

Long Term Quetiapine Therapy Appears Beneficial in Patients with Schizophrenia

A DGReview of : "[Maintenance treatment for schizophrenia with quetiapine](#)"
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Quetiapine treatment may be effective and well tolerated in patients with schizophrenia for up to 3 years, new research suggests.

Although the efficacy of quetiapine in the short-term treatment of positive and negative symptoms has been established, only a limited amount of data is available regarding long-term quetiapine treatment.

To assess whether patients with an initial favourable response to quetiapine continued to show symptomatic and functional gains during maintenance, Peter F. Buckley, MB BCh BAO, of the Department of Psychiatry and Health Behaviour, Medical College of Georgia, Augusta, United States, analysed data obtained from the open-label extension (OLE) phase of 3 multicentre, double-blind, randomised trials in quetiapine-treated adult schizophrenic patients.

Data were available for 258 patients (mean daily quetiapine dose of 439.5 mg) for the analysis of mean brief psychiatric rating scale (BPRS) scores and for 259 patients (mean daily dose of quetiapine 438.5 mg) for the analysis of the clinical global impression (CGI) severity of illness score.

The means for BPRS total score and CGI severity of illness score were calculated at OLE baseline and at weeks 4, 12, 24, 36, 52, 64, 76, 88, 104, 128, and 156 using an observed cases approach.

Analysis showed that the mean BPRS total score fell from 40.67 (95% confidence interval [CI] 39.44, 41.90) on entry to the initial treatment period to 13.94 (95% CI 12.93, 14.95) at the end of the 6-week, double-blind phase of treatment and was maintained during the OLE phase, with the mean BPRS total score gradually declining over 156 weeks to 9.04 (95% CI 4.62, 13.46).

Similarly, the mean CGI score was reduced during the acute treatment phase, from 4.81 (95% CI 4.73, 4.90) at the start of the 6-week treatment period to 3.00 (95% CI 2.88, 3.11) at entry to the OLE, after which the mean CGI scores were maintained during the OLE phase, with a gradual decline to 2.43 (95% CI 1.92, 2.95) after 156 weeks.

Dr. Buckley warns that patient attrition typical to long-term studies limits generalization of the expected results.

"Bearing this important caveat in mind, the current results provide favorable preliminary evidence of longer term efficacy with quetiapine," he concluded.

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