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SCHIZOPHRENIA Factsheet

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What are negative symptoms of schizophrenia?

Negative symptoms are referring to an absence of normal functions. This may include (but is not limited to) blunted affect, which is a scarcity of facial expressions of emotion, reduced frequency and range of gestures and voice modulation, and restricted eye contact; alogia (poverty of speech); asociality (reduced social interaction); avolition (reduced motivation and often poor hygiene) and anhedonia, which is reduced experience of pleasure, often manifesting as scarcity of recreation, inability to experience closeness and reduced interest in any sexual activity.

What is the evidence for treatments for negative symptoms?

Moderate to high quality evidence finds medium-sized effects of greater improvement in negative symptoms with clozapine, zotepine, amisulpride, olanzapine, perphenazine, and asenapine compared to placebo. There were small improvements over placebo with risperidone, paliperidone, sertindole, chlorpromazine, ziprasidone, aripiprazole, cariprazine, quetiapine, lurasidone, haloperidol, brexpiprazole, and iloperidone. There were no significant differences between placebo and flupentixol or zuclopenthixol.

Moderate quality evidence finds some benefit for negative symptoms from second-generation, but not first-generation antipsychotics compared to placebo. Moderate to low quality evidence finds some benefit of antipsychotics plus psychological interventions compared to antipsychotics alone. For individual antipsychotics, amisulpride provided more benefit than placebo; cariprazine, olanzapine and quetiapine provided more benefit than risperidone; olanzapine provided more benefit than haloperidol. Fluphenazine-treated patients received more antiparkinson medication than those on amisulpride or risperidone, risperidone-treated patients received more antiparkinson medication than those on quetiapine, and risperidone produced more extrapyramidal symptoms than olanzapine.

For other agents, moderate quality evidence finds a small benefit for negative symptoms with adjunctive antidepressants, particularly SNRIs and SSRIs, and with adjunctive glutamatergic agents. Antidepressants were associated with more abdominal pain, constipation, dizziness, and dry mouth than placebo. Moderate to high quality evidence finds a medium-sized improvement in negative symptoms with anti-dementia medications compared to placebo, particularly galantamine, rivastigmine and memantine. There were no differences in adverse events between anti-dementia medications and placebo. Moderate to low quality evidence finds there may also be benefits of other adjunctive agents including aspirin, atomoxetine, celecoxib, cerebrolysin, amotidine, folate, granisetron, insulin, latrepirdine, mazindol, mianserin, mirtazapine, methotrimeprazine, oxytocin, pramipexole, reboxetine, selegiline, sildenafil, sodium benzoate, tropisetron, viloxazine, and vitamin B12.

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**.

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