

Conclusions

Learning From Our Patients: Key Issues in the Clinical Treatment of Schizophrenia From a Longitudinal Perspective

Jes Gerlach, M.D.

We have brought together in this supplement a series of articles reviewing the key issues and recent advances in the area of schizophrenia research. Physicians face the task of translating clinical evidence into clinical practice. To facilitate this process, each article was accompanied by one or more case histories illustrating the utility of the new atypical antipsychotic agent quetiapine (Seroquel). The case histories were prepared by practicing psychiatrists who have prescribed quetiapine for their schizophrenic patients. Quetiapine has been well received by both patients and their physicians, facilitating complementary psychosocial interventions and improving patients' insight into their disorder.

From the articles contained in this supplement, it is clear that the field of schizophrenia research has witnessed a number of significant advances in recent years. Recognition of the need to detect schizophrenia in its early, prodromal phase and the benefits of intervention during this "critical period" has the potential to drastically alter the long-term outcomes for many patients. The discovery of conventional antipsychotic agents has offered effective symptom relief, allowing patients to live more independent, fulfilling lives, and yet these agents remain far from ideal. Many patients receiving conventional antipsychotic therapy continue to experience persistent symptoms between acute episodes, and for a substantial proportion, their symptoms are resistant to treatment. In addition, the association of conventional antipsychotics with significant adverse effects, including extrapyramidal symptoms (EPS), has limited their use and compromised patient compliance. The development of the atypical antipsychotics, including clozapine, risperidone, olanzapine, and quetiapine, with their lower propensity to cause EPS, represents a real breakthrough for patients, offering them effective symptom relief without the added burden of EPS.

The most recently available atypical antipsychotic, quetiapine, is associated with no more EPS than placebo. This, coupled with its ability to effectively relieve both positive and negative symptoms and its potential to improve cognitive function, makes quetiapine an attractive first-line option for schizophrenic patients, whether they are young adults experiencing their first episode or older—even elderly—patients with a history of poor or partial response.

In conclusion, atypical antipsychotic agents such as quetiapine have the potential to offer schizophrenic patients effective symptom relief without the added burden of adverse effects such as EPS. Their use as first-line agents coupled with early detection programs has the potential to alter the long-term outcomes of schizophrenia, with personal and economic benefits that could extend to society as a whole.

From the St. Hans Hospital, Roskilde, Denmark.

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