Acta Psychiatr Scand 2006: 114: 294–297
All rights reserved
DOI: 10.1111/j.1600-0447.2006.00867.x

Copyright © 2006 The Authors
Journal Compilation © 2006 Blackwell Munksgaard

ACTA PSYCHIATRICA SCANDINAVICA

Letters to the editor

Aripiprazole in chronic schizophrenia: experiences in daily practice

DOI: 10.1111/j.1600-0447.2006.00866.x

Recently, two studies with aripiprazole were reported on in your journal. Henderson et al. (1) added aripiprazole to clozapine therapy in 10 treatment-refractory patients and observed hardly no change in psychotic symptoms. From studying 51 patients Christensen et al. (2) concluded that aripiprazole significantly improved psychopathology. However, about half of these patients received concomitant antipsychotics. We obtained interesting positive results when we treated 43 schizophrenic inpatients [M28/F15; age: 39.4 ± 2.5 years (mean ± SD)] with aripiprazole solely. Data were collected retrospectively on all patients in our hospital who were prescribed aripiprazole during 12 months immediately after its introduction in the Netherlands. Outcome measure of efficacy was defined as the duration of treatment. All but two patients used 15 mg aripiprazole daily.

On one patient no information was available. Twenty-one patients discontinued the treatment due to lack of response or adverse events. Six patients (14%) discontinued within 2 weeks. Fifteen patients (36%) discontinued within 3 months. Of the remaining patients, 16 (38%) were discharged in good clinical condition from the hospital.

All, but three patients, were discontinued from modern antipsychotics to aripiprazole due to insufficient response. Therefore, most of our patients can be considered to be treatment resistant.

Most important side-effects with aripiprazole were increase of severity of psychotic symptoms ($n = 9$), severe agitation ($n = 9$), insomnia ($n = 8$), sedation ($n = 3$), dyskinetic movements ($n = 3$), increase of manic symptoms ($n = 2$). Remarkably many non-responders show a worsening of psychosis or an induction of severe agitation. The occurrence of these symptoms is possibly related to its partial agonistic activity on D2 receptors and/or lack of affinity to (prefrontal) D1 receptors. It may be the consequence of increased dopaminergic activation in some patients with specific vulnerability in this respect.

Extra pyramidal symptoms were not reported which is consistent with previously published studies. Also minimal changes in bodyweight were observed.

D. S. J. S. Fernald, R. T. van Dellen, J. E. Hovens, A. J. M. Loonen
Delta Psychiatric Centre, Poortugaal, The Netherlands

References

1. Henderson C, Kunkel L, Nguyen DD et al. An exploratory open-label trial of aripiprazole as an adjuvant to clozapine therapy in chronic schizophrenia. Acta Psychiatrica Scand 2006;**113**:142–147.
2. Christensen AF, Poulsen J, Nielsen CT, Bork B, Christensen A, Christensen M. Patients with schizophrenia treated with aripiprazole, a multicentre naturalistic study. Acta Psychiatr Scand 2006;**113**:148–153.

DOI: 10.1111/j.1600-0447.2006.00867.x

Reply

Fernald et al.'s letter raises important issues in the use of aripiprazole in clinical practice. We reported an open label trial of aripiprazole added to clozapine-treated subjects (1). While there was no statistically significant change in total PANSS scores, seven of 10 subjects showed an improvement in symptoms. However, I am not aware of any study that suggests that aripiprazole is effective as a single antipsychotic agent in the treatment refractory schizophrenia population.

Although my early clinical experience with aripiprazole was similar to Fernald et al., with time, my clinical experience is much more positive. Aripiprazole's potential for lowering the D2 blockade percentage may result in a worsening of psychotic symptoms in some patients. I have occasionally encountered patients, during a switch, which experienced an increase in psychotic symptoms within a few days of starting aripiprazole.

The side effects of aripiprazole such as activation/anxiety/restlessness and insomnia must be addressed early in its treatment to prevent early discontinuation of the drug. Starting at lower doses (2.5 or 5 mg) and covering patients for the above side effects may reduce early discontinuation. Additionally, a rapid switch of antipsychotic agents may increase the risk of worsening of psychotic symptoms. Once I overlapped the first antipsychotic agent by approximately 3 months with aripiprazole, more patients experienced a successful switch to this agent.

David C. Henderson
Associate Professor of Psychiatry, Massachusetts General Hospital, Harvard Medical School, Boston, MA 02114, USA

Reference

1. Henderson DC, Kunkel L, Nguyen DD et al. An exploratory open-label trial of aripiprazole as an adjuvant to clozapine therapy in chronic schizophrenia. Acta Psychiatr Scand 2006;**113**:142–147.