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chlorpromazine

SCHIZOPHRENIA Factsheet

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What is chlorpromazine?

First generation 'typical' antipsychotics such as chlorpromazine are an older class of antipsychotic than second generation 'atypical' antipsychotics. They are used primarily to treat positive symptoms including the experiences of perceptual abnormalities (hallucinations) and fixed, false, irrational beliefs (delusions). First generation antipsychotics may cause side effects which can differ depending on which antipsychotic is being administered and on individual differences in reaction to the drug. Reactions may 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 chlorpromazine?

Moderate quality evidence finds chlorpromazine reduces rates of relapse and improves symptoms and functioning more than placebo, although chlorpromazine is more sedating, causes more lowering of blood pressure and more weight gain. For chlorpromazine dose, there was greater improvement in global state with high-dose (2gms/day) than low-dose (≤400mg/day) chlorpromazine, but less dystonia and extrapyramidal effects with low-dose chlorpromazine.

Compared to first-generation haloperidol, there was some benefit of chlorpromazine for sedation, but less benefit for any global improvement and study retention. Compared to first-generation piperacetine, there were no differences in global state, mental state or leaving the study early. Compared to first-generation metiapine, there were no differences in clinical improvement, and compared to first-generation penfluridol, there were no differences in leaving the study early. Movement disorders may be more frequent with haloperidol, while chlorpromazine was associated with more hypotension. The need for additional antiparkinsonian medication was less with chlorpromazine than with penfluridol.

Conpared to second-generation clotiapine, moderate to low quality evidence finds no differences in leaving the study early. Lower quality evidence is unable to determine any differences in symptoms or in rates of dyskinesia.

For more information see the technical table

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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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