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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Conclusions: Ziprasidone was as effective as haloperidol, with faster responses during IM treatment in some measures. Ziprasidone was well tolerated, causing significantly lower movement disorder scores.

P02.08

The outpatient treatment with olanzapine of a 24-year-old male patient suffering from acute psychosis

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Schizophrenia is a chronic psychotic mental disorder with progressive damaging course. Therefore, an early successful treatment is of the greatest importance, which is also important for the cost/benefit analysis, because the treatment of schizophrenia lasts for years, sometimes the whole lifetime. This case is important because it points at good therapeutic effects of olanzapine, without undesirable therapeutic effects in a young patient with the picture of first acute psychosis in the outpatient treatment. Before olanzapine was introduced in the therapy the patient's condition was assessed using three scales: PANSS, CGI severity, Simpson-Angus rating scale for EPS. His follow-up continued every two weeks for two more months. The obtained results are in accordance with the earlier studies. On the basis of the presented case it can be concluded that an atypical antipsychotic is the choice therapy in the first psychotic episode of a young patient, because it reduces both positive and negative psychotic symptoms, does not provoke extrapyramidal side effects, its application is rather simple, contributes to a better cooperation of the patient, enables quick reintegration, prevents hospital treatment. Also, historical pessimistic view on supposed static nature of cerebral dysfunction in schizophrenia should be different, with an emphasis on the possibility for a more positive prognosis than before.

P02.09

No weight gain among demented patients after 1 year of risperidone

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Objective: The goal of this study was to examine whether administration of risperidone to elderly demented patients with behavioral disturbances is associated with weight gain as has been reported with most atypical neuroleptics.

Methods: Data are from an international multicenter 12-week double blind trial of 344 elderly (150 males, 194 females) demented patients (median age, 81 years [range 56–96]) given risperidone, haloperidol or placebo and an open label risperidone add on to that study which included 83 of these elderly (28 males, 55 females), demented patients. At endpoint, the mean dose of risperidone was 1.1 mg/day.

Results: In the double-blind trial there was no significant change in weight for the risperidone group and haloperidol groups and a significant decline in weight for the placebo (1.16 kg) group. During the open label 12 month risperidone phase, there was no significant weight change in patients who completed the trial nor in those who did not complete the entire trial. In the 12-month trial, since many patients did not complete this long trial we also examined the correlation between length of time in the trial and weight change, which we found was not significant (r=-.14, p=0.31, n=57).

Conclusions: The results suggest that risperidone treatment is not associated with weight gain among elderly persons with dementia.

P02.10

Ziprasidone's long-term efficacy and tolerability in schizophrenia

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Objective: To evaluate in randomized, double-blind trials the long-term efficacy and tolerability of ziprasidone in schizophrenia.

Methods: A 28-week, flexible-dose study versus haloperidol in 301 outpatients, using PANSS, CGI-S, and MADRS. A one-year trial versus placebo in 278 inpatients, employing PANSS, CGI, and GAF, in which patients with impending relapse were withdrawn.

Results: 28-week study: Both drugs improved all efficacy variables; more patients on ziprasidone were negative symptom responders (48% vs 33%, P<0.05). Ziprasidone was superior in movement disorder assessments. One-year study: Ziprasidone group had a lower probability of impending relapse than the placebo group (P≤0.002). Only 6% of patients on ziprasidone &61619;6 months reached impending relapse, versus 42% of placebo recipients (P=0.001). Ziprasidone directly affected primary negative symptoms (P=0.024). Ziprasidone was indistinguishable from placebo in movement disorders assessments and was not associated with weight gain.

Conclusion: Long-term therapy with ziprasidone maintains positive symptom control, improves negative symptoms, and reduces the risk of relapse, with a low incidence of extrapyramidal effects and weight gain.

P02.11

Ziprasidone vs olanzapine in schizophrenia: a double-blind trial

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Objective: To compare efficacy, tolerability, and safety of ziprasidone and olanzapine in acute inpatients with schizophrenia or schizoaffective disorder.

Methods: 6-week double-blind, multicenter trial of 269 acute inpatients randomly assigned to ziprasidone (40–80 mg BID) or olanzapine (5–15 mg QD). Primary efficacy evaluations included BPRS and CGI-S. Secondary assessments included PANSS. Tolerability and safety measurements included weight, fasting laboratory tests (insulin, glucose, total cholesterol, low-density lipoprotein cholesterol [LDL-C], triglycerides), insulin resistance (IR) index (HOMA IR=[Ins x Glu]/22.5), and treatment-emergent adverse events.

Results: There were no statistically significant differences in BPRS total and core scores, PANSS total scores, or CGI-S (all patients, LOCF) in ziprasidone- and olanzapine-treated patients. Both agents were well tolerated, with movement disorder ratings generally improving with each. Patients receiving olanzapine had significantly greater mean weight gain (P<0.0001) and increases from baseline in fasting insulin (P<0.0001), HOMA IR (log) (P<0.0001), total cholesterol (P<0.0001), triglycerides (P<0.0001), and LDL-C (P<0.0004).

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