

LONG-TERM EFFICACY OF ANTIPSYCHOTICS IN SCHIZOPHRENIA: AN EVIDENCE-BASED APPROACH

Cesario Bellantuono

Psychiatric Clinic
University of Verona

The main findings from long-term studies focusing on “real world” evaluation of new and old generation antipsychotics (APs) in the maintenance phase of schizophrenia will be briefly summarized.

In particular, the results of the most representative effectiveness studies (pragmatic trials), such as SOHO, CATIE, CUtLESS, conducted in the last years to establish potential differences in the efficacy, tolerability and compliance of traditional drugs with respect to the second generation AP will be summarized. It will be also discussed the methodological aspects related to the scientific reliability of these studies and their relevance for the routine clinical practice.

Finally, the recommendations emerging from the most recent international Guidelines (mainly APA 2004, NICE 2005, RANZCP, 2005 WFSBP 2006) on the long-term drug treatment and AP of schizophrenic patients will be presented.

The basic recommendations emerging from the above-mentioned Guidelines are essentially the following:

- APs are an essential strategy to prevent psychotic relapses in schizophrenic patients;
- treatment duration should be individualized to the single patient;
- lifetime treatments are indicated in presence of “persistent” psychotic symptoms;
- maintenance therapy is essential to warrant also psychosocial interventions;
- second generation APs offer greater advantages in terms of tolerability (mainly EPS and tardive dyskinesia) and efficacy, particularly on the negative, cognitive and depressive symptoms of schizophrenia;
- clozapine remains the AP of choice in patients “non responders” to at least two previous treatments with new or traditional drugs;
- it is better to avoid the combination of APs, except for “resistant” or “poor responder” patients;