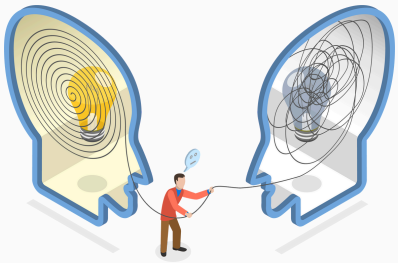
TWO BIRDS, ONE STONE – A POTENTIAL TREATMENT STRATEGY FOR SCHIZOPHRENIA AND CO-OCCURRING SUBSTANCE USE

BY JAZLYNN BAILEY AND MADELEINE FOARD



What if a single medication could treat two health conditions at once? A recent multi-site clinical trial, led by UMass Mind and involving three other academic centers—Massachusetts General Hospital, the University of North Carolina at Chapel Hill, and Augusta University— explored this idea. The study examined the potential benefits of brexpiprazole (Rexulti), an FDA-approved antipsychotic medication, in patients with both schizophrenia and active substance use.

People with schizophrenia often report high levels of substance use, which significantly affects their physical, mental, and social well-being. Many turn to drugs or alcohol for the same reasons as anyone else: to feel good, relax, or socialize. Substances can also temporarily mask or reduce schizophrenia symptoms, a pattern known as "self-medicating." The co-occurrence of schizophrenia and substance use, called "dual diagnosis," is associated with increased risks of relapse and hospitalization, increased support needs, and poorer quality of life[1].

In clinical settings, mental health care and substance treatment are often provided separately because there is no integrated care model to address these issues. Many patients receive treatment for only one condition, resulting in poor adherence to their treatment plans. Only about 12% of patients with dual diagnoses are treated for both conditions.

Brexpiprazole is a newer antipsychotic medication commonly prescribed for schizophrenia and major depressive disorder. It works by balancing dopamine and serotonin activity in the brain, which can help reduce paranoia and hallucinations, as well as stabilize mood. Since previous studies have linked similar medications to decreased substance use, we hypothesized that brexpiprazole may also help lower cravings and substance use behaviors, making it a potential treatment for both schizophrenia and drug addiction.

To assess this "two birds, one stone" concept, we conducted a randomized controlled trial to see if brexpiprazole could reduce both psychiatric symptoms and substance use.

Engaging patients with schizophrenia and active substance use in research was difficult, and the COVID-19 pandemic made recruitment even more challenging. We are very grateful for the help from many clinical colleagues at the UMass site who referred their patients to participate, including Sarah Langenfeld, MD, Madhusmita Dhakal, MD, Ursula Makrum, APRN, and Caitlin McElwee, APRN, among others.

A total of 39 participants were randomly assigned to either continue their current antipsychotic medication ("treatment as usual") or switch to brexpiprazole for the 12-week study period. Substance use behavior data were collected during weekly check-in visits, while psychiatric assessments occurred at baseline, week 6, and week 12. As the first randomized, controlled pilot trial testing brexpiprazole in this dual-diagnosis population, the results were preliminary but promising. Patients on brexpiprazole reported using fewer substances, experienced fewer cravings, and by the end of the study, spent an average of $33 less per week on drugs and alcohol compared to those on standard treatment. Equally important, participants on brexpiprazole described noticeable improvements in their quality of life, along with a modest decrease in psychiatric symptoms.

While more research is necessary, this trial represents a significant step toward bridging the gap between mental health care and substance treatment. What started as the question "What if one treatment could address two conditions?" is now supported by some initial findings, which were published on October 13, 2025 in the Journal of Clinical Psychiatry[2]. Click **here** to access the article.

References:

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2. Fan X, Freudenreich O, L. Fredrik Jarskog, McEvoy J, Harrington A. Brexpiprazole for the treatment of co-occurring schizophrenia and substance use disorder: a multisite, randomized, controlled trial. *The Journal of Clinical Psychiatry.* 2025;86(4). doi: https://doi.org/10.4088/jcp.25m15786