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AMISULPRIDE IN PRIMARY NEGATIVE SYMPTOMS OF SCHIZOPHRENIA

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Several studies have demonstrated the efficacy of amisulpride in acute patients, presenting predominant positive symptoms. In chronic schizophrenic patients with primary negative symptoms, amisulpride, is the only antipsychotic having consistently demonstrated efficacy. In order to determine the minimum effective dose, 50 mg/d (ami 50), 100 mg/d (ami 100), and placebo (pl) were compared in a 3-month double-blind, randomized, multicentres study. Residual schizophrenic patients (DSM III-R criteria) were carefully selected for having primary negative symptoms. After one month of washout placebo period, 242 patients were randomized (pl: 83; ami 50: 84; ami 100: 75). All the three groups were comparable at baseline. Only 60% (50) of placebo-treated patients ended the study (83% and 80% in ami 50 and 100 respectively). Both amisulpride groups showed statistically significant differences compared with placebo group: mean (std) SANS total score change pl: 13.4 (23.2); ami 50: 24.8 (19.2); ami 100: 25.4 (19.1) ($p = 0.0002$). All other efficacy criteria showed also significant improvement in ami groups compared to placebo (SANS factors, BPRS, SAPS, and MADRS). Safety was comparable in the three groups, and psychiatric disorders, as well as central and peripheral nervous system adverse events, were the most frequently adverse events reported. Simpson Angus scores were low at baseline and endpoint and change was not different between placebo and the two amisulpride groups.

Conclusion: amisulpride 50 and 100 mg/d showed superior efficacy and similar safety compared with placebo in the challenging treatment of primary negative symptoms in schizophrenic patients.

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ZUCLOPENTHIXOL ACETATE IN PATIENTS WITH ACUTE PSYCHOSIS. AN OPEN MULTICENTRE STUDY

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Objectives: to evaluate the clinical effect and tolerance of zuclopenthixol acetate (ZPT-A) in the treatment of acute psychosis

Methods: the trial was conducted as an open, clinical multicentre study in 30 departments of psychiatry in Spain. Patients included were diagnosed according to ICD-9 as suffering acute psychosis, mania or an exacerbation of a chronic psychosis, needing hospitalisation and pharmacological treatment. Patients were not selected if they had received oral neuroleptics within the last 6 hours, depot neuroleptics within the previous 2 weeks, were suffering from a serious somatic disease or known organic cerebral disease or were pregnant women. On entry, patients received an injection of ZPT-A, adjusted to individual needs (50–150 mg). If necessary, another injection (50–100 mg) was given after 72 hours. No other neuroleptics were allowed. The severity of illness was rated according to the BPRS and CGI scales. UKU rating scale was used to evaluate side effects. Controls were performed on entry and subsequently daily for the following 6 days.

Results: 277 patients were included in the study (167 men, 110 women, average age 32.3 and 37.2 years, respectively). The average dose of ZPT-A administered was 92.9 mg in the first injection and 97 mg in the second. BPRS mean score at entry was 30, and at day 6 was 12 ($p < 0.001$). CGI score was 4.4 at entry and 2.57 after the 6 days of treatment ($p < 0.001$). The side effects were mild in most of the patients, with little interference on their functioning.

Conclusion: zuclopenthixol acetate given as intramuscular injection is useful and safe in the treatment of acute psychosis.

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^{3}H-SPIPERONE BINDS WITH HIGH AFFINITY TO A NON-DOMPAMINERGIC SITE ON HUMAN B-LYMPHOCYTES, EBV-TRANSFORMED LYMPHOBLASTS AND MACROPHAGES

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The findings of LeFur et al. (1983) and Bondy et al. (1985) that the binding to native lymphocytes is elevated in schizophrenia and possibly in affective psychosis (Fartacek et al., 1997) stimulated the search for the pharmacological basis of this binding site. As blood-derived lymphocytes consist of several subpopulations, this study investigates the binding of ^{3}H-spiperone using different white blood cells and artificial cells of human blood cell origin.

B-lymphocytes and macrophages were characterised by a saturable (K_D 0.1 nM, B_{max} 0.5–2.5 $\times$ 10^{-15} mol/10^6 cells) and a nonsaturable binding above 1 nM ^{3}H-spiperone. EBV-transformed lymphoblasts of B-cell origin had nearly the same affinity for spiperone but the number of binding sites was about three times higher. Membrane preparations of these lymphoblasts exhibited a similar binding profile as native cells.

T-cells (which represent up to 70% of native lymphocyte suspensions), granulocytes and T-cell derived MOLT-3 cells did only present a nonsaturable binding which increased threefold after immunological stimulation. The pharmacological profile of the high-affinity ^{3}H-spiperone binding site was clearly different from dopaminergic D_2 and D_4, serotonergic 5-HT_2, histaminergic H_1, noradrenergic α_1 and α_2 and cholinergic M_1 receptors.

We conclude that circadian and immunological factors might contribute to a different composition of cellular subtypes of white blood cells, which in turn leads to a different apparent density of spiperone binding sites in psychiatric patients and controls, due to variable amounts of binding to saturable (e.g., B-cells) and unsaturable (e.g., T-cells) binding sites. Homogenous EBV-transformed cell lines are recommended for further pharmacological investigations of the spiperone binding site.

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SUBJECTIVE EXPERIENCE OF PATIENTS ON OLANZAPINE IN COMPARISON TO OTHER ANTIPSYCHOTICS

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Background: Based on indications that clozapine is better tolerated and liked by patients, the novel antipsychotic (AP) olanzapine may also have similar effects based on subjective experience. Subjective experience on AP's can be seen as the sum of all subjective reactions to AP's, including psychic, somatic, and social functioning. A positive subjective experience may result in an improved compliance to medication. The objective of this study is to explore each component of the subjective experience during olanzapine treatment in comparison to other AP's.

Methods: Thirty eight in/outpatients with diagnosed DSM-IV schizophrenia, schizophreniform or schizoaffective disorder who had received at least 4 weeks of typical or atypical AP therapy, received olanzapine 5–20 mg/day for 26 weeks in an open-label prospective naturalistic study. Subjective Well-being (SW on Neuroleptics scale, SWN), improvement on overall symptomatology

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