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SCHIZOPHRENIA Factsheet

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What is treatment resistance?

Antipsychotic medications provide symptom respite and improvement in quality of life for many people with schizophrenia. However, for a subset of people with schizophrenia, antipsychotic medications do not provide adequate relief from symptoms. Treatment-resistant schizophrenia has many definitions that vary depending on the individual study, but a broad definition includes those patients whose symptoms have not responded to antipsychotic medications, or only partially responded.

What is the evidence on treatment-resistant schizophrenia?

Moderate to high quality evidence finds a general pattern of superiority of clozapine, olanzapine or risperidone over other antipsychotics for improving symptoms in people with treatment-resistant schizophrenia.

For people with inadequate response to clozapine, moderate to high quality evidence finds augmenting clozapine with other second-generation antipsychotics may improve negative and depressive symptoms, but not necessarily positive symptoms. Adjunctive sulpiride and adjunctive ziprasidone were particularly effective for negative symptoms, and adjunctive aripiprazole and adjunctive ziprasidone were particularly effective for depressive symptoms. Moderate to low quality evidence finds improved total symptoms with clozapine augmentation of antidepressants fluoxetine, paroxetine and duloxetine. Adding mood stabilisers topiramate, sodium valproate or lithium to clozapine may also improve total symptoms, while adding memantine, a glutamatergic agent, may improve negative symptoms. Adding electroconvulsive therapy may also improve treatment response.

High quality evidence finds better clozapine response in younger people and in people diagnosed with paranoid schizophrenia. Moderate to low quality evidence suggests patients with lower Positive And Negative Syndrome Scale negative subscale scores at baseline also have a better response to clozapine. There were no relationships between response to clozapine and gender, smoking, weight, years of education, marital status, age at onset, age at first hospitalisation, number of hospitalisations, duration of illness, length of stay during hospitalisations, baseline total scores on the Brief Psychiatric Rating Scale, the Clinical Global Impression scale, and the Positive And Negative Syndrome Scale, or on the Positive And Negative Syndrome Scale baseline positive subscale scores.

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.