Introduction

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

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Schizophrenia remains one of the most severe and debilitating of the mental disorders. As clinicians, we are well aware that many of our patients face a lifetime of recurrent psychotic episodes, often with persistent symptoms between acute episodes, together with significant cognitive and functional impairment.

Brought together in this supplement are a series of articles addressing key issues in the treatment of schizophrenia and reviewing the place of atypical antipsychotics, particularly quetiapine (Seroquel), in clinical practice. Each article is accompanied by one or more case histories of patients receiving the atypical antipsychotic quetiapine. The cases illustrate the wide array of schizophrenic patients we are likely to meet in clinical practice, ranging from a young woman experiencing her first episode of schizophrenia to an elderly gentleman whose schizophrenia has remained inadequately treated for decades. Although effective antipsychotic agents are available, their clinical profiles vary just as the symptomatology exhibited by individual patients varies. Examining individual case histories and listening to and learning from our patients will help us to meet their needs as we strive to provide them with optimal long-term outcomes.

Professor Siegfried Kasper of the University of Vienna, Austria, opens the discussion with a review of the importance of early detection and pharmacologic intervention. Patients experiencing a first episode are often particularly sensitive to extrapyramidal symptoms (EPS), a feature of conventional antipsychotic therapy that can cause considerable distress and threaten compliance in all patients regardless of age or duration of illness. The issue of EPS with antipsychotic medication is further discussed by me. The development of the atypical antipsychotics, such as clozapine, risperidone, olanzapine, and quetiapine, represents a significant step forward in this regard. As a group, they effectively relieve both the positive and negative symptoms of schizophrenia and are mercifully free of the propensity to induce EPS.

The cognitive impairment often associated with schizophrenia can be particularly debilitating, compromising patients' ability to perform the basic activities of daily living, their social and occupational functioning, and their ability to live independently in the community. Dr. Dawn I. Velligan and Dr. Alex L. Miller of the University of Texas Health Science Center, San Antonio, have brought together the latest key data in this area and highlight the benefits of atypical agents. Recent data included in this review indicate that quetiapine in particular may be valuable in this regard.

The management of patients with persistent symptomatology presents us with particular clinical challenges. The traditional approach has been to increase the dosage of conventional antipsychotic but—as Professor Robin A. Emsley of the University of Stellenbosch, South Africa, points out—the evidence to support such an approach is limited. Indeed, higher dosages of conventional antipsychotics can lead to intolerable adverse events and EPS. In con-

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This supplement was supported by an unrestricted educational grant from AstraZeneca.

trast, even at higher dosages, the atypical agents clozapine and quetiapine retain their low propensity to induce EPS, a quality that may make them extremely useful in those patients with persistent symptoms. Dr. Jonathan S. E. Hellewell of Trafford General Hospital, United Kingdom, extends the discussion to patients with a history of treatment resistance and points out that, in fact, 20% to 40% of patients can be expected to be resistant to conventional antipsychotic therapy. In addition to the personal consequences of treatment resistance, the economic consequences are considerable as these patients often require long-term inpatient care.

Finally, Dr. Pierre N. Tariot of the University of Rochester Medical Center, New York, has reviewed the treatment of the older schizophrenic patient. Aging brings about many changes that can impact clinical decision making. Changes in a range of metabolic processes, as well as the increased frequency of concomitant illness and hence polypharmacy, must all be considered.

We hope that clinicians will find this supplement a useful resource in their own clinical practice, providing evidence-based guidance for the management of patients with schizophrenia in their care.

I would like to acknowledge the clinicians who have contributed case studies to this publication as well as the patients themselves who consented to have their symptoms, difficulties, and progress described here so that others might benefit. This generosity serves to remind us not only that our patients are our greatest source of learning in psychiatry, but also that the most stable foundation for treatment is the alliance between clinician and patient.