treatment may be associated with new or worsened AEs (frequency of AE reports: paroxetine > sertraline > fluoxetine).

# S59. Optimising drug therapy in various psychiatric conditions

*Chairs*: DM Taylor (UK), J Donoghue (UK)

## S59-1
OPTIMAL USE OF CLASSICAL (TYPICAL) ANTIPSYCHOTIC DRUGS

D. Branford. *Leicester Frith Hospital, Glenfrith Division of Fosse Health NHS Trust, Leicester, UK*

For nearly 50 years the typical antipsychotic drugs have remained the drugs of choice for treatment of schizophrenia. During that 50 year period different concerns have dominated opinions about their optimal use. These include extrapyramidal side effects, tardive dyskinesia, sudden death, neuroleptic malignant syndrome, non-compliance, hormonal disturbance and excessive doses, just to mention a few. In addition there have been controversies about the need for the coprescribing of anticholinergic drugs, the efficacy of polypharmacy, the safety of chlorpromazine and the prescribing of antipsychotic drugs both for the elderly and in mental retardation to control challenging behaviours. This presentation will provide a historical overview of these controversies and issues, in order to propose guidelines for the optimal use of antipsychotic drugs.

## S59-2
OPTIMAL USE OF ATYPICAL ANTIPSYCHOTICS

C. Paton. *Bexley Hospital, Oxleas NHS Trust, Bexley, Kent DA5 2BW, UK*

Atypical antipsychotics have an improved side-effect profile over the older traditional drugs, while demonstrating at least equal efficacy against positive, negative and co-morbid mood symptoms. Clinical trials demonstrating these effects have employed atypical drugs as monotherapy, with optimal anticholinergic use, in a cohort of patients not selected for treatment refractory illness.

Because of the relatively high cost of atypicals, they are frequently reserved in clinical practice for patients who fail to respond to the older drugs. The result is maximum licensed doses being used routinely, along with concurrent antipsychotics and anticholinergics. The use of atypicals in this way leads to high prescribing costs with low clinical returns. Audit is a useful tool which can be used to improve understanding and practice in this area of prescribing, and maximise the tangible benefits to patients that the new atypical antipsychotic drugs offer.

## S59-3
OPTIMAL USE OF CLOZAPINE

D. Taylor. *The Maudsley Hospital, Denmark Hill, London SE5 8AZ, UK*

This session will examine methods of optimising efficacy and tolerability when using clozapine. Dosing and plasma-level issues will be covered and supporting data presented. The management of adverse effects will also be examined and the benefits of remedial treatments discussed. Pharmacokinetic aspects will also be outlined and their relation to adverse interactions examined in depth.

## S59-4
OPTIMAL USE OF MOOD STABILISING AGENTS

L. Haygarth. *High Royd's Hospital, Leeds Community & Mental Health Trust, Menston, Ilkley, West Yorks LS29 6AQ, UK*

The optimal use of mood stabilising agents represents a considerable challenge to the clinician. The majority of pharmacological therapies, now used as mood stabilisers, were first developed for other indications. Current mood stabilisers include lithium, antipsychotics, carbamazepine, sodium valproate, other anticonvulsants, thyroid hormones and calcium channel blockers. Lithium is the most widely recommended for the treatment of bipolar affective disorder. Unfortunately, its effectiveness in clinical practice, is less than that predicted from controlled trials. A major cause of treatment failure is attributed to patient non-compliance. Patient education, combined with due attention to side effects and monitoring criteria may well produce an increase in response.

Definitive data on the primary mode of action of mood stabilisers is not readily available with those compounds used showing no single pharmacological property. However, the pharmacokinetics and pharmacodynamics of all the compounds used, are well studied. For optimal therapy it is important to consider these parameters of the individual drugs. As mood disorders can be resistant to treatment with a single agent, polypharmacy is common. Particular reference must be paid to potential drug interactions and increased side effects, which may result in treatment failure.

## S59-5
OPTIMAL USE OF ANTIDEPRESSANTS

J. Donoghue. *Clatterbridge Hospital, Bebington, Wirral, L63 4JY, UK*

Guidance on the effective treatment of depression has been issued at both national and international level. To achieve optimal outcomes, treatment should be initiated at an early stage, be vigorous, and continue for 4–6 months after a response has been obtained.

There is considerable evidence that too often, none of these objectives are achieved in practice, with consequent poor outcomes for patients.

Pharmacoepidemiological research findings consistently suggest that patients treated with older tricyclic antidepressants rarely complete an effective course of treatment - either in terms of obtaining an adequate dose of antidepressant, or completing a minimum period of treatment if an adequate dose is achieved.

Initial choice of antidepressant appears to be an important factor in determining subsequent treatment patterns: patients who initiate treatment with a selective serotonin reuptake inhibitor (SSRI) are considerably more likely to complete an effective course of treatment - which should be reflected in better outcomes. Concerns have been raised about the added costs that this approach to treatment would entail, however, research to date has failed to show that tricyclic antidepressants are more cost-effective than SSRIs, despite the difference in costs of these medicines.

It is likely that a shift to the use of SSRI antidepressants as first choice drug therapy for depression would have a significant impact on improving outcomes, without increasing total costs.

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