

**Table 3. Category 3: Randomized Uncontrolled Trials (eg, methods of switching involving a single AP without a control group, studies that combined results of several different trials)**

Publication	Description of Trial	Switched From	Switched To	Duration	Outcomes Measured	Comments and Results
McEvoy et al. <i>J Clin Psychiatry</i> . 2013;74(2):170–179. <a href="#">doi PubMed</a>	Randomized, open-label, outpatient, multicenter, United States (N = 240)	Sedating (olanzapine or quetiapine) (n = 86) vs nonsedating (risperidone, aripiprazole, ziprasidone, paliperidone, iloperidone, asenapine, FGA) (n = 154)	Controlled method of discontinuing first medication while testing 3 strategies for starting lurasidone	6 wk	Time to treatment failure (insufficient clinical response, exacerbation of illness, or discontinuation due to adverse events)	No difference in outcomes based on 3 different switching strategies. Treatment failure rates 10/86 (11.6%) in those switching from sedating agent vs 9/154 (5.8%) in those switching from nonsedating agent
Weiden et al. Poster presented at the New Clinical Drug Evaluation Unit Annual Meeting; May 29–June 1, 2012. Phoenix, AZ	Randomized, open-label, multicenter	Olanzapine (n = 155), risperidone (n = 175), or aripiprazole (n = 170)	Iloperidone gradual (n = 240) vs immediate switch (n = 260)	12 wk	Efficacy, safety, and tolerability with gradual vs immediate switch	Improvement in symptoms and safety/tolerability from start of treatment, regardless of switch strategy. AE frequencies similar between groups but more patients discontinued due to adverse events in the immediate-switch group
Pae et al. <i>Clin Drug Investig</i> . 2010;30(3):187–193. <a href="#">doi PubMed</a>	Data from same study as Pae et al, 2009	APs to which patients (N = 77) had inadequate response or which they were unable to tolerate	Aripiprazole	12 wk	Predictors of worsening in first 4 wk after switch	Less severe baseline symptoms predicted worsening
Stip et al. <i>Prog Neuropsychopharmacol Biol Psychiatry</i> . 2010;34(6):997–1000. <a href="#">doi PubMed</a>	Randomized, open-label, outpatient, multisite, Canada	FGAs (N = 54)	Ziprasidone	6 wk	Effects of 3 different switching strategies on BPRS	Slow-taper associated with greater reductions in BPRS scores early on but no significant differences at endpoint
Byerly et al. <i>Schizophr Res</i> . 2009;107(2–3):218–222. <a href="#">doi PubMed</a>	Secondary analysis of data from Casey et al, 2003	Risperidone (n = 105) or olanzapine (n = 164)	Aripiprazole	8 wk	Prolactin levels, 3 switching strategies	Mean prolactin levels (olanzapine = normal, risperidone > normal range) decreased significantly ( $P < .001$ ) 1 wk after beginning aripiprazole (risperidone patients = normal range) and were maintained to wk 8 in all groups regardless of switching strategy
Pae et al. <i>Eur Neuropsychopharmacol</i> . 2009;19(8):562–570. <a href="#">doi PubMed</a>	Open-label, randomized, inpatient and outpatient, single site, Korea	APs to which patients (N = 77) had inadequate response or which they were unable to tolerate	Aripiprazole	12 wk	3 strategies for discontinuing previous AP	Tapering rather than abruptly discontinuing previous AP appears preferable to avoid early worsening of symptoms and premature discontinuation
Ryckmans et al. <i>Pharmacopsychiatry</i> . 2009;42(3):114–121. <a href="#">doi PubMed</a>	Randomized	Risperidone	Aripiprazole	12 wk	Effects of 2 different aripiprazole dosing strategies (fixed vs titrated)	No difference in AEs or efficacy measures between strategies
Ganguli et al. <i>BMC Med</i> . 2008;6(1):17. <a href="#">doi PubMed</a>	Randomized, open-label, rater-blinded, outpatient and inpatient, multicenter, United States	Olanzapine (N = 123)	Risperidone	6 wk	3 different strategies of discontinuing olanzapine	Gradual reduction over 2 wk associated with best treatment retention
Takeuchi et al. <i>J Clin Psychopharmacol</i> . 2008;28(5):540–543. <a href="#">doi PubMed</a>	Randomized, open-label, inpatient and outpatient, multicenter, Tokyo	Other antipsychotic (N = 53)	Aripiprazole	14 wk	2 switching strategies (continue both for 4 wk or taper 1st agent at once)	Both strategies acceptable
Weiden et al. <i>Neuropsychopharmacology</i> . 2008;33(5):985–994. <a href="#">doi PubMed</a>	Analysis of data from 3 open-label extension studies, outpatient, multicenter, United States	Risperidone (n = 43), olanzapine (n = 71), or FGAs (n = 71)	Ziprasidone	Maximum of 58 wk	Long-term changes in weight and plasma lipids	Clinically significant improvements in weight, BMI, total cholesterol, and TG when switched from risperidone or olanzapine but not FGAs to ziprasidone. Mean weight reductions from baseline to endpoint for patients previously treated with olanzapine (−9.8 kg [ $P < .001$ ]) and risperidone (−6.9 kg [ $P < .005$ ])
Casey et al. <i>Psychopharmacology (Berl)</i> . 2003;166(4):391–399. <a href="#">doi PubMed</a>	Randomized, open-label, outpatient, multicenter, United States	Few FGAs, mostly SGAs (N = 311)	Aripiprazole	8 wk	Effects of 3 different switching strategies	All 3 strategies equally effective
Weiden et al. (primary article) <i>J Clin Psychiatry</i> . 2003;64(5):580–588. <a href="#">doi PubMed</a>	Randomized, open-label, outpatient, multicenter, United States	FGAs (n = 108), olanzapine (n = 104), risperidone (n = 58) (1 trial with each group)	Ziprasidone	6 wk	Effects of 3 different switching strategies	All 3 strategies well tolerated; significant improvement at 6 wk in all groups

(continued)

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Publication	Description of Trial	Switched From	Switched To	Duration	Outcomes Measured	Comments and Results
Weiden et al. (health indices) <i>J Clin Psychopharmacol.</i> 2003;23(6):595–600. <a href="#">doi PubMed</a>	Data from same study as Weiden et al, 2003, primary article	1 trial with each group of patients on FGAs, olanzapine, or risperidone	Ziprasidone	6 wk	Health indices	Improved health indices consistent with pre-switch drug (significant weight loss when switched from olanzapine and some weight loss when switched from risperidone, EPS improved when switched from FGA or risperidone, decrease in prolactin levels in those switched from FGAs or risperidone)
Lee et al. <i>J Clin Psychiatry.</i> 2002;63(7):569–576. <a href="#">doi PubMed</a>	Randomized, open-label, inpatient and outpatient, multicenter, multinational	Current AP (N = 108)	Olanzapine	6 wk	Effects of 2 different switching strategies	Improvement in both groups; no difference between groups
Kinon et al. <i>J Clin Psychiatry.</i> 2000;61(11):833–840. <a href="#">doi PubMed</a>	Randomized, open-label, outpatients, multicenter, United States	FGAs or risperidone (N = 209)	Olanzapine	3 wk	Effects of 4 different switching strategies	Gradual discontinuation of first AP with initial full dose of olanzapine showed best efficacy and tolerability
Tollefson et al. <i>J Clin Psychopharmacol.</i> 1999;19(5):435–443. <a href="#">doi PubMed</a>	Randomized, double-blind, inpatient and outpatient, multicenter, United States	Clozapine	Placebo (n = 53) or olanzapine 10 mg (n = 53) for 3–5 d after abrupt discontinuation of clozapine, followed by 9 wk of open-label olanzapine in both groups	10 wk	Clozapine discontinuation syndrome	Statistically significantly more placebo-treated (24.5%) than olanzapine-treated (7.5%) patients experienced clozapine discontinuation symptoms, but both groups stable after 9 wk of olanzapine

Abbreviations: AE = adverse event, AP = antipsychotic, BMI = body mass index, BPRS = Brief Psychiatric Rating Scale, EPS = extrapyramidal side effects, FGA = first-generation antipsychotic, SGA = second-generation antipsychotic, TG = triglycerides.