chotics in patients with chronic schizophrenia. Patients received risperidone (n = 1056; all patients from flexible-dose studies and patients receiving 4–8 mg/day from fixed dose studies), haloperidol (n = 473), or other antipsychotics (n = 703; e.g., haloperidol, levomepromazine, perphenazine, remoxipride, thioridazine, and zuclopenthixol).

At endpoint, the mean decrease from baseline in Positive and Negative Symptom Scale (PANSS) total scores was significantly greater for patients receiving risperidone (−20.9) than haloperidol (−14.3; $p < 0.01$) or other antipsychotics (−16.2; $p < 0.001$). Risperidone-treated patients also showed a significantly greater decrease in the positive ($p < 0.01$), negative ($p < 0.05$), and general psychopathology ($p < 0.001$) subscale scores than patients receiving haloperidol or other antipsychotics. Cluster scores for cognition, affective symptoms, anxiety, and hostility each improved significantly ($p < 0.05$) more for patients receiving risperidone than haloperidol or other antipsychotics.

Efficacy data on patients with an acute exacerbation were available from 7 trials in which patients received risperidone (n = 372), haloperidol (n = 120), or other antipsychotics (n = 285). At endpoint, the mean decrease from baseline in PANSS total scores was significantly greater for patients receiving risperidone (−24.7) than haloperidol (−19.8; $p < 0.05$) or other antipsychotics (−19.8; $p < 0.01$). Risperidone-treated patients also showed a greater decrease in positive symptom scores (−7.8) than those receiving haloperidol (−7.1; $p < 0.1$) or other antipsychotics (−6.3; $p < 0.01$).

These findings are consistent with Phase III trial results that show risperidone is more efficacious than haloperidol for controlling a broad spectrum of symptoms in schizophrenia.

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'SEROQUEL'®: EFFICACY IN IMPROVING MOOD, AGGRESSION AND HOSTILITY OF SCHIZOPHRENIA

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'Seroquel'® (quetiapine), an atypical antipsychotic, has been demonstrated in a clinical trial programme to be effective in the treatment of schizophrenia with no greater EPS than placebo across the full dose range of 150 mg–750 mg/day.

In clinical practice the treatment of depression, aggression and hostility pose particular challenges in management and these problems contribute to increased morbidity and impairment in quality of life.

We present an evaluation of quetiapine in treating the depressive, aggressive and hostile symptoms occurring in schizophrenia using data from four randomised controlled clinical trials. Symptoms were rated using Brief Psychiatric Rating Scale (BPRS) and Clinical Global Impression (CGI). A meta- analysis comparing quetiapine and placebo in treating affective symptoms was carried out on grouped change from baseline, using BPRS factor 1 score, a BPRS mood cluster, the BPRS depression cluster and the BPRS depression item. This analysis demonstrated that quetiapine was associated with a greater proportion of patients showing improvements in affective symptoms and fewer getting worse than with placebo.

Aggression and hostility were measured using BPRS Factor V score, BPRS hostility item and BPRS hostility cluster. In a multiple dose study, in which 5 quetiapine doses (75, 150, 300, 600, 750 mg/day) were compared with placebo and haloperidol (12 mg/day), beneficial effects on the measures of hostility and aggression were evident in the quetiapine groups but not the haloperidol group, reaching significance ($p \leq 0.05$) compared with placebo at doses of 150 mg, 300 mg and 600 mg/day.

These results provide initial evidence, that, in addition to being an effective antipsychotic, quetiapine may have a beneficial effect on low mood, aggression and hostility. This, combined with a favourable EPS and tolerability profile across the dose range, suggests that quetiapine will present a valuable first-line treatment for schizophrenia and other psychotic disorders and may offer an improved quality of life for schizophrenic patients.

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'SEROQUEL'®: A NEW OPTION FOR THE TREATMENT OF SCHIZOPHRENIA WITH NO GREATER EPS THAN PLACEBO

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EPS, especially akathisia, are distressing consequences of standard antipsychotic therapy, often leading to patient dissatisfaction and non-compliance. Therefore, confidence that increasing the dose of an antipsychotic will not lead to greater incidence of EPS is important. A clinical trial programme has demonstrated that 'Seroquel' (quetiapine), over a dose range of 150–750 mg/day, is an effective antipsychotic. Moreover, higher doses of quetiapine were associated with no more EPS than placebo.

We present are EPS data from 4 double-blind, placebo-controlled Phase II/III trials (quetiapine n = 510, placebo n = 206). The proportion of patients reporting EPS adverse events was no different with quetiapine [Q] (7%) than with placebo [P] (12%) and no statistical difference was seen in the proportion of withdrawals due to EPS (Q = 0.2%, P = 0.5%) or proportions of patients receiving anticholinergic medication (Q = 9%, P = 13%). A meta-analysis confirmed these results, demonstrating that there was no difference between quetiapine or placebo in the proportions of patients either showing an improvement (46% and 48% respectively) or worsening (15% and 16% respectively) of EPS as measured by the SAS. Similar results were seen in analyses of AIMS and Barnes Akathisia Scales. This favourable EPS profile has been confirmed in haloperidol-controlled trials in which quetiapine showed superiority over haloperidol irrespective of how EPS was assessed. Furthermore quetiapine showed good general tolerability with a similar withdrawal rate due to adverse events as placebo. There were no statistically significant differences in the proportions of patients on quetiapine and placebo developing clinically significant haematological changes or in effects on plasma prolactin. Quetiapine has good general cardiovascular tolerability: the incidence of clinically significant QTc interval (>500 msec) was lower with quetiapine (0.5%) than with placebo (1.3%).

These data provide reassurance for the clinician that, unlike some other new antipsychotics, the occurrence of EPS, across the full quetiapine dose range, is no greater than that seen with placebo and suggests that 'Seroquel' may be accompanied by a greater degree of patient acceptability.

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EFFECT OF A LOW DOSAGE REGIMEN AMISULPRIDE (50 MG/D) ON EEG, PSYCHOMOTOR AND COGNITIVE PERFORMANCE OF SLEEP-DEPRIVED, HEALTHY SUBJECTS

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Amisulpride (Ami), a substituted benzamide, binds selectively to the dopamine (DA) D_2- and D_3-receptors. It has higher affinity for

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