Olanzapine Versus Haloperidol in the Treatment of Schizoaffective Disorder Acute and long-term Theropy
By: Pirre ;v. Tran, Gary D. Tollefson, Todd M. Sanger, Yili Lu, Paul H. Berg And Charles M. Beasley, Jr . Brit. *J. Psychiatry* 1999,174,15-22

Background: The effectiveness of antipsychotic mono therapy schizoaffictive disorder is limited, and further constrained by safety concerns.

Aims The anthors aimed to compare the efficacy, tolerability and safety profile of the new pharmaceutical, olanzapine, with haloperidol

Method: Data were assessed from 300 DSM-III- R schizoaffective subjects from a larger douple-blind prospective international study. Subjects were randomly allocated to six weeks of olanzapine (5-20 mg) or haloperidol (5-20 mg) treatment: responders were followed for up to one year of doubleblind, ;long-term maintenance therapy.

Results: Olanzapine-treated patients achieved a statistically significant greater improvement than haloperidol-treated patients on overall measures of efficacy, including clinical response. Significantly fewer olanzapine patients left the study early, and fewer adverse events were observed among those receiving olanzapine, During maintenance, olanzapine-treated patients continued to experience additional improvement. with fewer EPS but more weight gain than those on haloperidol

Conclusions: Olanzapine demonstrated substantial advantages over the conventional antipsychotic haloperidol in the management of schizoaffective disorder.

Randomised Double-Blind Comparison of the Incidence of Tardier Dyskinesia in Patients with Schizophrenia During Long-Term Treatment with Olanzapine or Haloperidol
By: Charles M. Beasley, Mary Anne Dellva, Roy N. Tamura, Hal Morgenstern, Willam M. Glazer, Kevin Ferguson and Gary D. Tollefson. Brit. *J. Psychiatry* 1999,174,23-30

Background: Tardive dyskinesia is important in the side-effect profile of antipsychotic medication.

Aims: The development of tardive dyskinesia was evaluated in patients treated with double-blind, randomly assigned olanzapine or haloperidol for up to 2.6 years.

Method: Tardive dyskinesia was assessed by the Abnormal Involuntary Movement Scale (AIMS) and RE search Diagnostic Criteria for Tardive Dyskinesia (RD-TD); it was defined as meeting RD-TD criteria at two consecutive assessments. The risk of tardive dyskinesia, the relative risk, incidence rate, and incidence rate ratio were estimate.

Results: The relative risk of tardive dyskinesia for the overall follow-up period for haloperidol (n=522) v. olanzapine (n=192) was 2.66 (95% CI=1.50-4.70). Based on data following the initial six weeks of observation (during which patients under went medication change and AIMS assessments as frequently as every three days), the one-year risk was 052% with olanzapine (n=513) and 7.45% with haloperidol (n=114). The relative risk throughout this follow-u period was 11.37 (95% CI=2.21-58.60)

Conclusions: The results indicated a significantly lower risk of tardive dyskinesia with olnazapine than with haloperidol.

Cognitive Disability and Direct care Costs for Elderly People By:Shane Kavanage and Martin Knapp Brit. *J. Psychiatry* 1999,174,539-546

Background: Population aging and the high costs of care support of elderly people have concentrated attention on economic issues. Is there an association between costs and cognitive disability?

Aims: To compare service utilization and direct costs for elderly people with different degrees of cognitive disability, and between people lining in households and in communal establishments.

Method: Secondary analysis of Office of Population Censuses and Survey (OPCS) Disability Surveys data compared service utilization and costs for 8736 elderly people with cognitive disability. Cost estimates were constructed for all health and social care services.

Results: A much greater proportion of people at hither levels of cognitive disability lived in communal establishments, where their (direct) costs were much higher tan when supported in households. Service utilization patterns and costs varied with cognitive disability.

Conclusions: It is important to look at the full range of living arrangements and support services when examining costs. The potential cost implications of pharmacotherapies, other treatments or new care arrangements cannot be appreciated without such broad perspective.

People at Risk of Schizophrenia Sample Characteristics of the First 100 Cases in the Edinburgh High-risk Study By: Ann Hodges, Majella Byrne, Elizapeth Grant And Eve Johnstone, Brit. J. Psychiatry, 1999, 147, 547-553

Background: The Edinburgh High-Risk Study is designed to explore the underlying pathogenesis of schizophrenia.

Aims: To establish the sample characteristics of the first 100 subjects in this study of young adults at risk of schizophrenia for genetic reason, and to compare them with appropriate controls.

Method: Details of the recruitment of the first 100 high-risk subjects aged 16-25 years into a prospective Scotland-wide study are given. Subjects and 30 age-and gender-matched normal controls were interviewed using the PSE, SADS-L and SIS and an unstructured psychiatric interview.

Results: Some significant differences emerged between the high-risk group and the control group, namely in previous psychiatric history (31v.6.3%), forensic contacts (19v. 31%), and delinquent behavior (20v. 3.1%) there were also differences in some parameters from the SIS: childhood social isolation, interpersonal sensitivity, social isolation, suicidal ideation, restricted affect, oddness and disordered speech.

Conclusions: These differences may represent increased risk of developing schizophrenia although their true significance will not be revealed until the cohort has been followed through the at-risk years.

Depressive Symptoms and Plan Switching Under Managed Care By: Benjamin Druss, M.D., M.P.H., Schlesinger, ph.D., Tracey Thomas, M.P.H., and Harris Allen, ph.D. Am *J Psychiatry* 1999; 156:697-701

Objective: A central assumption underlying managed care is that plan switching is a viable option for enrollees when they are dissatisfied. The authors used a national employee survey to test the hypothesis that this mechanism is less effective for enrollees with high levels of depressive symptoms than for the remainder of the population.

Method: The study used data from the Employee Health Care Value Survey, a 1993 survey of 20.283 employees of three major corporations. The authors used the Medical Outcomes Study 36-Item Short-Form Health Survey to identify individuals with the highest decile of depressive and physical symptoms. they examined the relationship between symptoms and dissatisfaction and, for dissatisfied individuals, how symptoms predicted plan switching. Multivariate models were used to control for potential demographic, health, and health coverage confounders.

Results: Depressive and physical symptoms were both associated with both associated with dissatisfaction with care. Unlike physical symptoms, depressive symptoms were associated with a significantly lower likelihood of actually disenrolling among people who were dissatisfied or who intended to disenroll. This effect was most pronounced for satisfaction with administrative aspects of care (e.g., gatekeeping, utilization review).

Conclusions: People with high levels of depressive symptoms appeared to be less willing or able to act on their dissatisfaction by switching plans. In particular, they were willing to tolerate higher rates of dissatisfaction with the administrative aspects of their health coverage without disenrolling. plan switching is an essential mechanism underpinning a health care system predicated on competition; it may be less effective for people with depressive disorders.

Olanzapine Versus Placebo in the Treatment of Acute Mania By: Mauricio Tohen, M.d., Dr.p.h., Todd M. Sanger, Ph.d., Susan L. Mceiroy, , M.d., Gary D. Tollefson, M.d., Ph.d., K.n. Roy Chengappa, M.d., David G. Daniel, M.d., Frederick Petty, M.d., Ph.d., Franca Centorrino, M.d., Richard Wang, M.d., Ph.d., Starr L. Grundy, B.sc.pharm., Michael G. Greaney, M.s., Thomas G. Jacobs, M.a.s., Stacy R. David, Ph.d., Verna Toma, B.s., And The Olanzapine HGEH Study Group Am *J Psychiatry* 1999; 156:702-709

Objective: The primary intent of this study was to compare the efficacy and safety of olanzapine and placebo in the treatment of acute mania.

Method: The design involved a random-assignment, double-blind, placebo-controlled parallel group study of 3 weeks' duration. After a 2-to 4-day screening period, qualified patients were assigned to either Olanzapine (N=70) or placebo (placebo (N=69). Patients began double-blind therapy with either olanzapine, 10 mg, or placebo given once per day. After the first day of treatment, the daily dose was 5 mg/day within the allowed range of one to four capsules. The primary efficacy measure in the protocol was defined as a change from baseline to endpoint in total score on the Young Mania Rating Scale. Clinical response was defined a priori as a decrease of 50% or more from baseline in Young mania Rating Scale total score.

Results: The olanzapine group experienced significantly greater mean improvement in Young Mania Rating Scale total score than the placebo group. On the basis of the clinical response criteria, significantly more olanzapine-treated patients (48.6%) responded than those assigned to placebo (24.2%) Somnolence, dizziness, dry mouth, and weight gain occurred significantly more often with olanzapine. There were no statistically significant differences between the olanzapine-treated and placebo-treated patients with respect to measures of parkinsonism, akathisia, and

dyskinesias. No discontinuations of treatment due to adverse events occurred in the olanzapine treatment group.

Conclusions: The results from this study suggest that compared with placebo, olanzapine has superior efficacy for the symptoms of acute mania.

Treatment-Resistant Schizophrenia and Staff Rejection By:Uriel Heresco-Levy, Marina Ermilov, Bronia Giltsinsky, Michael Lichtenstein, and Dana Blander *Schizophrenia Bulletin*, 25(3): 457-465, 1999.

This study examined the relationship between characteristics of patients suffering from treatment-refractory schizophrenia and staff rejection and criticism. Subjects were 30 inpatients with treatment-resistant schizophrenia and the 29 staff members treating them.Measures included assessment of the patients' symptoms and aggression risk profile using the Positive and Negative Syndrome Scale (PANSS) and assessment of staff attitudes toward these patients using the Patient Rejection Scale (PRS). Nursing staff completed the Nurses' Observation Scale for Inpatient Evaluation (NOSIS). PRS ratings did not correlate with patients' demographic and treatment characteristics. Significant correlations existed, however, between increased staff rejection and higher scores for PANSS cognitive factor and NOSIE manifest psychosis factor. Negative symptoms, although preponderant in the patient sample, were not significant predictors of staff rejection on the PRS. Older nursing staff tended to view patients as more irritable and manifestly psychotic. These findings suggest that disorganized behavior and impaired cognition dysfunction areas are more likely to be associated with high levels of rejection among staff working with treatment-resistant schizophrenia patients. Incorporation of the relatively new concepts of ;cognitive dysfunction and treatment resistance in staff training programs and multidisciplinary team reviews may greatly benefit schizophrenia patients and the staff treating them.

Life Events and Completed suicide in Schizophrenia: A Comparison of Suicide Victims With and Without Schizophrenia By: Hannele Heila, Martti E. Heikkinen, Erkki T. Isometsa, Markus M. Henriksson, Mauri J. Marttunen, and Jouko K. Lonnqvist. *Schizophrenia Bulletin*, 25(3): 519-531, 1999.

Adverse life events are an established risk factor in completed suicide. However, few studies have examined life events and suicide in schizophrenia. The anthors investigated and compared schizophrenia suicide victims and age- and sex-matched victims without schizophrenia as part of a psychological autopsy study of all suicides in Finland over a 12month period Recent life events were examined retrospectively by interviewing next of kin using a structured life event questionnaire. Overall, nearly half (46%) the schizophrenia subjects had had adverse life events before suicide, significantly less than the nonschizophrenia subjects (83%). In both groups, however, suicide was preceded by life events independent of the victims' own behavior, such as death of a close person or illness in the family. Life events overall were more common among schizophrenia outpatients (52%) than inpatients (22%), and the association of life events with suicide was clearest among a subgroup of outpatients in residual phase who had used neuroleptic medication regularly. Overall, the prevalence of recent adverse life events varied between clinical subgroups of victims with schizophrenia, which may have implications for suicide prevention.

Rehospitalization Rates Of Patients Recently Discharaged on a Regimen of Risperidone or Clozapine By: Robert R. Conley, M.D., Raymond C. Love, Pharm.D., Deannal L. Kelly, Pharm.,D., BCCP, and John J. Bartko, Ph.D. *Am J Psychiatry* 1999, 156:863-868

Objective: The purpose of this study was to examine rehospitalization rates of people receiving resperidone or clozapine who had been discharged from state psychiatric hospitals in Maryland.

Method: Rehospitalization status was monitored for all patints discharged from state psychiatric facilities on a regimen of either risperidone or clozapine between March 14, 1994, and Dec 31, 1995. Patient were followed up with respect to readmission until Dec. 31, 1996. Time to readmission was measured by the product-limit (Kaplan-Meier) formaula. Risk factors associated with rehospitalization were examinied.

Results: One hundred sixty pateitns were sdischarged on risperidone, 75 having the diagnosis of schizophrenia. The patients with schizophrenia were more likely to be readmitted than the 85 patients with other mental disorders. Recidivism rates for schizophrenic patients discharaged on risperidone versus those dischargd on clozapine were not significantly different over the 24-month study period. However, no patient who received clozapine and remained discharged for more than 10 months (N=49) was readmitted, while the readmission rate for risperidone-treated patients appeared to be steady up to 24 months. At 24 months 87% of the clozapine-treated patients and 66% of the risperidone-treated patients remained in the community. No clinical or demographic variables were found to predict rehospitalization.

Conclusions: This study demonstrates that the rehospitalization rates of patients taking the second-generation antipsychotics risperidone and clozapine are lower than those in previously published reports of conventional antipsychotic treatment.

Recurrence of First-Episode Geriatric Depression After Discontinuation of Maintenance Antidepressants By: Alastair J. Flint, M.B., ch.B., F.R.C.P.C., F.R.A.N.Z.C.P., and Sandra L. Rifat, ph.D. *Am J Psychiatry* 1999;, 156:943-945

Objective: Later age at onset of depression appears to be a risk factor for early recurrence. Therefore, the authors examined the 2-yar outcomes of elderly patients with first-episode major depression follwoing discontinuation of their manitenance antidepressant medicaion.

Method: The study group consisted of 21 elderly patients who had recovered from a first lifetime episode of major depression. They had taken maintenance antidepressent medication for 2 years and had not had a relapse or recurrence during that time. The antidepressant was then withdrawn, and patient wre followed for antoher 2 years or until recurrence, whichever occurred first.

Results: The cumulative probability of suffering a recurrence of major depression was 61%. Ekeveb of the the 12 patients who suffered a recurrence restarted the antidepressant, and 10 responded.

Conclusions: Elderly patients with first-episode major depression were at high risk of recurrence following discontinuation of maintenance antidepressant medication. However, the vast majority of patients who experienced a recurrence responded to reinstated treatment.