CLINICAL PRACTICE GUIDELINES FOR SCHIZOPHRENIA: WHAT’S NEW?

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Schizophrenia – the illness

Incapacitating brain disease

- Inferential thinking
- Perception
- Language & communication
- Motor function
- Emotions
- Conation
SCHIZOPHRENIA – THE COSTS

- Schizophrenia is arguably the worst disease affecting humankind, costly in both social and financial terms.
  Aronson SM, 1997

- Schizophrenia is the most costly illness that psychiatrists treat.
  Andreasen, 1991

- It imposes a disproportionately large burden on patients and their families, health care systems and society, because of its early onset, devastating effects, and usually lifelong course.
  Glazer & Johnstone, 1997
Remission in Schizophrenia
PHARMACOLOGIC TREATMENT OF SCHIZOPHRENIA

Typical Antipsychotics
- Phenothiazines
- Thioxanthenes
- Butyrophenones
- Benzamides

Atypical Antipsychotics
- Risperidone
- Olanzapine
- Quetiapine
- Ziprasidone
- Aripiprazole

Clozapine

50s 60s 70s 80s 90s 00s 03

Effectiveness of Antipsychotic Drugs in Patients with Chronic Schizophrenia

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ABSTRACT

BACKGROUND

The relative effectiveness of second-generation (typical) antipsychotic drugs as compared with that of older agents has been incompletely addressed, though newer agents are currently used far more commonly. We compared a first-generation antipsychotic, perphenazine, with two newer drugs, in a double-blind study.

METHODS

A total of 1489 patients with schizophrenia were recruited at 57 U.S. sites and randomly assigned to receive olanzapine (7.5 to 30 mg per day), perphenazine (6 to 32 mg per day), quetiapine (200 to 800 mg per day), or risperidone (0.5 to 6.0 mg per day) for up to 18 months. Ziprasidone (400 to 160 mg per day) was included after its approval by the Food and Drug Administration. The primary aim was to delineate differences in the overall effectiveness of these five treatments.

RESULTS

Overall, 74 percent of patients discontinued the study medication before 18 months (1304 of 1765 patients who received at least one dose). 64 percent of those assigned to olanzapine, 75 percent of those assigned to perphenazine, 82 percent of those assigned to quetiapine, 74 percent of those assigned to risperidone, and 79 percent of those assigned to ziprasidone. The times to the discontinuation of treatment for any cause was significantly longer in the olanzapine group than in the placebo group (P<0.001), or risperidone (P=0.002) group, but not in the perphenazine (P=0.02) or ziprasidone (P=0.026) group. The times to discontinuation because of intolerable side effects were similar among the groups, but the rates differed (P<0.001). Olanzapine was associated with more discontinuation for weight gain or metabolic effects, and perphenazine was associated with more discontinuation for extrapyramidal effects.

CONCLUSIONS

The majority of patients in each group discontinued their assigned treatment owing to inefficacy or intolerable side effects or for other reasons. Olanzapine was the most effective in terms of the rates of discontinuation, and the efficacy of the conventional antipsychotic agent, perphenazine, appeared similar to that of quetiapine, risperidone, and ziprasidone. Olanzapine was associated with greater weight gain and increases in measures of glucose and lipid metabolism.
DISCONTINUATION : ANY CAUSE

Major finding: 74% patients discontinued treatment
i.e. substantial limitations in the effectiveness of oral antipsychotics

Randomized Controlled Trial of the Effect on Quality of Life of Second- vs First-Generation Antipsychotic Drugs in Schizophrenia Cost Utility of the Latest Antipsychotic Drugs in Schizophrenia Study (CUtLASS 1)

Peter B. Jones, MD, PhD; Thomas R. E. Barnes, MD, DSc; Linda Davies, MSc; Graham Dunn, PhD; Helen Lloyd, BA; Karen P. Hayhurst, MSc; Robin M. Murray, MD, DSc; Alison Markwick, BA; Shôn W. Lewis, MD

Arch Gen Psychiatry. 2006;63:1079-1087
Our conclusion must be that first-generation drugs, if carefully prescribed, are as good as most second-generation drugs in many if not most patients with established schizophrenia. This is good news as it increases the range of choices of antipsychotic drugs. Careful prescribing of first-generation antipsychotics means using lower doses than was often done in the past and avoiding high-potency drugs. Clozapine clearly remains an important drug where others have failed.
Effectiveness of antipsychotic drugs in first-episode schizophrenia and schizophreniform disorder: an open randomised clinical trial

Prof René S Kahn MD

Interpretation
We cannot conclude that second-generation drugs are more efficacious than is haloperidol, since discontinuation rates are not necessarily consistent with symptomatic improvement.
METABOLIC SYNDROME

OBESITY

Insulin resistance/
Type 2 diabetes

Dyslipidaemia
Hypertriglyceridaemia
↑ HDL
↑ LDL

Hypertension

CARDIOVASCULAR & CEREBROVASCULAR DISEASE

Impaired glucose tolerance/ Type 2 diabetes

Newcomer A. CNS Drugs 2005;Suppl 1:1-93
Integrating pharmacological and psychosocial treatments for schizophrenia


Objective: The objective of this study was to develop principles of combining pharmacological and psychosocial treatment that can be useful for clinicians who are treating patients with schizophrenia.

Method: Research studies in schizophrenia that controlled both pharmacological and psychosocial treatments were reviewed. These included studies using conventional and newer antipsychotics as well as a number of psychosocial methods.

Results: The interactions between the forms of treatment appear to be more than merely additive, since each can enhance the effects of the other. Drug and psychosocial treatments may affect different outcome domains, with the former affecting symptoms and the later affecting social outcomes. Recent studies using newer antipsychotics suggest that these agents improve the participation of patients in psychosocial treatments.

Conclusion: Understanding the interactions between psychosocial and pharmacological treatments can be useful for clinicians who are developing treatment strategies for patients with schizophrenia. Newer agents with different side-effect profiles and broader effectiveness appear to have improved the outcomes of psychosocial treatments.
PSYCHOSOCIAL: FAMILY INTERVENTION

• Family intervention in the area of psychoeducation has consistently shown to reduce relapse rates: individualized or group settings.

• Systemic Family Therapy has been shown to be useful in terms of improved clinical course and better compliance.
PSYCHOSOCIAL: PSYCHOLOGICAL THERAPIES

- Individual and group psychological therapy can be helpful in addressing the impact of the illness.

- CBT in particular has been shown to be useful in addressing unhelpful patterns of thinking and behaving, thereby reducing severity of positive and negative symptoms and improving overall functioning.
PSYCHOSOCIAL: SUPPORTED EMPLOYMENT

• Psychiatric rehabilitation programmes are very useful in enhancing vocational skills

• Studies have shown that supported employment are associated with increased job placement and tenure rates
PSYCHOSOCIAL: CRT

- Cognitive Remediation can improve neurocognitive functioning

- It is more effective if provided within a framework of a psychiatric rehabilitation programme with a functional goal in mind.
PSYCHOSOCIAL: ACT

- Assertive community treatment consists of case management and community-based interventions administered by multi-disciplinary team.
- Patients with high rates of relapse should be referred to ACT.
- This has shown to result in reducing length of hospitalisations as well as optimise social and occupational functioning.
SCHIZOPHRENIA AND PREGNANCY
MANAGEMENT OF STABLE PATIENTS IN THE COMMUNITY

• GP partnership programme:
  an integrated network of collaboration between mental health workers and GPs for the management of patients with chronic but stable psychiatric disorders as well as individuals with minor psychiatric disorders

• Graduate Diploma in Mental Health
MENTAL HEALTH ADVOCACY

Nuts & Bolts of Advocacy

Self Advocacy
Individual Advocacy
Group Advocacy
Systems Advocacy

Legal Advocacy
Peer Advocacy
Thank you