

Oral presentation

Antipsychotic therapy: from meta-analysis experience to real-world clinical practice

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It is well known that some algorithms recommend second-generation antipsychotics as first line treatment. Such recommendations are based on side-effect advantages and on efficacy differences between first-generation (FGAs) and second-generation antipsychotics (SGAs). Meta-analysis, which has been widely used in the medical ground over the last decade, is a valuable tool to combine results from several independent studies and, not only to draw conclusions or evidence about a controversial field, but also to serve as a process to solve disagreements among studies. Therefore, summarizing the data from randomized controlled trials and viewing it in a clinical framework seems to serve as a useful and effective framework-guide in the daily clinical practice. However, controversial results of systematic reviews and meta-analysis often offer nothing more than equivocate guidelines and usually leave clinicians to decide on their own about which of these results is the most appropriate for an optimal individualized clinical intervention and which is the least. Aripiprazole, a newly first dopamine D₂ receptor partial agonist, in a number of short-term trials has shown to significantly reduce the negative and positive symptoms of schizophrenia. Comparison of meta-analysis of mean change in plasma prolactin, EPS, QTC prolongation and somnolence level of aripiprazole with haloperidol, risperidone and olanzapine ended in favor of aripiprazole. We are going to review clinicians' data from clinical trials on the efficacy and tolerability of the newer antipsychotics. Clinicians can incorporate such data in their real-world clinical practice for an effective and quality strategic treatment approach.