Article: 1835
Topic: 69 - Schizophrenia

ANTIPSYCHOTICS FOR SCHIZOPHRENIA: TOO LITTLE PROGRESS AFTER 50 YEARS?

R. Hunter[1]*, S. Barry*[2]*, T. Gaughan*[3]

[1]PsyRING, Institute of Neuroscience & Psychology, University of Glasgow, [2]Robertson Centre for Biostatistics, University of Glasgow, [3]Pharmacy & Prescribing Support Unit, NHS Greater Glasgow & Clyde, Gartnavel Royal Hospital, Glasgow, UK

Introduction: All antipsychotics act via dopaminergic receptor antagonism. This pharmacology is shared by all first (FGA) & second (SGA) generation antipsychotics. We reviewed the efficacy & safety of all antipsychotics in clinical use for *BMJ Clinical Evidence* (Barry et al 2012).

Methods & questions: Our paper summarises key results from this systematic review based on comprehensive literature search of the Medline, Embase, Cochrane Library, and other databases including safety information from the FDA and MHRA in UK. The main clinical questions of interest were: *What is the efficacy of drug treatments for positive, negative, or cognitive symptoms of schizophrenia? How effective are treatments for people with schizophrenia resistant to standard antipsychotic drugs?*

Results: We found 51 systematic reviews, RCTs, or observational studies that met our inclusion/quality criteria and performed GRADE analysis to assess quality of evidence. Key results are presented for efficacy & safety for: amisulpiride, chlorpromazine, clozapine, depot haloperidol, haloperidol, olanzapine, pimozide, quetiapine, risperidone, sulpiride, ziprasidone, zotepine, aripiprazole, sertindole, paliperidone, flupentixol, depot flupentixol, zuclopenthixol, depot zuclopenthixol, and clozapine.

Discussion: The evidence for some 'standard' treatments is surprisingly weak. Up to 1/3 -1/2 of patients fail to respond to currently available antipsychotics, and all antipsychotics cause side effects in most people. This downbeat conclusion is not surprising, given clinical experience and the common mechanism of action of all antipsychotics. More efficacious antipsychotic medication will only be developed from understanding the biological pathogenesis of schizophrenia.

Barry S, Gaughin T, and Hunter R. Schizophrenia. BMJ Clinical Evidence 13 July 2012. http://clinicalevidence.bmj.com/x/systematic-review/1007/overview.html.

https://doi.org/10.1016/S0924-9338(13)76799-3 Published online by Cambridge University Press