Introduction

New Treatment Options to Improve Clinical Outcomes

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The l990s have already proved to be an exciting time in clinical psychopharmacology. New antipsychotic agents that offer improved therapeutic efficacy and better tolerability for our patients have become available.

These agents initially received approval for use in one or two specific disorders based on large, well-designed clinical trials in carefully selected, medically healthy adult populations.[1–6] The results of subsequent trials investigating the efficacy and tolerability of these novel agents in children and adolescents, in the elderly, or in medically ill patients are becoming available only now. In addition, clinicians have explored the usefulness of novel agents in disorders other than those for which the agents were initially approved; the results of these explorations appear in scattered small trials, patient series, and case reports.

The papers in this supplement, written by a distinguished group of clinical experts, provide an up-to-date review of evolving algorithms for using novel antipsychotic agents in the treatment of some of our most challenging patients. Each paper presents an overview of diagnosis and treatment for an important clinical population and then addresses the impact of novel antipsychotics. The authors review the formal studies that are available and discuss potential new directions suggested by ongoing trials, case reports, etc. We have also urged them to share clinical pearls that they have found useful in optimizing the treatment outcomes of their patients.

Drs. Zayas and Grossberg stress the frequency with which organic decline underlies psychosis in the elderly. Novel antipsychotics without anticholinergic activity, properly used at very low doses, will neither produce extrapyramidal side effects nor further impair cognitive function.[7,8]

Dr. Daniel and Ms. Whitcomb's bold statement that "treatment-resistant schizophrenia is tautological" reminds us that it is a vanishingly rare patient with schizophrenia who lives a life close to what he or she would have, had he or she not suffered that illness. The novel antipsychotics provide, in addition to greater overall therapeutic efficacy, better specific solutions to particular thorny problems, e.g., excessive water drinking, aggression, and tardive dyskinesia.

Dr. Schulz and colleagues note that the early identification and treatment of first-episode schizophrenia offers the best opportunity to preserve each patient as he or she would have been without the illness. The excellent tolerability of the novel antipsychotics lays the foundation for the lifetime of treatment compliance that is necessary for an optimal outcome.

Dr. Hillard lays out approaches for rapid tranquilization that avoid distressing extrapyramidal side effects, which could interfere with later compliance. Benzodiazepines, combined with reasonable doses of novel antipsychotics, can quickly diminish agitation and hostility.

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Dr. Coryell documents that the presence of delusions in depression signifies a more severe, more persistent, and more difficult-to-treat form of illness. Potential advantages for novel antipsychotics in combination with an antidepressant include their better efficacy for distressing affective symptoms and their better tolerability over long-term maintenance treatment.

Drs. Tohen and Zarate remind us that bipolar disorder is common (0.8%–1.6% lifetime prevalence) and that approximately 70% of patients with bipolar disorder receive treatment with an antipsychotic at some point during their illness. Patients with bipolar disorder are at increased risk for extrapyramidal side effects and tardive dyskinesia. The novel antipsychotics are well-tolerated in patients with bipolar disorder and less likely than typical antipsychotics to induce depression.

Dr. Coccaro reviews the utility of antipsychotics in treating schizotypal personality disorder, which appears to be biologically linked to schizophrenia. The typical antipsychotics offer little, if any, benefit in the treatment of borderline personality disorder. We await the results of Dr. Schulz's ongoing study of risperidone for patients with borderline personality disorder.

Drs. Peterson and Cohen review the broad range of other emotional and behavioral disturbances commonly associated with Tourette's syndrome and note that these associated aspects profoundly determine treatment and outcome. Risperidone has been found to effectively suppress tics at well-tolerated doses, without anticholinergic activity that could impair new learning in children still attending school.

The authors provide us with a series of extremely informative presentations that we can use to help bring optimal treatment to our patients.

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