



<b>Title</b>	<b>A Systematic Review of Atypical Antipsychotic Drugs in Schizophrenia</b>
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<b>Reference</b>	Health Technol Assess 2003;7(13). June 2003. <a href="http://www.ncchta.org/execsumm/summ713.htm">www.ncchta.org/execsumm/summ713.htm</a>

## Aim

To compare clinical effectiveness, safety, and cost effectiveness of 'atypical' antipsychotic drugs in schizophrenia with conventional antipsychotic drugs, placebo, and other atypical antipsychotic drugs.

## Conclusions and results

The review included 171 RCTs, of which 28 included commercial-in-confidence data from drug manufacturers. Additional safety data were found in 52 nonrandomized studies, of which 7 were commercial-in-confidence. In addition to 31 published economic evaluations, 6 were commercial-in-confidence evaluations. Evidence on the effectiveness of new atypical antipsychotic drugs, compared to older drugs, was generally of poor quality. Evidence on the effectiveness of new atypical antipsychotic drugs compared to each other was limited, as was evidence on their cost effectiveness in the UK compared to each other and to older drugs. Risperidone, amisulpride, zotepine, olanzapine, and clozapine were more effective than typical comparators in relieving overall schizophrenia symptoms. Quetiapine and sertindole were no more or less effective than typical antipsychotic drugs in alleviating overall psychosis symptoms. Fewer subjects from atypical drug groups left trials early than from typical drug groups (exceptions were ziprasidone and zotepine). Atypical drugs showed different side-effect profiles. Differences among atypical antipsychotic drugs were observed: 1) More people taking amisulpride, compared to risperidone, reported 'agitation'. 2) Fewer people treated with clozapine, compared to risperidone, reported movement disorders, impotence, dry mouth, or insomnia. 3) Fewer people treated with olanzapine, compared to clozapine, reported nausea and vomiting, orthostatic dizziness, hypersalivation, and constipation. 4) Compared with olanzapine or risperidone, clozapine caused more fatigue, nausea and vomiting, excess salivation, tachycardia, orthostatic dizziness, constipation, and leucocytosis. 5) Olanzapine caused more weight gain and dry mouth than risperidone, but fewer movement disorders. 6) Quetiapine seemed more likely to improve

depression than risperidone. 7) Zotepine seemed more likely to cause movement disorders than clozapine or risperidone. 8) Amisulpride may be more effective than risperidone in terms of 'response'. Clozapine was more effective than typical antipsychotic drugs in treating those with treatment-resistant illness. Clozapine was more effective than typical antipsychotic drugs in improving negative symptoms when illnesses resisted conventional treatment. Zotepine seemed to be more effective on negative symptoms.

## Recommendations

Evidence on the effectiveness of new atypical antipsychotic drugs was generally of poor quality, based on short-term trials, and difficult to generalize to the schizophrenia population.

## Methods

Cochrane reviews were updated with relevant randomized controlled trials (RCTs) from comprehensive literature searches. Search strategies aimed to retrieve RCTs on effectiveness of atypical antipsychotic drugs and nonrandomized studies of rare or long-term adverse events. Ongoing trial registers were also searched and the reference lists of retrieved papers scanned. A systematic review of cost effectiveness was based on the same sources. An economic model was constructed on data from the systematic review of clinical effectiveness.

## Further research/reviews required

Discussed in detail in the report.