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SCHIZOPHRENIA Factsheet

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What is amisulpride?

Second generation antipsychotics (sometimes referred to as 'atypical' antipsychotics) such as amisulpride are a newer class of antipsychotic medication than first generation 'typical' antipsychotics. Second generation antipsychotics are effective for the positive symptoms of schizophrenia. It is sometimes claimed that they are more effective than first generation antipsychotics in treating the negative symptoms of schizophrenia. Negative symptoms include a lack of ordinary mental activities such as emotional expression, social engagement, thinking and motivation, whereas positive symptoms include the experiences of perceptual abnormalities (hallucinations) and fixed, false, irrational beliefs (delusions).

Second generation antipsychotics may also cause less extra-pyramidal side effects. These include dyskinesias such as repetitive, involuntary, and purposeless body or facial movements, Parkinsonism (cogwheel muscle rigidity, pill-rolling tremor and reduced or slowed movements), akathisia (motor restlessness, especially in the legs, and resembling agitation) and dystonias such as muscle contractions causing unusual twisting of parts of the body, most often in the neck. These effects are caused by the dopamine receptor antagonist action of these drugs.

What is the evidence for amisulpride?

High quality evidence suggests amisulpride may retain more patients in treatment, and be more effective for global state and negative symptoms than placebo. Moderate quality evidence suggests amisulpride may cause more extrapyramidal symptoms than placebo.

High quality evidence suggests amisulpride may retain more patients in treatment, and be more effective for global state, mental state and negative symptoms, but not positive symptoms, than first generation antipsychotics. Amisulpride may be less likely to cause at least one adverse event or extrapyramidal symptom when compared to first generation antipsychotics.

Moderate quality evidence suggests no differences in any outcome compared to other second generation antipsychotics in general. Moderate to low quality evidence suggests fewer people leaving the study early due to inefficacy with amisulpride compared to ziprasidone. Moderate to high quality evidence suggests amisulpride is associated with less weight gain than risperidone or olanzapine. Moderate quality evidence suggests agitation may be reported more often by patients receiving amisulpride than other second generation antipsychotics, with no difference in cardiac effects or extrapyramidal symptoms between amisulpride and risperidone, olanzapine or riprasidone.

For more information see the technical table

NeuRA
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NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about schizophrenia or its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at **neura.edu.au/donate/schizophrenia**.

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