**Standard Protocol**

The NICE guidelines suggest that an atypical antipsychotic, such as aripiprazole, be prescribed, working up the dose over 4-6 weeks (a therapeutic trial). If the first drug is successful, the patient would be sustained on it 1-2 years post first episode, 1-5 years after first relapse, >5 years in multi-episode individuals (Hasan, 2013). Atypical antipsychotics are a first line treatment rather than typical medications due to their reduced side effect profile, specifically the decrease of extrapyradimal side effects. However, there is no agreed upon consensus for which drug to start with, so this is dictated by pt history.

If the drug is ineffective, a second atypical antipsychotic may be tried for a therapeutic trial. If this too fails, the psychosis is considered to be treatment resistant. However, before resorting to refractory treatment, adherence is questioned. Due to the high rates of non-compliance with medications, a home treatment team may be enlisted to ensure compliance (under the Mental Health Act) or a depot may be considered.

**Refractory Treatment**

Due to the high side effect profile of refractory treatment, it is not uncommon for a prescriber to first trial additional antipsychotics after the first 2 trials. In fact, there is typically a span of 4 years