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SCHIZOPHRENIA Factsheet

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What is blonanserin?

Second generation antipsychotics (sometimes referred to as 'atypical' antipsychotics) such as blonanserin 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 extrapyramidal 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 blonanserin?

Compared to first generation haloperidol, moderate to high quality evidence suggests blonanserin may be more effective for negative symptoms, with a lower risk of dizziness and akathisia. Compared to second generation aripiprazole, moderate to high quality evidence finds blonanserin may be more effective for total and negative symptoms but not for positive symptoms. There were no significant differences in adverse events between blonanserin and aripiprazole or amisulpride.

Compared to second generation risperidone + paliperidone, moderate to high quality evidence finds no differences in symptoms, but blonanserin had higher risks of akathisia, agitation, and extrapyramidal disorder and lower risks of hyperprolactinemia and lower prolactin levels. Blonanserin also had a lower risk of hyperprolactinemia than risperidone + haloperidol.

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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