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RECOVERY ISSUES IN THE TREATMENT OF SCHIZOPHRENIA: ARE WE AT THE END, OR STILL AT THE BEGINNING?

K. Alptekin

Department of Psychiatry, Dokuz Eylul University, School of Medicine, Izmir, Turkey

Recovery and normalized psychosocial functioning are the main targets for the treatment of schizophrenia. However antipsychotics have limited benefit for improving cognitive functions and negative symptoms that predict the patient's ability to work and function independently. Meta-analytic and latest large scale studies such as CATIE and EUFEST have found that Clozapine seemed to be superior compared to other antipsychotics regarding efficacy and Olanzapine was associated with significantly longer time to discontinuation although both were significantly associated with metabolic syndrome. Nevertheless mortality rate is about two times greater than general population in schizophrenia patients, mainly due to metabolic side effects which affect patient's satisfaction and let nonadherence to treatment. One of the important results driven from the CATIE trial has shown that the majority of the patients in each antipsychotic treatment group had discontinued their first treatment due to either inefficacy over schizophrenia symptoms or intolerable side effects. Since clinical effectiveness for antipsychotics is strongly related to adherence, long acting antipsychotics may play an important role in long term treatment. As well as adherence to treatment, patient related variables such as differences in pharmacogenetic and psychosocial factors may also affect outcome and recovery in schizophrenia. Also it is essential to identify outcome measures. Remission of schizophrenia symptoms does not always mean to be recovered from the illness. Outcome measures should include cognitive functions, quality of life and psychosocial functioning. Pharmacotherapy alone is not enough to achieve recovery, therefore psychosocial interventions should be established and integrated with antipsychotics.