
Management of Primary Negative Symptoms in Schizophrenia: an One-year Study in “real World” in According to the Recommendations of Consensus Development Conference Attendees

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Introduction

Negative symptoms constitute an important diagnostic and therapeutic challenge (Galderisi & Maj 2008). Negative symptoms are thought to be part of schizophrenia, at least in some patients (Kirkpatrick 2014). Despite that there are few treatment trials focused on primary negative symptoms (Chue P, Lalonde JK 2014).

Objectives

Open-observational study to evaluate the efficacy of SGA on negative symptoms, in according to the recommendations of Consensus Development Conference Attendees (CDCA).

Aims

To consider the impact of SGAs in the treatment of primary negative symptoms.

Methods

We evaluated in 12-month-study efficacy of SGA in 42 inpatients with schizophrenia (DSM-5). Inclusion criteria: persistent negative symptoms with adequate antipsychotic treatment, clinically stable, minimal psychotic symptoms, depression/anxiety, EPS. Patients were treated with SGAs (clozapine; risperidone; quetiapine, olanzapine) and evaluated at baseline and after 1, 3, 6, 12 months with: PANSS; BPRS; Brief Negative Symptoms Scale (BNSS); CDSS. Data were collected and evaluated by EZanalyze /Excel.

Results

Data obtained with BNSS and PANSS scales show no significant differences in olanzapine and risperidone groups. Clozapine-treated patients had a significant reduction in BNSS score ($p < .03$) and particularly in asociality and avolition subscales. Although no significant difference was found in the PANSS and BNSS total scores in all groups; quetiapine group showed significant symptoms reduction in the PANSS and BNSS, alogia subscale ($p \leq .06$).

Conclusion

There are not studies that show a superiority of a drug over another in negative symptoms therapy. However, emergent results show that some antipsychotics act preferentially on some specific items of group of symptoms.