Schizophrenia


A 2009 update by Dixon, Perkins, & Calmes (2009) highlights key research studies published since 2004:

- With regard to pharmacotherapy, there have been several important randomized trials of antipsychotics.
  - *For chronic schizophrenia*, trials include the National Institute of Mental Health (NIMH) Clinical Antipsychotic Trial for Intervention Effectiveness (CATIE) and the United Kingdom–funded Cost Utility of the Latest Antipsychotics in Schizophrenia (CUTLASS).
  - *For first-episode schizophrenia*, there are two industry-funded trials, the European First Episode Schizophrenia Trial (EUFEST)—funded by AstraZeneca, Pfizer, and Sanofi-Aventis—and the Comparison of Atypicals for First Episode Schizophrenia (CAFE)—funded by AstraZeneca. For early-onset schizophrenia, there is one trial, the NIMH-funded Treatment of Early-Onset Schizophrenia Spectrum Disorders (TEOSS).
  - These trials point to a reconsideration of treatment with the antipsychotics perphenazine and molindone and by extension other first-generation antipsychotics, with the possible exception of haloperidol, for which some trials have shown greater rates of extrapyramidal side effects or less favorable clinical response (2). In addition, a recent population-based cohort study (3) that encompassed 11 years of follow-up showed decreased rates of mortality with perphenazine as compared with other first- and second-generation antipsychotic agents; only clozapine use was associated with lower rates of overall mortality.
  - In addition, randomized controlled trials have demonstrated the safety and efficacy of a new antipsychotic, paliperidone, leading to its approval by the U.S. Food and Drug Administration (FDA). Several controlled clinical trials have investigated treatments to prevent or treat antipsychotic-related weight gain and metabolic changes. Additionally, there have been promising clinical trials of bupropion and behavioral interventions to reduce smoking in schizophrenia patients.
  - With regard to psychosocial treatments, new studies lend some additional support to the treatments recommended in the 2004 guideline. In addition, combinations of treatments have begun to be tested to enhance supported employment and social skills training. An evidence base has developed for interventions for obesity and for smoking cessation. There also has been continued study of cognitive remediation and peer support and peer-delivered services, which have the potential to play a useful role in recovery.

The 2009 update is available at: http://psychiatryonline.org/content.aspx?bookid=49&aid=501001

References

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