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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

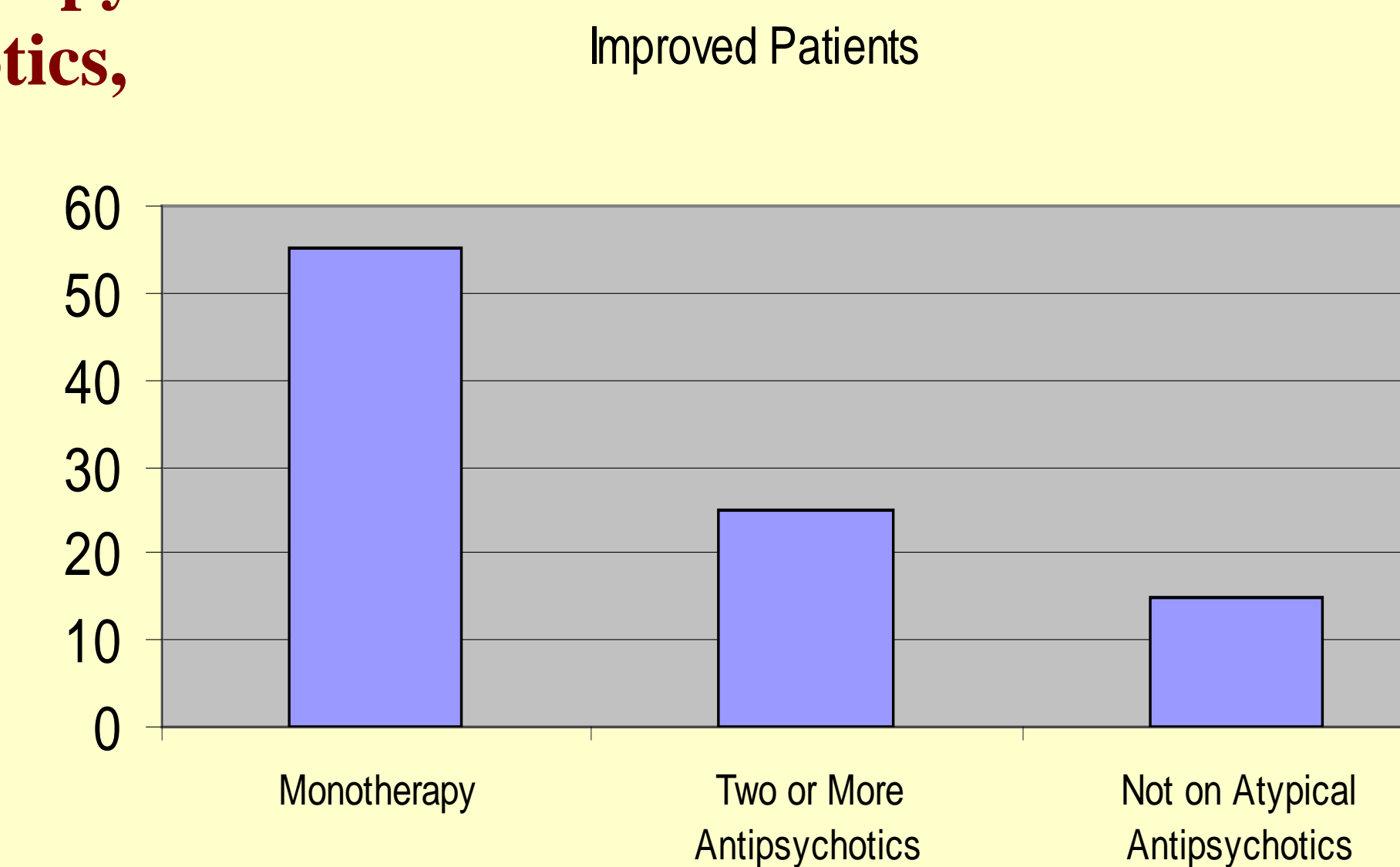
METHODS AND MATERIALS

- First episode hospitalized schizophrenia patients (diagnosed according to DSM-III-R 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

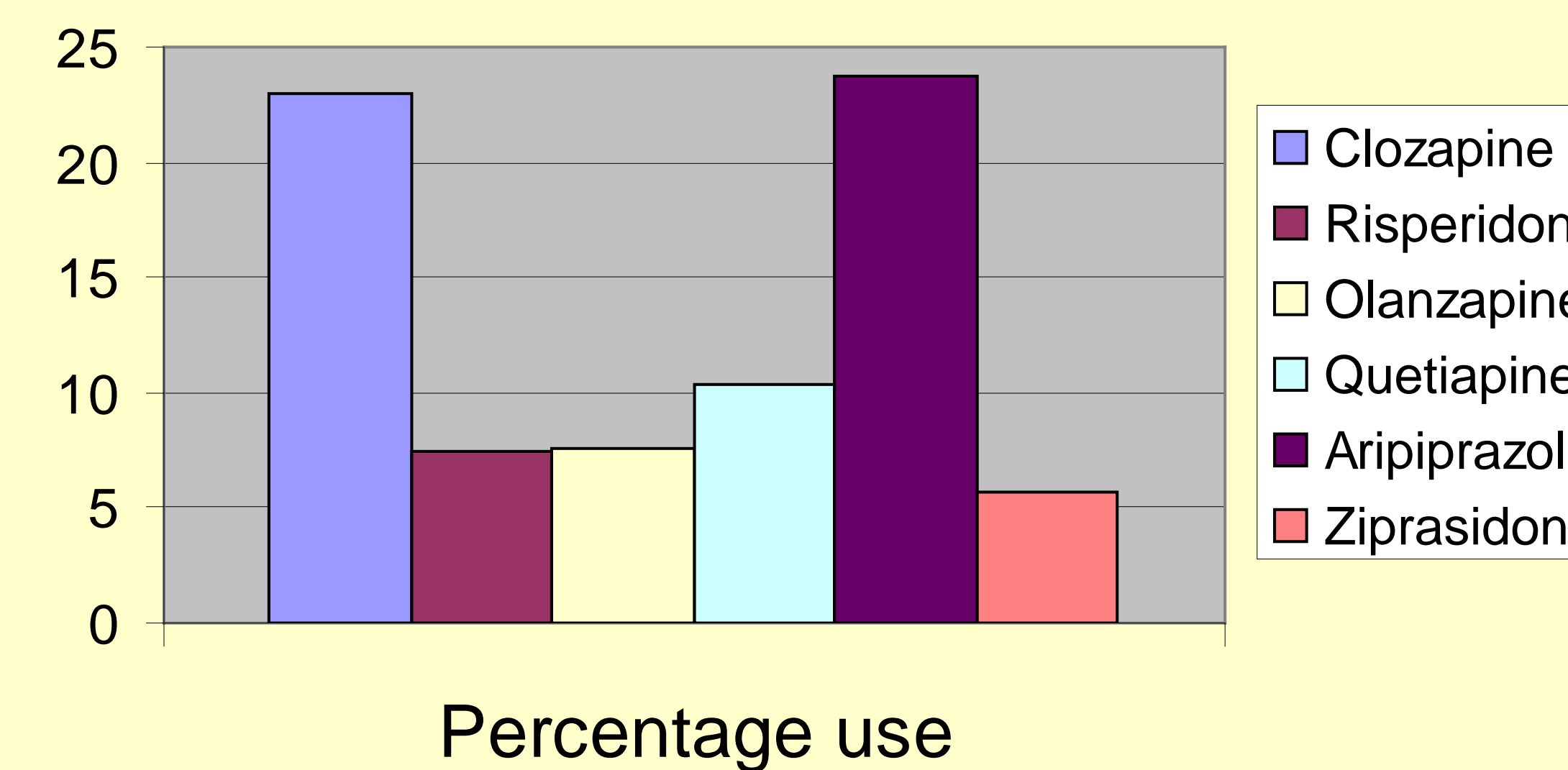
- 55% patients were on monotherapy
- 25% on two or more antipsychotics, including a combinations two atypicals (18%)



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

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