

## Introduction

# Antipsychotic Standard of Care: Redefining the Definition of Atypical Antipsychotics

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Antipsychotic medications (neuroleptics) have been the mainstay of treating acute and chronic psychoses for the past several decades. While they have clearly advanced the treatment of psychoses, there have been limitations in efficacy and substantial adverse effects from their use. Neuroleptics are more effective against positive than negative symptoms, and adverse effects often lead to discontinuation and relapses. Novel (atypical) antipsychotics offer advantages over neuroleptics and are now first-line therapies for the treatment of psychoses. The exception is clozapine, which is a second-line treatment because of the risk of agranulocytosis. Positive symptom response to novel antipsychotics equals that of neuroleptics, and negative symptom response is equal to or greater than that of neuroleptics. Antidepressant activity has been demonstrated with the new agents, and agitated and aggressive patients may need fewer adjunctive medications. Adverse effects such as extrapyramidal symptoms (EPS), tardive dyskinesia, and hyperprolactinemia are far fewer with novel antipsychotic treatment, which leads to a better-tolerated treatment paradigm. This Supplement is derived from a closed symposium in which the capabilities of the new antipsychotics were redefined along with clinicians' expectations for treatment outcome.

By understanding the multiple factors that affect reproduction and sexuality, clinicians can improve the quality of life of women with schizophrenia, according to Ruth A. Dickson, M.D., and colleagues. The prolactin-sparing property of some atypical antipsychotics offers prevention

and resolution of neuroleptic-induced hormonal side effects such as disturbed menstrual cycles, hypogonadism, galactorrhea, and sexual dysfunction.

A discussion of the efficacy of atypical antipsychotics for treatment of depressive symptoms, hostility, and suicidality in patients with schizophrenia was presented by Paul E. Keck, Jr., M.D., and colleagues. Studies suggest that atypical antipsychotics may exert therapeutic effects on depression and hostility as well as psychosis; moreover, clozapine and olanzapine may reduce suicidality in patients with schizophrenia.

Douglas L. Noordsy, M.D., and colleagues suggested that the notion that persons with psychotic disorders can never improve beyond a certain level or cannot function in particular life roles emanates from stigma and must be challenged. They outlined potential synergistic benefits of integrating models of recovery, rehabilitation, and medical treatment into the practice of psychopharmacology and explored implications for goals and outcomes of treatment for patients with psychotic disorders.

The most frequent problems associated with neuroleptics are EPS and tardive dyskinesia, noted William M. Glazer, M.D. He discussed the mechanisms of neuroleptic-induced EPS and tardive dyskinesia, and contended that emerging data and clinical studies support the first-line use of atypical antipsychotics in patients with schizophrenia because of their reduced incidence of EPS and lower potential for tardive dyskinesia.

Because of fewer side effects associated with novel antipsychotics, there is a better benefit-to-risk ratio that leads to improved compliance and fewer relapses. Patients are showing progress for longer periods of time so that they are able to participate in rehabilitation and reintegration efforts to achieve their maximum potential. Increased efficacy, decreased adverse effects, and the expansion of these medications into new populations is clearly relevant and the next logical step to take.

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