positive symptoms:** hallucinations (auditory more than visual), delusions, thought disorder, bizarre behaviour
- **Negative symptoms:** flat affect, social withdrawal, amotivation, poverty of speech
- **Cognitive symptoms:** disorganisation, poor concentration, impaired memory, reduced executive function
- **Prodrome:** subtle social withdrawal, declining function, sleep change — over weeks to months
- **Red flags:** self-neglect, command hallucinations, paranoid delusions about specific people, catatonia

FIRST-LINE ANTIPSYCHOTICS

Selected for cardiometabolic profile, per the RANZCP/ANZJP 2026 GRADE guideline.

1	**Aripiprazole:** D2 partial agonist — lowest weight gain among the options, PBS-funded; watch for akathisia and insomnia
2	**Brexpiprazole:** D2 partial agonist — newer, generally well tolerated; watch for akathisia and (lesser) weight gain
3	**Cariprazine:** D2/D3 partial agonist — relatively favoured for negative symptoms; watch for akathisia and extrapyramidal symptoms
4	**Lurasidone:** D2 antagonist — low weight gain, but must be taken with food (around 350 calories) for adequate absorption; watch for akathisia

OTHER OPTIONS

- **Risperidone:** older first-line option, available as a long-acting injectable — watch for hyperprolactinaemia and extrapyramidal symptoms
- **Olanzapine:** often highly effective, but carries higher metabolic risk — consider co-commencing metformin; watch for weight gain, dyslipidaemia and type 2 diabetes
- **Quetiapine:** sedating, sometimes used off-label for sleep or anxiety — watch for sedation, metabolic effects and postural hypotension

■ SAFETY

- All antipsychotics carry cardiometabolic risk — check baseline weight, BP, glucose and lipids before starting, whichever agent is chosen
- Olanzapine and clozapine carry the highest metabolic risk — consider co-commencing metformin from the outset
- Lurasidone needs food (around 350 calories) for adequate absorption — counsel patients explicitly, or efficacy may be reduced

■ RED FLAGS / REFER

- First-episode psychosis, any presentation → refer to an early psychosis service (e.g. EPPIC) the same day
- Self-harm risk, harm to others, or command hallucinations → same-day Crisis Assessment and Treatment Team (CATT) or ED
- No response after 2 adequate antipsychotic trials → clozapine work-up via psychiatry

For health-professional use. Framework: RANZCP/ANZJP GRADE Schizophrenia Guideline (Suetani et al, 2026).
Companion sheet: MH-04B Antipsychotics — Monitoring & Side Effects.