

**MINISTRY OF HEALTH CLINICAL PRACTICE GUIDELINES: SCHIZOPHRENIA**

Verma S, Chan L L, Chee K S, Chen H, Chin S A, Chong S A, Chua W, Fones C, Fung D, Khoo C L, Kwek S K D, Ling J, Poh P, Sim K, Tan B L, Tan C, Tan C H, Tan L L, Tay W K

Singapore Med J 2011; 52(7): 521-526

The correct print version on page 524 is as follows:

**GPP** For all patients on clozapine, clinicians should have their full blood count monitored weekly for the first 18 weeks and monthly thereafter (pg 16).

**GPP**

**D** Electroconvulsive therapy should be considered for patients who have not responded to an adequate trial of antipsychotics and for patients with life-threatening symptoms such as catatonia and prominent depressive symptoms (pg 16).

**Grade D, Level 3**

**A** Electroconvulsive therapy should not be prescribed as first-line treatment or monotherapy in schizophrenia (pg 17).

**Grade A, Level 1+**

**Adjunctive medications**

**A** Antidepressants should be considered when depressive symptoms emerge during the stable phase of schizophrenia (post-psychotic depression) (pg 18).

**Grade A, Level 1+**

**D** Antidepressants should be used at the same dose as for treatment of major depressive disorder (pg 18).

**Grade D, Level 4**

**A** Anticholinergic agents have been shown to be effective in reducing the severity of antipsychotic-induced extrapyramidal side effects and may be prescribed to patients experiencing these side effects (pg 19).

**Grade A, Level 1+**

**Editor's note:** The corrected version is available online at: <http://smj.sma.org.sg/5207/5207cpg1.pdf>