in Sweden but not marketed, all of these drugs, alternatively called novel, atypical or second generation antipsychotics, are available in many countries of the world. Although most of the available published information on these antipsychotics stems from pre-registration clinical trials, the evidence on their benefit risk-ratio from post marketing studies is mounting. This is especially true for Risperidone and Olanzapine, the two drugs that have been available the longest.

All available information taken together, the second generation antipsychotics have considerable advantages over traditional drugs concerning acute extrapyramidal motor effects, one of the most disastrous side effects of traditional neuroleptics. There is increasing support for the notion that the low risk to induce acute EPS extends into long-term treatment, meaning that tardive dyskinesia incidence rates are also considerably lower. In terms of other adverse events, the evidence is less clear, some of the new agents may even have disadvantages over classical neuroleptics especially in terms of inducing weight gain. Reports on various efficacy variables are very encouraging, the new drugs appear to be at least as effective as the older ones in terms of reducing the positive symptoms of schizophrenia. They may even be more efficacious in the management of negative, affective and cognitive symptoms of the disorder. Preliminary results also indicate that the new drugs may be better accepted by patients. Although more costly on a dose per day basis, long-term pharmacoeconomic studies suggest that these costs are counterbalanced by lower rehospitalisation rates.

All evidence taken together, second generation antipsychotics should be favored over traditional neuroleptics, especially in patients exposed to antipsychotics for the first time as well as in patients with acute exacerbations of the illness, unless they have a history of optimal response and tolerability to traditional neuroleptics.

### DE03.02
CONTRA

L. Farde

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Deinstitutionalisation in European psychiatry was rushed through over a very few years.

The overall principle is to close down or drastically reduce in-patient facilities without a parallel establishing of out-patient services. The process was characterized by ideology and focus on social aspects with respect for the mental disordered as persons suffering from brain diseases being in an absent or Cinderella position.

Exemplified by data from one of the European countries it is documented that at the turn of the century bed occupancy has increased during the last 15 years. Recapturing of discharged patients into decentralized facilities is still very low and readmission (relapse) of severe mental disorders is very high.

The value of deinstitutionalisation/decentralization is beyond dispute, but the speed and the totalitarian like way it has been effected have been followed by complication discrediting the whole paradigm.

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