

SCHIZOPHRENIA Factsheet

October 2020

What is aripiprazole?

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

High quality evidence suggests aripiprazole reduces psychotic relapse and increases compliance with study protocols when compared to placebo. Moderate quality evidence suggests aripiprazole may also increase study retention rates. Moderate to low quality evidence suggests no differences in any adverse effect apart from possible reduced prolactin levels with aripiprazole.

High quality evidence from the most recent review suggests aripiprazole should retain more patients in treatment than first generation antipsychotics. Moderate quality evidence suggests no differences in global state, mental state or quality of life between aripiprazole and first generation antipsychotics. Aripiprazole may be associated with a lower risk of akathisia and other extrapyramidal symptoms, hyperprolactinaemia, blurred vision, sinus tachycardia, dizziness and nausea, than first generation antipsychotics.

Moderate to high quality evidence suggests no differences in global state or leaving the study early between aripiprazole and olanzapine or risperidone, although aripiprazole may be less effective than olanzapine for mental state. Compared to olanzapine or risperidone, aripiprazole may be associated with less cholesterol and less prolactin increases, with no differences in extrapyramidal side effects or glucose levels. Compared to olanzapine, aripiprazole may be associated with less weight gain and less sedation. When compared to risperidone, patients on aripiprazole reported less cardiac side effects, but a higher incidence of tremor. There were no differences in weight gain between risperidone and aripiprazole.

For more information see the technical table



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.