



# NeuRA

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## SCHIZOPHRENIA Factsheet

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### What is polypharmacy?

Antipsychotic combination treatment, also called antipsychotic polypharmacy, has been utilised in clinical practice for patients who are unresponsive or partially responsive to antipsychotic monotherapies. Please also see the treatments for medication-resistant schizophrenia topic for augmentation with other pharmaceutical agents.

### What is the evidence for polypharmacy?

Moderate to high quality evidence finds a medium-sized improvement in overall symptoms, and a small improvement in clinical response, with antipsychotic polypharmacy vs. monotherapy. There is also less study discontinuation for any reason with antipsychotic polypharmacy. However, studies assessing rates of relapse after switching from polypharmacy to monotherapies found no differences in relapse rates and more study discontinuation with polypharmacy.

Moderate quality evidence finds antipsychotic polypharmacy is most often associated with the use of first-generation antipsychotics and with inpatient status and is higher in Asia and Europe than in North America and Oceania. Augmenting any antipsychotic with aripiprazole can improve symptoms, particularly negative symptoms, when compared to antipsychotic monotherapy in open-label trials, but not when compared to adjunctive placebo in blinded trials.

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 topiramate, sodium valproate or lithium to clozapine may also improve total symptoms, while adding memantine may improve negative symptoms.

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](http://neura.edu.au/donate/schizophrenia).