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SCHIZOPHRENIA Factsheet

October 2020

What is first-episode psychosis?

First-episode psychosis involves distressing symptoms such as unusual beliefs or abnormal behaviour (positive symptoms) and/or withdrawal or loss of interest in work or school (negative symptoms). Early intervention programs combine elements of both pharmaceutical and psychosocial therapies that are tailored to an individual's needs, as individual response to treatment varies.

What is the evidence for treatments for first-episode psychosis?

For targetted early intervention services that include both antipsychotics and psychosocial components, moderate to high quality evidence finds small effects of greater improvements in symptoms, functioning and quality of life, and more remission and recovery than with treatment as usual.

Overall, there is a reasonable response to antipsychotics after a first-episode of psychosis; moderate quality evidence finds antipsychotics are associated with an 81% response rate when measured as a 20% reduction in symptoms, and a 52% response rate when measured as a 50% reduction in symptoms. For specific antipsychotics, high quality evidence finds greater improvement in overall symptoms with olanzapine than with haloperidol, and moderate to high quality evidence finds greater improvement in negative symptoms with olanzapine than with haloperidol, with no differences in positive symptoms. Moderate to high quality evidence finds greater improvement in overall symptoms with amisulpride or risperidone than with haloperidol. Moderate quality evidence finds greater improvement in overall symptoms with amisulpride than with quetiapine, and with ziprasidone than with haloperidol. There was greater improvement in negative symptoms with olanzapine than with risperidone, and greater improvement in positive symptoms with olanzapine than with quetiapine. There was greater improvement in both positive and negative symptoms with quetiapine than with haloperidol, and greater improvement in positive symptoms with risperidone than with quetiapine.

For relapse prevention, moderate to high quality evidence finds small effects of fewer relapses and hospitalisations with targetted early intervention services. Second-generation antipsychotics in general were found to be more effective than first-generation antipsychotics. Moderate quality evidence finds relapse and rehospitalisation rates were higher after discontinuation rather than maintenance of antipsychotics in people in remission following a first-episode of psychosis.

For treatment adherence, moderate to high quality evidence finds less all-cause discontinuation with targeted early intervention services. There was less all-cause discontinutation with risperidone than with haloperidol and less all-cause discontinutation with quetiapine than with haloperidol. Moderate to low quality evidence finds less all-cause discontinutation with aripiprazole or olanzapine than with haloperidol.

For side effects, olanzapine was associated with at least one use of drugs to treat parkinsonian symptoms. Quetiapine was associated with less akathisia than haloperidol, aripiprazole, risperidone, and olanzapine. Molindone resulted in less weight gain than risperidone, haloperidol, and olanzapine and less increase in prolactin release than risperidone.

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**.

NeuRA (Neuroscience Research Australia) Foundation
T 1300 888 019 **F** +61 2 9399 1082
ABN 57 008 429 961

Margarete Ainsworth Building
Barker Street, Randwick NSW 2031
PO Box 1165 Randwick Sydney NSW 2031 Australia

neura.edu.au