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Do Atypical Antipsychotics Differ in Determining Long-term Outcome of First Episode Schizophrenia? A Naturalistic Outcome Study in India

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Do Atypical Antipsychotics Differ in Determining Long-term Outcome of First Episode Schizophrenia? A Naturalistic Outcome Study in India

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INTRODUCTION

• Antipsychotic medications form the mainstream of treatment in schizophrenia
• These drugs have several short term as well long term advantage
• It is not known if atypical antipsychotics have the long-term effect in improving outcome and meeting expectations (1,2,3)
• The present study examined usage and association of antipsychotics drugs with clinical outcome a long-term naturalistic study

METHODS AND MATERIALS

• First episode hospitalized schizophrenia patients (diagnosed according to DSM-IIIR criteria) were followed for ten years
• After ten years, diagnosis was re-confirmed (using DSM-IV criteria) and outcome was assessed
• Outcome was assessed using Clinical Global Impression Scale (CGIS)
• CGIS scores were correlated with key antipsychotic drug used in preceding 12 months.

RESULTS

• Only 62.6% improved significantly in a cohort of 101 patients at ten years
• 85% patients were maintained on atypical antipsychotics
• 55% patients were on monotherapy
• 25% on two or more antipsychotics, including a combinations two atypicals (18%)

Percentage usage pattern and per day mean dosage in mg were:
• 23% (295 mg) for clozapine
• 7.4% (5.3 mg) for risperidone
• 7.6% (17.6) for olanzapine
• 10.4 % (558 mg) for quetiapine
• 23.8% (16 mg) for aripiprazole
• 5.7% (112 mg) for ziprasidone

No significant difference was observed between the patients who showed clinical recovery on CGIS amongst different atypical antipsychotics

CONCLUSIONS

• Antipsychotics alone do not determine good outcome
• The pathway of care for good outcome possibly includes non-drug factors
• More research is required regarding therapeutics determinants of ‘good outcome’ in first episode schizophrenia in long term for clinical recovery

REFERENCES


AFFILIATIONS

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