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## The long term treatment of schizophrenia: effect on patients lives

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For the great majority of patients with schizophrenia, the disorder shows a marked tendency towards recurrence. Although some patients experience only one acute episode and show few enduring deficits, for many, the reality is of recurrent acute symptoms and persisting deficits in the cognitive and psycho-social domains.

When selecting antipsychotic agents, clinicians need to have regard for the long-term nature of the schizophrenic illness. Whilst acute episodes may often prove relatively straightforward to treat, the practical difficulties involved in establishing the patient on a satisfactory longer-term treatment are more substantial. A major difficulty is that many patients remain dissatisfied with their treatment; in turn, this contributes to the high rates of non-compliance and of relapse.

Although the new generation, or atypical, antipsychotics have now been commercially available for almost a decade, it is unfortunate that the great majority of data concerns only the short-term treatment of the acute disorder. The extent to which data from short-term, RCTs can be generalised to everyday clinical practice has been questioned. Whilst, with the exception of clozapine, these studies tend to indicate that, in this context, the newer antipsychotic agents are of similar efficacy in the treatment of acute psychosis, these studies indicate, nonetheless, that there may be considerable differences between agents, in terms of side effect profile. In particular, there is evidence of clinically-important differences between agents in domains such as the liability to induce EPS, hyperprolactinaemia or weight gain.

There have now been a number of studies in which the effectiveness of the newer antipsychotics has been investigated, for periods of six months or more. Some of these studies have adopted a naturalistic design, in order to bet-

ter provide an insight into effectiveness in the 'real-world' setting. Nonetheless, all such studies have limitations, the implications of which need to be understood by the practising clinician.

A major difficulty with many of the longer term studies of antipsychotics in schizophrenia has been the substantial drop-out from treatment, which has been observed with all antipsychotic agents. In part, of course, this illustrates the practical difficulties many patients experience, in finding a treatment that suits them. The high drop-out rate makes it difficult to reliably estimate relative efficacy from these studies. Despite these limitations, however, the newer studies provide further clear guidance on the likely side effect profiles of the newer antipsychotics.

Although traditionally not an area of great interest to researchers, there are now studies examining the ways in which the new antipsychotics are perceived by the patients themselves. When guiding patients in the choice of treatments for schizophrenia, clinicians need to take full advantage of all of these forms of data.