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Footnotes for the Infographic

Antipsychotics: Benefits, Risks and Limitations

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- [1] Citrome L et al, Schizophrenia, Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) and number needed to treat: how can CATIE inform clinicians, *Int J Clin Pract.* 2006, [PMID: 16893436](#), <https://goo.gl/iQXmVa>.
Lieberman J et al, Effectiveness of Antipsychotic Drugs in Patients with Chronic Schizophrenia, *N Engl J Med.* 2005, [PMID: 16172203](#), <https://goo.gl/hQeWv5>
- [2] Leucht S et al, Sixty Years of Placebo-Controlled Antipsychotic Drug Trials in Acute Schizophrenia: Systematic Review, Bayesian Meta-Analysis, and Meta-Regression of Efficacy Predictors, 2017, *Amer Jof Psychiatry*, <https://goo.gl/bndxBq>. Note: At least a "minimal" response [we call it "minimal benefit"] occurred in 51% of the antipsychotic group versus 30% in the placebo group, and 23% versus 14% had a "good" response [we call it "substantial benefit"]. $23\% - 14\% = 9\%$ see substantial benefit attributable to ("due to") antipsychotics, so $100\% - 9\% = 91\%$ do NOT see "substantial benefit" "due to" antipsychotics. $51\% - 30\% = 21\%$ see "minimal benefit" attributable to ("due to") antipsychotics, so $100\% - 21\% = 79\%$ do NOT see "minimal benefit" "due to" antipsychotics.
- [3] Ucok, Sexual dysfunction in patients with schizophrenia on antipsychotic medication, *Eur Psych*, 2007, [PMID: 17344032](#). Young SL et al, "First do no harm." A systematic review of the prevalence and management of antipsychotic adverse effects, [PMID: 25516373](#), <https://goo.gl/on3k62>.
- [4] Miller D, Extrapyramidal side-effects of antipsychotics in a randomised trial, *Br J Psychiatry.* 2008, [PMC2801816](#). "...Table 1 - probability of having a parkinsonism event within 1 year for people with no parkinsonism at baseline with adjustment for baseline covariates shows 37%–44% for the four second-generation antipsychotics and 37% for perphenazine". Note: we have used the midpoint percentage of 40% in the infographic. The data used is the large CATIE study from footnote #1.
- [5] Fusar-Poli P et al, Progressive brain changes in schizophrenia related to antipsychotic treatment? A meta-analysis of longitudinal MRI studies, *Neurosci Biobehav Rev.* 2013, [PMCID: PMC3964856](#).
- [6] Waddington JL, Mortality in schizophrenia. Antipsychotic polypharmacy and absence of adjunctive anticholinergics over the course of a 10-year prospective study, *Br J Psychiatry* 1998, [PMID: 9926037](#). Joukamaa M et al, Schizophrenia, neuroleptic medication and mortality. *Br J Psychiatry*, 2006, [PMID: 16449697](#). Ito H et al, Polypharmacy and excessive dosing: psychiatrists' perceptions of antipsychotic drug prescription. *Br J Psychiatry.* 2005, [PMID: 16135861](#).
- [7] Rajkumar, AP et al, Endogenous and antipsychotic-related risks for diabetes mellitus in young people with schizophrenia: a Danish population-based cohort study, *Am J Psychiatry.* 2017, [PMID: 28103712](#).
- [8] Xiang Y et al, Almost All Antipsychotics Result in Weight Gain: A Meta-Analysis, 2014, [PMCID: PMC3998960](#);
- [9] Harrow M et al, A 20-Year multi-followup longitudinal study assessing whether antipsychotic medications contribute to work functioning in schizophrenia, 2017, *Psychiatry Research*, [PMID: 28651219](#).
- [10] Harrow M, Do all schizophrenia patients need antipsychotic treatment continuously throughout their lifetime? A 20-year longitudinal study, *Psychological Medicine*, 2012, [PMID: 22340278](#), <https://goo.gl/HwUQj8>; Wunderink et al, Recovery in remitted first-episode psychosis at 7 years of follow-up of an early dose reduction/discontinuation

or maintenance treatment strategy: long-term follow-up of a 2-year randomized clinical trial, JAMA Psychiatry. 2013, [PMID: 23824214](#).

[11] Ray et al, Atypical Antipsychotic Drugs and the Risk of Sudden Cardiac Death, NE J Med 2009, [PMCID: PMC2713724](#).