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SCHIZOPHRENIA Factsheet

October 2020

How are antipsychotic medications related to relapse?

Studies have shown that about 80% of patients relapse to psychosis within 5 years of initial diagnosis. Antipsychotic drugs have played a central role in the treatment of schizophrenia for more than 50 years and antipsychotic use significantly reduces the risk of relapse.

What is the evidence for treatments for relapse prevention?

High quality evidence shows a small benefit of specialist first-episode psychosis programs (involving both psychosocial and pharmaceutical treatments) for reducing the risk of relapse and less all-cause discontinuation of treatment compared to treatment as usual. These programs may also reduce the length of hospital stay should relapse occur.

Moderate quality evidence suggests relapse and rehospitalisation rates were higher after discontinuation of antipsychotics in people in remission following a first-episode of psychosis. Relapse rates were highest in studies with a short follow-up (<1 year), a non-targeted or non-intermittent discontinuation strategy, a lower relapse threshold, a smaller sample size, and in samples of patients with drug or alcohol dependency.

Moderate to high quality evidence suggests a medium-sized effect of reduced risk of relapse in people receiving antipsychotics, particularly clozapine, although antipsychotics resulted in more weight gain, movement disorders and sedation than placebo. Long-acting injectable antipsychotics may be more effective than oral antipsychotics, second-generation antipsychotics may be more effective than first-generation antipsychotics, and continuous antipsychotic use may be more effective than intermittent antipsychotic use.

Moderate quality evidence suggests a small to medium-sized effect of reduced risk of relapse in people receiving standard dose antipsychotics compared to people receiving very low dose antipsychotics (< 50% of daily defined dose), although standard dose antipsychotics resulted in more people dropping out of trials due to side effects. No differences were reported in relapses or side effects when low dose (50 to < 100% of daily defined dose) was compared to standard dose.

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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