There are many myths around serious mental illness (SMI) that are not always accurate. Let’s take a look at some myths around SMI and psychopharmacology.

**MYTH vs FACT**

### You Should Not Prescribe Clozapine Until All Other Medications Have Failed

**MYTH**

Do not think of clozapine as a last-resort option. The APA Practice Guideline for Treatment of Patients with Schizophrenia recommends clozapine for these situations:

- a patient shows no or minimal response to two antipsychotic medications at an adequate dose.
- the risk of suicide attempts or suicide remains substantial despite other treatments.
- the risk for aggressive behavior remains high despite other treatments.

**FACT**

There are many myths around serious mental illness (SMI) that are not always accurate. Let’s take a look at some myths around SMI and psychopharmacology.

### Weight Gain from Antipsychotics is a Side Effect That Cannot Be Treated

**MYTH**

There are options to help manage this side effect!

**FACT**

Some medications have higher risk for weight gain than others. Simply switch from a higher-risk medication to one with a lower risk. Among second-generation agents, aripiprazole, brexpiprazole, lurasidone, and ziprasidone are lower risk.

There are other approaches that can be helpful:

- Nutritional counseling
- Exercise
- Cognitive-behavioral therapy

Finally, you can augment with medications that can be helpful for weight gain. The best studied option is metformin.

### Long-Acting Injectable Antipsychotics Are Only For People Who Are Nonadherent

**MYTH**

Even if adherence is not a problem, some patients prefer long-acting injectable (LAI) antipsychotic medications.

**FACT**

In fact, some find LAIs to be more convenient because they don’t need to remember to take a pill every day. Studies across different settings show that LAIs can prevent relapse. This includes people who experience first episode psychosis.

Clinicians can discuss LAIs in the context of a shared decision-making approach. You can:

- Inform your patients about long-acting formulations.
- Discuss the available advantages and disadvantages.
- Let patients make the best decision for themselves.

### You Should Not Prescribe Antidepressants to Individuals Who Have Bipolar Disorder

**MYTH**

This happens when they are combined with mood stabilizers or atypical antipsychotics for bipolar depression. However, in general this is not considered a first line strategy.

**FACT**

When you add antidepressants to antudip mood stabilizers or atypical antipsychotics, the risk of treatment-emergent affective switch is similar to placebo in the short-term.

You should avoid antidepressants:

- in people who have a history of antidepressant-induced mania or hypomania.
- for those with recent rapid cycling.
- for those with current mixed features.
- as monotherapy for people with Bipolar I disorder.