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SCHIZOPHRENIA Factsheet

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Why is medication adherence important?

One-quarter to one-half of people with schizophrenia do not adhere to their medication. Non-adherence to maintenance treatments, including antipsychotics, is a widespread issue that plagues clinical management for schizophrenia. It reduces the success of the treatment regimen and the ability to achieve remission from illness, but it also increases the burden for psychotic relapse treatments, emergency admissions and hospitalisation. Greater adherence to treatment can contribute not only to more successful disease management and better quality of life, but also to improved attitudes towards treatment and medication, as well as increasing insight and confidence. In controlled clinical trials, drop-out rates can be a proxy measure of the overall tolerability and efficacy of the medication.

What is the evidence for medication adherence?

High quality evidence shows a small to medium-sized effect of lower drop-out rates in trials of flexible dose, second-generation antipsychotics compared to flexible dose, first-generation antipsychotics, with no differences in drop-out rates in trials of fixed doses. Moderate to high quality evidence suggests olanzapine and risperidone showed similar treatment response rates, but olanzapine had lower dropout rates. Moderate quality evidence suggests drop-out rates may be higher in people receiving placebo or first-generation antipsychotics compared to second-generation antipsychotics. Drop-out rates may increase with longer treatment duration.

For specific antipsychotics compared to placebo, moderate to high quality evidence shows there was less all-cause discontinuation with (in order of descending effects, first being best); clopenthixol, amisulpride, olanzapine, paliperidone, thiotixene, thioridazine, clozapine, loxapine, iloperidone, perphenazine, aripiprazole, risperidone, zuclopenthixol, zotepine, asenapine, quetiapine, lurasidone, brexpiprazole, haloperidol, and ziprasidone. There were no differences between placebo and perazine, levomepromazine, flupentixol, molindone, fluphenazine, chlorpromazine, cariprazine, sulpiride, sertindole, penfluridol, trifluoperazine, and pimozide.

For more information see the technical table

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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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.