

Oral presentation

## Informed pharmacotherapy of psychosis: carrying research results to everyday clinical practice

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The advent of second generation antipsychotic drugs is nowadays considered as a hallmark in the history of psychopharmacology. The clinician treating psychotic disorders is today “backed” by guidelines which present as a first choice drug one belonging to the group of second generation antipsychotics. Certainly the so called “second generation group antipsychotics” present a dauntly interesting side effects profile, where compared with the conventional antipsychotic group, notably on aspects such as EPS, higher efficacy in the treatment of negative symptoms and raise hopes in coping with an alleged cognitive deficit related with the psychotic disorder. Yet the first enthusiasm with which clinicians encompassed the use of the “group” soon gave place to a certain skepticism. Side effects such as weight gain, diabetes and dyslipidemia, previously neglected in clinical practice and absent in clinical literature started to concern clinicians in relation with the use of the “new” drugs.

The new field of concern about the so called “metabolic” side effects of the new antipsychotic drugs, sometimes referred under the label “metabolic syndrome” becomes more obscure by several questions which still remaining open. First, there is preliminary evidence that such side effects do not apply to the same degree to the “second generation antipsychotics” as a group but there are considerable within the group differences. Second, the relation to the conventional antipsychotics with metabolic side effects is characterized by a striking lack of relevant literature and research. Third, the psychotic procedure and direct metabolic consequences have never been answered in a satisfactory way.

Even the relatively newly introduced concept of the “metabolic syndrome” has recently been under scientific scrutiny. It represents a real syndrome per se, or a mere cluster

of individual risk factors and finally a “construction”? On the other hand relevant studies give good evidence that a large percentage of psychiatrists in their everyday practice refrain from a more detailed examination of the general medical condition of their patients. Perhaps such an attitude is rooted in a long standing mentality of psychiatrists that “medical problems” are concerns and should be referred to general physicians.

The vicious circle raising from such attitudes, given the fact that psychotic patients for reasons directly related with their illness, have less access and obtain less medical attention than the general population, led several scientific associations to propose recommendations addressing the psychiatric community. Such recommendations refer mainly to the long term side effects of the “new” antipsychotic drugs in the hope that such alert will lead to a more comprehensive monitoring of the psychotic population.