Health Outcomes During Schizophrenia Treatment in Africa and The Middle East: Results from 12 months of the IC-SOHO Prospective Observational Study

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Abstract:

As part of the large and ongoing Intercontinental Schizophrenia Outpatient Health Outcomes (IC-SOHO) observational study, we have been following a sample of patients from Africa and The Middle East (n=1479), who initiated or switched antipsychotic medication for the treatment of schizophrenia. Of the three treatment cohorts established in this sample, after 1 year, olanzapine and risperidone were found to be more effective than conventional agents in terms of amelioration of a wide range of symptoms. Moreover, patients in the olanzapine cohort experienced significantly greater improvements in overall, positive,negative,depressive,and cognitive symptoms compared with risperidone-treated patients. During the12 months,olanzapine-treated patients were also significantly less likely to suffer from motor and most sexual function adverse events compared with risperidone and conventional agents. Differences in concomitant medication use between the treatment groups were also apparent at Baseline (initial study visit) and after 12 months. Weight gain was a feature of all the treatment cohorts, but was greatest in the olanzapine group, although this difference only reached statistical significance for the comparison with the conventionals group.Thus, this study contributes to the knowledge of schizophrenia and its treatment in a region where such information is extremely limited.

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Introduction :

The treatment of schizophrenia has undergone continued research and advancement since the introduction of pharmacological interventions some five decades ago.This and generation antipsychotics (FGAs), have vastly improved the treatment of this debilitating disorder, offering benefits in quality of life and However,clinical experience has subsequently born out evidence of associated with antipsychotic use in patients with schizophrenia, most notably in terms of extrapyramidal symptoms (EPS), sexual function disturbances, and weight gain.[1,2,3] The advent of the second generation antipsychotics (SGAs), starting with clozapine, held out the promise of equal,if not improved, compared with the FGAs, but with a lower burden of EPS.[4,5] Moreover, the efficacy of manymany SGAs purportedly extend into facets of the illness, such as negative symptoms, cognition,an mood, previously thought refractory to pharmacological treatment.[6,7,8,9] advantages in terms of relapse prevention, possibly resulting from greater compliance associated with their improved adverse event profile and enhancement of patient awareness of the disease and its treatment.[10,11] Supported by the results of numerous randomised controlled trials (RCTs), the assemblage of SGAs approved