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**PHARMACOTHERAPY OF SCHIZOPHRENIA FROM CHLORPROMAZINE TILL RISPERDAL CONSTA**

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Schizophrenia is a severe and enduring mental illness which affects around 1% of any adult population. It affects both sexes equally. Schizophrenia is a lifelong condition with repeated relapses.

The discovery of the phenothiazines transformed treatment of schizophrenia from institutional bases to community bases.

Oral conventional antipsychotics provided more freedom for patients but created more problems with regards to side effects and compliance. These problems necessitated the development of the depot antipsychotics which guaranteed that patients take the drugs. Studies have demonstrated the superiority of injectable anti-psychotics.

The introduction of the atypical antipsychotics were another step forward in the battle against schizophrenia as they are less likely to produce extra-pyramidal side effects and this improves the outcome of the illness and compliance, again some patients refused to take the medication because of lack of insight and posed another challenge.

The introduction of long acting injectable risperidone (RLAI) was another step forward as it shown to improve compliance and clinical outcome, some patients prefer it to oral medication, many find regular contact with community psychiatric nurses beneficial. It also reduces the possibility of overdose.

RLAI over the past few years have improved clinical outcome of schizophrenia by improving cognitive performance and patient quality of life. Having said that RLAI has less favourable outcome in patients suffering from treatment resistant schizophrenia and for those patients clozapine remains the gold standard drug.