

## ASSESSING THE CRITICAL ISSUES OF ATYPICAL ANTIPSYCHOTICS IN SCHIZOPHRENIC INPATIENTS

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### SUMMARY

*Antipsychotics are effective in reducing positive and disorganization symptoms of schizophrenia. Although SGAs initially all were believed to be more efficacious and tolerable than FGAs, several data show that the SGAs are no more effective than FGAs. In clinical practice, frequent switching of antipsychotic medications is widespread for lack of efficacy, adverse side effects, and partial or not-compliance response. This study suggested that most clinically stable inpatients with schizophrenia maintain their remission states after being switched to another atypical antipsychotic; but that at the end (after 20 years) of the observation period of our study, 11.54% of the patients assumed again typical antipsychotics (haloperidol).*

**Key words:** *schizophrenic spectrum – atypical antipsychotics – switching therapy*

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### BACKGROUND

Schizophrenia is a debilitating disease, ranked among the top 20 causes of disability worldwide (Vos 2010). Numerous studies have demonstrated more efficacy, tolerability of atypical than typical antipsychotics in schizophrenic patients. Evidence suggests that although second-generation atypical antipsychotics (SGAs) have a similar efficacy to first-generation typical antipsychotic agents (FGAs), they are more favourable in terms of tolerability, especially about extrapyramidal symptoms (Murray 2017). However, the question of which antipsychotic drug should be preferred for treatment of the disease is controversial. Despite their proven efficacy and tolerability, in many patients clinicians switch several antipsychotic treatments due to the lack of therapeutic response (Kane 2012, Barak 2012). Meta-analyses generally do not support efficacy differences among the other atypical antipsychotics compared with the older typical agents. Some studies emphasise that the differences in efficacy among drugs were small, and smaller overall than those for side-effects (Keating 2017, Leucht 2013). Antipsychotics differ substantially in side-effects, and small but robust differences were seen in efficacy. Adverse effects have a significant impact on quality of life and adherence to medication and residual symptoms have an impact on quality of life too (Haro 2014). In daily clinical practice, frequent switching of antipsychotic medications is widespread for this aim. There are several reasons for switching, including a partial or complete lack of efficacy, adverse side effects, and partial or not-compliance with medication (Correl 2011). Many physicians begin to switch antipsychotics with the original intention to discontinue the drug, but, eventually, continue with more drugs.

However, owing to the diverse receptor profile of antipsychotics, it may be observed many adverse events when switching medications and clinicians should be cautious and closely monitor patients for potential adverse events during the switch (Su 2012). Several new atypical antipsychotics are now available; increasing clinical experience can provide study to long-time (Citrome 2012). We performed this study to determine the maintenance, effectiveness and tolerability of antipsychotics demonstrated in a 20-years study comparing atypical vs typical antipsychotics in schizophrenic in/outpatients.

### OBJECTIVE AND METHOD

The aim of our observational study has been to determine the maintenance, effectiveness and tolerability of antipsychotics in a 20-years period, comparing atypical (SGAs) vs typical (FGAs) antipsychotics in schizophrenic in/outpatients. This study has been the extension of our previous switching studies (Franza 2012, Franza 2006).

Observational study in 78 inpatients with schizophrenia or schizoaffective disorder (DSM-IV and subsequently DSM-IV-TR and DSM 5) was observed for the first time in 1996 in Neuropsychiatric Centre "Villa dei Pini", Avellino, Italy. Subsequently, those patients were evaluated clinically until 2016 in an observational 'clinical routine' setting and in practice office. Data were collected for effectiveness, remission, side effects, and compared to switching among antipsychotics (from haloperidol to clozapine/risperidone/olanzapine/quetiapine/aripiprazole and/or back). At baseline all 78 inpatients took haloperidol.