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The implications of relapses on the evolution of schizophrenia. How to prevent them?

Stefan Leucht*

Address: Department of Psychiatry and Psychotherapy, Technische Universitaet Muenchen, Germany

* Corresponding author

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Although effective medication for the symptoms of schizophrenia is available, many patients relapse, even those who have only had one episode of the disorder. In the preatypical antipsychotics era researchers tried a) to identify minimum doses of conventional antipsychotics to provide optimum relapse prevention with a minimum of neurological side effects and b) studied intermittent therapy to decrease antipsychotic drug load. Unfortunately, both treatment strategies failed, because continuous treatment with moderate doses of conventional antipsychotic drugs was more effective than either low-dose strategies or intermittent treatment. Given that the 'atypical' antipsychotics have a lower risk for motor side-effects their introduction has raised major hopes in improved compliance and as a consequence reduced rates of relapse. Meta-analyses have shown that the new compounds have a potential to reduce relapse rates and the incidence of tardive dyskinesia, although methodological issues remain. Since in many countries the 'atypical' antipsychotics are now the mainstay of treatment, a current question is whether there are efficacy differences between the new compounds. This notion is supported by preliminary evidence, but further trials are needed. More research in the development in effective psychosocial interventions is also urgently needed and first results on the new concept of 'shared decision making' will be presented.