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SCHIZOPHRENIA Factsheet

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What is thioridazine?

First generation 'typical' antipsychotics such as thioridazine 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 thioridazine?

Compared to placebo, high quality evidence shows thioridazine improves global state and increases study retention in the short term. Moderate quality evidence suggests there may also be reduced relapse rates, however thioridazine may cause dry mouth, constipation and vomiting. Moderate to low quality evidence suggests thioridazine may also be sedating, may increase tremor, and may increase the use of antiparkinsonian drugs in the short term.

Compared to other first generation antipsychotics, high quality evidence shows no differences in global state with thioridazine. Moderate quality evidence suggests no differences in study retention for any reason, although there may be more people leaving the study early with thioridazine due to adverse events in the short term. Moderate quality evidence suggests there may be less short term use of antiparkinsonian drugs with thioridazine, with less rigidity in the medium term. However, there may be increased risk of any cardiac adverse effects, dry mouth, and short term vomiting and nausea with thioridazine.

Compared to second generation antipsychotics, high quality evidence shows no differences in global state or study retention with thioridazine. Moderate to low quality evidence suggests no differences in adverse effects.

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**.

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