Conclusions: These findings suggest that patients requiring a change in antipsychotic therapy may experience cognitive improvements following a switch to ziprasidone.

P02.04

Ziprasidone vs olanzapine for cognitive function in schizophrenia

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Objective: To compare cognitive changes in patients treated with ziprasidone versus olanzapine.

Methods: Patients with schizophrenia or schizoaffective disorder were randomly assigned to 6 weeks' double-blind therapy with olanzapine (n=133) or ziprasidone (n=136) therapy. Cognitive tests – at baseline and end of week 6 or early termination – included measures of vigilance, executive functioning, verbal learning and memory, verbal fluency, and visuo-motor speed. Endpoint data were available for at least 49 ziprasidone patients and 60 olanzapine patients (numbers varied by test administered).

Results: There were statistically significant improvements from baseline for both groups in vigilance, visuo-motor speed, verbal learning and delayed recall, and category fluency, but no improvements in letter fluency or executive functioning. Olanzapine patients had statistically greater improvement (p=0.015) in category fluency, a finding that would not have withstood correction for overall number of tests performed.

Conclusions: Ziprasidone exerts a beneficial effect on several domains of cognition known to affect functional outcome in schizophrenia. Few notable differences were detected between ziprasidone and olanzapine, suggesting that ziprasidone has cognition-enhancing effects similar to those of other newer antipsychotics.

P02.05

Health status indices in stable outpatients switched to ziprasidone

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Objective: To assess ziprasidone's impact on health indices in outpatients switched from other antipsychotics.

Methods: Stable, symptomatic outpatients with schizophrenia were switched to ziprasidone (40–160 mg/day) from conventional antipsychotics (n=108), olanzapine (n=104), or risperidone (n=58) in 3 identical, 6-week, open-label trials, using random assignment to 1 of 3 crossover strategies. Primary outcome was mean change from baseline to endpoint in total cholesterol, triglycerides, prolactin (nonfasting); weight and BMI; and movement disorders.

Results: Patients switched from olanzapine experienced significant mean weight loss (–3.5 lb; P<0.001) and BMI (P<0.0001). Significant improvements in total cholesterol and triglycerides occurred in patients switched from olanzapine (P<0.0001) and risperidone (P<0.01). Significant decreases in prolactin occurred in patients switched from conventional antipsychotics (P=0.05) and risperidone (P<0.0001). Movement disorders were infrequent with ziprasidone, with significant improvement noted after switch from conventional antipsychotics (P<0.0001) and risperidone (P<0.01). Ziprasidone was well tolerated, with discontinuations from AEs ranging from 6–11%.

Conclusions: Switching to ziprasidone from conventional antipsychotics, olanzapine, or risperidone resulted in significant improvement in several important indices of health status.

P02.06

Therapeutic response in stable outpatients switched to ziprasidone

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Objectives: To determine the influence of previous maintenance antipsychotic therapy and speed of cross-taper technique on post-switch efficacy and tolerability of ziprasidone in outpatients with schizophrenia.

Methods: Three identical, 6-week, open-label, randomized trials were conducted in stable, symptomatic outpatients with schizophrenia switched to ziprasidone (40–160 mg/day) from conventional agents (n=108), olanzapine (n=104), or risperidone (n=58). Subjects were randomized to one of three cross-taper schedules – fast, slow, or abrupt discontinuation – for week 1 on ziprasidone. Baseline and outcome assessments included PANSS and CGI-S.

Results: All three crossover schedules were well tolerated, showing no outcome differences by crossover method. Significant symptom improvement from baseline occurred in total PANSS and CGI-I in all three studies. Prior antipsychotic medication did not influence degree of improvement seen.

Conclusions: Stable but symptomatic outpatients switched from other first-line antipsychotics to ziprasidone usually found ziprasidone to be tolerable and effective. Most patients showed symptom improvements within the 6-week treatment period, whether they were switched from conventional or first-line atypical antipsychotics. These results indicate that many patients will experience clinical improvements after being switched to ziprasidone.

P02.07

Ziprasidone vs haloperidol for IM/oral therapy of acute schizophrenia

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Objectives: To compare efficacy and tolerability of sequential IM/oral ziprasidone versus haloperidol in acute schizophrenia.

Methods: 6-week flexible-dose, randomized trial of ziprasidone (<40 mg IM, 80–160 mg oral; n=429) and haloperidol (<10 mg/day IM, 5–20 mg/day oral; n=138). Primary outcomes (change from baseline: BPRS, CGI-S, CGI-I. Secondary outcomes (assessed throughout): Covi, ESRS, BAS, AEs.

Results: Change in BPRS total was significant for ziprasidone versus haloperidol at visit 1 (P<0.005), comparable thereafter. Endpoint CGI-S, frequency distribution of CGI-I, and change in BPRS anxiety scores were comparable throughout. CGI-I scores were "much" or "minimally" improved for most patients, with significantly more ziprasidone completers responding on visits 1 (P<0.05) and 2 (P<0.01). Haloperidol patients had greater mean change from baseline BAS and ESRS scores at all visits (both P<0.0001). Treatment-emergent AEs in >10% of patients included anxiety, insomnia, somnolence – ziprasidone; and akathisia, dystonia, EPS, hypertonia, tremor, insomnia – haloperidol.

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