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SCHIZOPHRENIA Factsheet

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What is paliperidone?

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

High quality evidence suggests paliperidone is more effective at retaining patients in treatment, improving global state, and reducing psychotic relapse than placebo. Moderate quality evidence suggests paliperidone may increase the risk of tachycardia, extrapyramidal symptoms, weight gain, and increased prolactin levels when compared to placebo. High quality evidence suggests paliperidone palmitate may reduce agitation or aggression more than placebo.

High quality evidence suggests no difference in study retention between paliperidone and olanzapine. Moderate quality evidence also reports no difference in psychotic relapse rates. Paliperidone may be less likely to cause weight change than olanzapine, however paliperidone may be more likely to cause extrapyramidal symptoms.

Moderate quality evidence suggests paliperidone improved study retention more than quetiapine, although paliperidone had higher risk of hypertonia and tremor.

High quality evidence suggests no differences in study retention or recurrence of psychotic symptoms between paliperidone palmitate and risperidone, and paliperidone palmitate may be associated with less use of anticholinergic medications.

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.