Atypical Antipsychotics: Combination and High-Dose Treatment Strategies in Adolescents and Adults with Schizophrenia

CADTH Project in Brief

Condition

Schizophrenia is a chronic mental illness that requires lifelong treatment. Symptoms are hallucinations, delusions, cognitive impairment, disorganized thoughts, social withdrawal, and lack of motivation. Its worldwide prevalence is 0.5 to 1.5% — with about 1% of the Canadian population affected.

Drugs

Antipsychotic medications are the cornerstone of treatment for schizophrenia. Most of these fall into one of two classes:

- Typical antipsychotics (first generation)
- Atypical antipsychotics (AAP; second generation).

Issue

Around one-third of patients with schizophrenia have a poor response to treatment with an antipsychotic. Although not recommended in most clinical practice guidelines, other strategies may be tried, in an attempt to improve response to treatment. These may include prescribing an atypical antipsychotic at a dose higher than that recommended (high-dose AAP treatment strategy) or prescribing an atypical antipsychotic in combination with another antipsychotic medication (combination AAP treatment strategy). But are these strategies safe and effective?

Methods

An expert panel made optimal use recommendations on high-dose and combination AAP therapy based on:

- A systematic review and meta-analysis of the evidence
- A review of the current utilization data.

An analysis of current practice helped to identify gaps in knowledge and practice and will inform knowledge mobilization activities.

Key Messages

When a patient with schizophrenia is not adequately responsive to an antipsychotic agent:

- Increasing the dose (within the recommended range), or <u>switching</u> to a different antipsychotic agent is recommended — switching to clozapine should be considered as an option.
- <u>High-dose strategies</u> or <u>combining</u> atypical antipsychotic drugs with other antipsychotic agents are not known to be more effective and may be more harmful than treatment with a recommended dose of one antipsychotic agent.

Results

No clinically significant improvements were found favouring combination or high-dose AAP treatment strategies when compared with standard-dose therapy with one atypical antipsychotic.

For complete reports and intervention tools on this topic, please visit www.cadth.ca

DISCLAIMER: The information in this Project in Brief is intended to help health care decision-makers, patients, health care professionals, health systems leaders, and policy-makers make well-informed decisions and thereby improve the quality of health care services. The information in this Project in Brief should not be used as a substitute for the application of clinical judgment in respect of the care of a particular patient or other professional judgment in any decision-making process nor is it intended to replace professional medical advice. While CADTH has taken care in the preparation of the Project in Brief to ensure that its contents are accurate, complete, and up-to-date, CADTH does not make any guarantee to that effect. CADTH is not responsible for any errors or omissions or injury, loss, or damage arising from or as a result of the use (or misuse) of any information contained in or implied by the information in this Project in Brief.

CADTH takes sole responsibility for the final form and content of this Project in Brief. The statements, conclusions, and views expressed herein do not necessarily represent the view of Health Canada or any provincial or territorial government. Production of this Project in Brief is made possible through a financial contribution from Health Canada.