Risks of Intermittent Antipsychotic Treatment in Schizophrenia

To the Editor: We read with great interest an important contribution by Gaebel et al1 in which they compared antipsychotic maintenance treatment with discontinuation and intermittent treatment in first-episode schizophrenia. We note several caveats in interpreting their crucial findings for well-balanced decision-making.

The authors found that about half of patients in the intermittent treatment group remained stable (as is partly reflected by the data in their Table 3). We note several caveats in interpreting their crucial findings for well-balanced decision-making. The results indeed do not rule out a possibility of discontinuation of antipsychotics and intermittent treatment in some patients (on an individual basis), but they overall argue against such an approach. This is because the rates of clinical worsening (including hospitalization) and premature attrition were far superior in the maintenance treatment group. In fact, a treatment recommendation2 indicates that intermittent treatment (or a targeted strategy) should not be used routinely. Finally, this critical study still leaves a possibility that first-episode patients once stabilized may be treated with even lower antipsychotic doses (rather than discontinued from antipsychotic treatment completely).

REFERENCES


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