



Treatment of Schizophrenia in Elderly Patients

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LITERATURE REVIEW

RESUMO

Introdução: O tratamento da esquizofrenia em pacientes idosos representa um desafio clínico significativo devido às particularidades da doença nessa faixa etária. A esquizofrenia é um transtorno mental crônico caracterizado por distúrbios profundos no pensamento, emoções e comportamento. Em pacientes idosos, a doença pode manifestar-se de forma mais complexa, com agravamento dos sintomas psicóticos e deterioração cognitiva que afeta negativamente a qualidade de vida. A interação entre o envelhecimento e a esquizofrenia demanda uma abordagem terapêutica adaptada às necessidades específicas dos idosos, considerando comorbidades, polimedicação e efeitos adversos dos tratamentos. **Objetivo:** O objetivo da revisão sistemática foi avaliar as estratégias de tratamento da esquizofrenia em pacientes idosos, examinando a eficácia e a segurança das intervenções terapêuticas disponíveis, bem como as particularidades do manejo clínico nesta população. **Metodologia:** A revisão sistemática foi conduzida com base no checklist PRISMA, utilizando as bases de dados PubMed, Scielo e Web of Science. Foram empregados cinco descritores principais: "esquizofrenia", "idosos", "tratamento", "terapia antipsicótica" e "eficácia". Artigos publicados nos últimos 10 anos foram incluídos. Os critérios de inclusão foram: estudos focados em pacientes com 65 anos ou mais diagnosticados com esquizofrenia, artigos que abordavam intervenções terapêuticas específicas e estudos que reportavam resultados clínicos quantificáveis. Os critérios de exclusão foram: artigos que não diferenciavam a faixa etária dos participantes, estudos sem dados originais ou que não incluíam pacientes idosos e publicações que não abordavam diretamente o tratamento da esquizofrenia. **Resultados:** Os resultados indicaram que o tratamento da esquizofrenia em idosos frequentemente envolveu o uso de antipsicóticos atípicos, que são preferidos devido ao perfil de efeitos colaterais mais favorável em comparação com antipsicóticos típicos. No entanto, a eficácia desses medicamentos pode ser reduzida em idosos devido à farmacocinética alterada e ao risco aumentado de efeitos adversos. A combinação de terapia psicossocial e suporte psicossocial mostrou-se benéfica para



melhorar a adesão ao tratamento e a qualidade de vida dos pacientes. A necessidade de um manejo individualizado e a consideração das comorbidades também foram destacadas. Conclusão: O tratamento da esquizofrenia em pacientes idosos exige uma abordagem personalizada que leve em conta as complexidades associadas ao envelhecimento. A escolha dos medicamentos deve ser cuidadosa, priorizando aqueles com menor risco de efeitos adversos. Além disso, a integração de estratégias psicossociais pode melhorar significativamente os resultados clínicos e a qualidade de vida desses pacientes. A contínua revisão das práticas e diretrizes é crucial para otimizar o cuidado e responder às necessidades desta população envelhecida.

Palavras-chave: esquizofrenia, idosos, tratamento, terapia, antipsicótica, eficácia.

Abstract:

Introduction: The treatment of schizophrenia in elderly patients presents a significant clinical challenge due to the disease's particularities in this age group. Schizophrenia is a chronic mental disorder characterized by profound disturbances in thought, emotions, and behavior. In elderly patients, the condition may manifest in a more complex manner, with exacerbation of psychotic symptoms and cognitive decline that negatively impacts quality of life. The interplay between aging and schizophrenia requires a therapeutic approach tailored to the specific needs of the elderly, considering comorbidities, polypharmacy, and adverse effects of treatments. **Objective:** The objective of the systematic review was to evaluate treatment strategies for schizophrenia in elderly patients, examining the effectiveness and safety of available therapeutic interventions, as well as the specific clinical management issues within this population. **Methodology:** The systematic review was conducted based on the PRISMA checklist, utilizing the databases PubMed, Scielo, and Web of Science. Five main descriptors were used: "schizophrenia," "elderly," "treatment," "antipsychotic therapy," and "effectiveness." Articles published in the last 10 years were included. Inclusion criteria were: studies focused on patients aged 65 and older diagnosed with schizophrenia, articles addressing specific therapeutic interventions, and studies reporting quantifiable clinical outcomes. Exclusion criteria were: articles that did not differentiate the age group of participants, studies without original data or that did not include elderly patients, and publications that did not directly address schizophrenia treatment. **Results:** The results indicated that treatment for schizophrenia in the elderly frequently involved the use of atypical antipsychotics, which are preferred due to their more favorable side effect profile compared to typical antipsychotics. However, the effectiveness of these medications may be reduced in the elderly due to altered pharmacokinetics and increased risk of adverse effects. The combination of psychosocial therapy and support proved beneficial in improving treatment adherence and quality of life for patients. The need for individualized management and consideration of comorbidities were also highlighted. **Conclusion:** Treatment of schizophrenia in elderly patients requires a personalized approach that accounts for the complexities associated with aging. Medication choices should be made cautiously, prioritizing those with a lower risk of adverse effects. Additionally, integrating psychosocial strategies can significantly improve clinical outcomes and quality of life for these patients. Ongoing review of practices and guidelines is crucial for optimizing care and addressing the needs of this aging population.



Keywords: schizophrenia, elderly, treatment, antipsychotic therapy e effectiveness

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INTRODUCTION:

The treatment of schizophrenia in elderly patients presents specific challenges that are highlighted by the unique characteristics of this population. The choice and adjustment of medications are crucial for the effective management of the disease. As patients age, there are significant changes in the pharmacokinetics and pharmacodynamics of medications. This means that the body processes and eliminates drugs differently, which can affect both the efficacy and safety of treatment. Atypical antipsychotics are often preferred for these patients, as they tend to have more favorable side effect profiles compared to typical antipsychotics. However, it is essential to adjust the dosage and closely monitor adverse effects, as sensitivity to these effects may be increased in older age.

Moreover, managing comorbidities is an essential consideration in the treatment of schizophrenia in the elderly. This age group is often marked by the presence of multiple concurrent health conditions, such as hypertension, diabetes, and cardiovascular diseases. These comorbidities can complicate treatment, making the choice of medications even more challenging. An integrated approach is necessary, taking into account not only the symptoms of schizophrenia but also how coexisting conditions interact with antipsychotic treatment. Treatment must be carefully coordinated to ensure that comorbidities are managed appropriately and that the risk of adverse effects is minimized. Therefore, effective management requires a comprehensive view of the patient's overall health, tailoring treatment strategies to address all of their health needs.

In treating schizophrenia in elderly patients, managing adverse effects is a crucial issue due to the high likelihood of intensified adverse reactions in this age group. With the use of antipsychotics, many elderly individuals face issues such as excessive sedation, increased risk of falls, and neuromuscular disturbances, which can significantly impact quality of life and functionality. Constant monitoring and adaptation of the therapeutic regimen are essential to minimize these risks, ensuring that the benefits of treatment outweigh the negative effects. Ongoing patient evaluation allows for appropriate medication adjustments and identification of potential problems before they become severe.



The integration of psychosocial approaches into treatment is equally vital. Psychosocial therapy, including interventions such as cognitive-behavioral therapy and psychosocial support, provides essential support for the mental and emotional well-being of patients. These strategies help improve treatment adherence and provide tools to cope with the everyday challenges posed by schizophrenia. Including psychosocial support facilitates patients' adaptation to treatment and promotes a more holistic approach to disease management, which can significantly enhance quality of life.

Personalizing treatment is a key aspect of optimizing outcomes in elderly patients with schizophrenia. Each individual has a unique response profile to treatment, which should be considered when formulating a therapeutic plan. Personalization involves adjusting medication options based on the patient's clinical history, previous responses to treatments, and personal preferences. This approach ensures that treatment is tailored to the specific needs of each patient, improving overall efficacy and promoting more effective disease management. Individualization of treatment is crucial to effectively address the complexities that arise with aging and schizophrenia.

METHODOLOGY

The methodology of the systematic review strictly followed the PRISMA checklist to ensure transparency and quality in the selection and analysis of studies. The search was conducted in the PubMed, Scielo, and Web of Science databases, using five main descriptors: "schizophrenia," "elderly," "treatment," "antipsychotic therapy," and "efficacy." The aim was to identify and review the most relevant literature on the treatment of schizophrenia in elderly patients, focusing on the efficacy and safety of therapeutic interventions.

Inclusion criteria were defined to ensure the relevance and quality of the selected studies. Articles specifically addressing patients aged 65 or older diagnosed with schizophrenia were included. The selected studies needed to report specific therapeutic interventions and provide original data on the efficacy and safety of treatments. Additionally, only articles published in the last 10 years were considered to ensure that the information was current and reflected recent

advancements in the field.

Exclusion criteria were applied to filter out studies that did not meet the established parameters. Articles that did not clearly differentiate the age group of participants, thus preventing a specific analysis for the elderly, were excluded. Studies that did not present original data, such as conference abstracts or non-systematic reviews, were also excluded. Furthermore, works that did not focus directly on the treatment of schizophrenia but on other comorbid conditions or peripheral topics were disregarded. Articles lacking relevant information on the efficacy and safety of treatments were similarly excluded to maintain the relevance and depth of the analysis.

After applying these criteria, the selected studies were reviewed in detail to extract and synthesize relevant data on treatment strategies for schizophrenia in elderly patients. The process of selecting and reviewing studies adhered to the principles established by the PRISMA checklist to ensure the robustness and accuracy of the systematic review.

The aim of the systematic review is to evaluate treatment strategies for schizophrenia in elderly patients by examining the efficacy and safety of available therapeutic interventions. The review seeks to identify and analyze current approaches, including medication selection, management of adverse effects, and the integration of psychosocial therapies. Additionally, it aims to understand how these strategies are adapted to the specific needs of the elderly population, with a focus on improving quality of life and treatment adherence. The review aims to provide a comprehensive and updated overview of best practices and gaps in the management of schizophrenia in the elderly.

RESULTS

The selection of medications for the treatment of schizophrenia in elderly patients is a crucial step that requires meticulous consideration due to the specific characteristics of this age group. Atypical antipsychotics frequently stand out as the preferred option, as they present more favorable side effect profiles compared

to typical antipsychotics. Atypical antipsychotics, such as quetiapine, olanzapine, and risperidone, are known for having a lower risk of causing extrapyramidal side effects, such as tremors and muscle rigidity, which are particularly problematic for elderly patients. These side effects, when present, can compromise the mobility and overall functionality of patients, increasing the risk of falls and fractures.

Furthermore, atypical antipsychotics tend to have a gentler impact on cognitive functions and concentration abilities, which is essential for preserving the quality of life of elderly individuals who often face age-related cognitive deficits. However, the choice of antipsychotic should always be personalized, considering the specific clinical conditions of each patient as well as the presence of comorbidities. Additionally, it is imperative to periodically assess the efficacy and side effects of medications, adjusting therapy as needed to optimize treatment and minimize risks.

Adjusting the dosage of antipsychotic medications represents a fundamental aspect of managing schizophrenia in elderly patients due to the physiological changes that occur with aging. The pharmacokinetics and pharmacodynamics of medications are substantially altered as individuals age, which can influence how drugs are metabolized and eliminated by the body. Such changes can result in increased drug exposure and, consequently, a higher likelihood of adverse effects. For example, slower metabolism may lead to higher plasma levels, intensifying side effects and toxicity.

Consequently, dosage adjustment should be performed with extreme caution, often starting with lower doses and gradually adjusting as needed. This process requires careful monitoring of patient responses and adverse effects. Ongoing evaluation allows for dosage adaptation to maintain therapeutic efficacy while minimizing associated risks. Thus, a cautious approach to dosage adjustment is essential to ensure safe and effective treatment, reflecting the complexity of managing schizophrenia in elderly patients and the need for a personalized approach.

Monitoring adverse effects is a crucial aspect of treating schizophrenia in elderly patients, as this population exhibits increased susceptibility to unwanted reactions. Antipsychotic medications, especially typical antipsychotics and even



some atypical ones, often induce side effects that can be exacerbated with advancing age. Common issues include excessive sedation and neuromuscular disorders, such as tremors and muscle rigidity, which can significantly impact mobility and quality of life. Excessive sedation, for example, can lead to decreased functional capacity and an increased risk of falls, which is particularly dangerous for the elderly.

Moreover, constant vigilance allows for the early detection of severe adverse effects, such as changes in heart rhythm and metabolic disorders, which are more prevalent in this age group. Regular monitoring includes detailed clinical evaluations and laboratory tests to detect any changes in liver and kidney function, as these functions may be compromised with aging. This preventive approach not only enhances treatment safety but also helps in adjusting therapies to maintain an appropriate balance between efficacy and risk. Therefore, rigorous monitoring is essential for adjusting antipsychotic therapy and ensuring that benefits outweigh potential negative effects.

Managing comorbidities is a fundamental consideration in the treatment of schizophrenia in elderly patients, given that the presence of multiple health conditions can significantly complicate the therapeutic approach. Commonly, elderly individuals have conditions such as hypertension, diabetes, and cardiovascular diseases that require concurrent treatment. The interaction between these treatments can potentially alter the efficacy of antipsychotics and increase the risk of adverse effects. For instance, some medications used to treat comorbidities may interact with antipsychotics, affecting their metabolism and, consequently, the efficacy and safety of the treatment.

Additionally, an integrated approach is imperative, considering all of the patient's health conditions. This involves careful coordination among different healthcare professionals to ensure that therapies for comorbidities do not negatively interfere with schizophrenia treatment. Effective management of comorbidities also requires a continuous review of therapeutic strategies, adapting them according to the patient's needs and responses. In summary, addressing comorbidities efficiently and in a coordinated manner is vital for providing holistic treatment and optimizing clinical outcomes for elderly patients with schizophrenia.



The integration of psychosocial therapies into the treatment of schizophrenia in elderly patients plays a crucial role in promoting mental and emotional well-being. Psychosocial interventions, such as cognitive-behavioral therapy (CBT) and psychosocial support, offer complementary approaches to antipsychotic medications, aiming to improve treatment adherence and quality of life. Cognitive-behavioral therapy is particularly valuable as it helps patients recognize and modify dysfunctional thought patterns and harmful behaviors, contributing to a reduction in psychotic symptoms and overall functionality. This type of therapy is tailored to consider the specific cognitive and emotional needs of elderly individuals, facilitating a personalized and effective approach.

Additionally, psychosocial support, which can include support groups and family interventions, is crucial in helping patients cope with the daily challenges imposed by schizophrenia. These interventions provide a supportive social and emotional environment, fostering a sense of belonging and reducing the stigma associated with the illness. Including family members and caregivers in the therapeutic process is also fundamental, as it strengthens the support network and improves communication and understanding of the patient's needs. Thus, integrating these psychosocial approaches complements medication treatment, providing a more holistic and comprehensive strategy for managing schizophrenia in the elderly.

CONCLUSION

The conclusion about the treatment of schizophrenia in elderly patients reveals that a tailored therapeutic approach is essential to optimize clinical outcomes and quality of life. Scientific studies have demonstrated that atypical antipsychotics emerge as the preferred option for treating schizophrenia in the elderly, due to their more favorable side effect profiles compared to typical antipsychotics. Medications such as quetiapine, olanzapine, and risperidone have shown a lower risk of extrapyramidal side effects, such as tremors and muscle rigidity, which are particularly problematic for older patients. The reduced incidence of these effects significantly contributes to preserving mobility and overall functionality, critical factors in reducing the risk of falls and fractures in the elderly.

Moreover, atypical antipsychotics have been shown to have a less adverse



impact on cognitive functions and concentration, which is essential for maintaining the quality of life in elderly patients, who are often affected by age-related cognitive deficits. The choice of antipsychotic should be individualized, considering not only the specific clinical conditions of each patient but also the presence of comorbidities that can complicate treatment. Studies have suggested that ongoing evaluation of medication efficacy and side effects is crucial for adjusting therapy as needed and minimizing risks.

Adjusting the dosage of antipsychotics was also identified as a critical aspect due to physiological changes that occur with aging. The pharmacokinetics and pharmacodynamics of medications change with age, resulting in increased drug exposure and a higher likelihood of adverse effects. Therefore, the recommended practice involved starting treatment with lower doses and gradually adjusting them, while closely monitoring patient responses and adverse effects.

Another important point highlighted was the management of comorbidities. Elderly patients often have conditions such as hypertension, diabetes, and cardiovascular diseases that can interfere with the efficacy of antipsychotics and increase the risk of adverse effects. The interaction between medications for treating these comorbidities and antipsychotics requires a coordinated approach among different healthcare professionals to ensure that treatments for comorbidities do not negatively impact schizophrenia treatment.

The integration of psychosocial therapies also emerged as a vital component of treatment, with interventions such as cognitive-behavioral therapy and psychosocial support offering complementary benefits to antipsychotic medications. These approaches help improve treatment adherence and quality of life by addressing not only psychiatric symptoms but also functional and social dimensions of the patients' lives.

In summary, the treatment of schizophrenia in elderly patients requires a multifaceted approach, considering careful medication choices, precise dosage adjustments, effective management of comorbidities, and integration of psychosocial therapies. The continuous adaptation of therapeutic strategies, based on the latest scientific evidence, is crucial to optimizing the management of schizophrenia in this specific population.

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