

P-287 - ATYPICAL ANTIPSYCHOTICS FOR PSYCHOSIS IN ADOLESCENTS

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Introduction: Schizophrenia often presents in adolescence (13-18 years), is more likely to have a poor prognosis and young people are also more prone to adverse effects. Clearer guidance is needed in order to plan treatment for early onset cases more effectively.

Objectives: We aimed to evaluate effects of atypical antipsychotic medications for psychosis in adolescents.

Search methods: We searched the Cochrane Schizophrenia Group's Register. References of all identified studies were inspected for further trials.

Methodology: All relevant RCTs that compared atypical antipsychotic medication with pharmacological or non-pharmacological interventions in adolescents with psychosis were included. We reliably selected, quality assessed and extracted data from trials.

Results: There were 13 RCTs with a total of 1112 participants. Adolescents improved more on standard dose of risperidone (1.5 - 6.0 mg) against low dose of risperidone (0.15 - 0.6 mg) (1 RCT, n = 255, RR 0.54 CI 0.38 to 0.75). Participants on clozapine were three times more likely to have drowsiness as compared to haloperidol (1 RCT, n = 21, RR 3.30 CI 1.23 to 8.85, NNH 2 CI 2 to 17). Lesser number of adolescents on atypical antipsychotics left the study due to adverse effects (3 RCTs, n = 187, RR 0.65 CI 0.36 to 1.15) than on typical antipsychotics.

Authors' conclusions: There is no convincing evidence that atypical-antipsychotic medications are superior over typical antipsychotic medications. There is some evidence to show that adolescents respond better to standard-dose as opposed to lower dose of medications. Larger, more robust, trials are required.