ACUTE TREATMENT OF SCHIZOPHRENIA: OLD PROBLEMS NEW PERSPECTIVES

A.C. Altamura

Professor of Psychiatry, University of Milan, Hospital Luigi Sacco

The pharmacotherapy of Schizophrenic Disorders represents an area characterized by a continuing attempt to optimize the results of treatment efforts. The choice of a particular medication is a complex and multidimensional process, determined by the patient's psychopathological profile, his sensitivity to side-effects and the individual response. The treatment aim of the acute phase is the control of psychotic symptoms such as delusional ideation, hallucinations, purposeless behavior with self desctructive or aggressive patterns (1). With respect to the choice of the antipsychotic agent consensus panel recommendation and guidelines differ markedly (2). The pharmacological treatment of Schizophrenia have been greatly expanded with the availability of the atypical antipsychotics: these compounds have a broader profile in efficacy as compared with the traditional ones, they produce fewer extrapyramidal side-effects and increase medication adherence for patients (3). However although studies indicated that the atypical drugs are similar to neuroleptics in reducing psychotic symptoms and produce fewer neurological side-effects, the evidence of their superior efficacy has been neither consistent nor robust, with the exception of clozapine, which repeatedly has been effective in resistant schizophrenic patients. These newer agents appear more efficacious in reducing negative symptoms, but results of studies on cognitive impairment and mood symptoms have been inconclusive. Moreover, the safety advantages of atypicals have been questioned because of their propensity to induce weight gain and alter glucose and lipid metabolism, with the exception of amisulpride. The presentation will be focused on a revision of the literature concerning this topic, considering that despite data are inconclusive, the use of new compounds has led to substantial progress towards a better overall management of the disorder, a better insight into its bio-pathogenetic mechanisms and more awareness and understanding of the main clinical requirements capable of influencing its oucome of schizophrenia.

References

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