First episode psychosis: olanzapine and haloperidol provide similar improvements in quality of life and social functioning


Is olanzapine more effective than haloperidol in improving quality of life and social functioning in people with first episode psychosis?

METHODS

Design: Multicentre randomised controlled trial.

Allocation: Unclear.

Blinding: Double blind.

Follow up period: One year.

Setting: Fourteen medical centres in North America and Western Europe; time period not reported.

Patients: 263 people aged 16–40 years with first episode schizophrenic spectrum psychosis (DSM-IV) and active psychotic symptoms. Participants had to have less than five years of symptoms with any recovery period lasting less than six months, and antipsychotic treatment lasting 16 weeks or less.

Intervention: After a 2–14 day washout of current medication, participants received either haloperidol (2–6 mg/day) or olanzapine (5–20 mg/day).

Outcomes: Quality of life and psychosocial functioning (Medical Outcomes Study 36-item Short Form health survey (SF-36)) at three, six, and 12 months.

Patient follow up: Analyses included 195 participants (74%) who provided outcome data at baseline and at least one follow up; only 83/263 (31.6%) participants completed one year follow up.

MAIN RESULTS

There was no significant difference between olanzapine and haloperidol in quality of life or psychosocial functioning in people with first episode psychosis over one year’s treatment. Both treatments produced significant improvements from baseline in bodily pain (p<0.0001), general health (p<0.02), mental health (p<0.0001), role limitations due to emotional problems (p<0.0001), and social functioning (p<0.0001), but not in vitality, physical functioning, or role limitations due to physical problems.

CONCLUSIONS

Both olanzapine and haloperidol improve quality of life and social function in people with first episode schizophrenic disorders, with no significant difference between therapies.

NOTES

The author notes that the results may not be representative of people with first episode schizophrenic disorders as a whole, due to the high dropout and the tendency of studies to not include severely ill patients.

Commentary

The study by Strakowski et al emphasises the importance of assessment of quality of life and functional outcomes beyond symptom improvement. Unfortunately the Medical Outcomes Study 36-item Short Form health survey (SF-36), although validated and extensively used in a number of medical conditions, may not have been the best instrument for assessing quality of life in a psychiatric population. Many items in the SF-36 are skewed towards physical health, which is not the issue among people with psychosis. Another limitation of the study is that, although the authors gave the dosage ranges for both haloperidol and olanzapine at the beginning of the study, they did not include data about the range or the mean doses at the end of the study. Notwithstanding that, the results of this study are in line with data from a number of other studies. While it can be argued that the SF-36 is not sensitive enough to identify small differences between medications, it is equally possible that the relatively small dosages of haloperidol and olanzapine may account for the lack of differences between the treatment groups. Despite the limitations of the study, Strakowski et al provide evidence that people with first episode schizophrenia treated with either haloperidol or olanzapine can achieve significant improvement over time in their quality of life and functional status.

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Evid Based Mental Health 2006 9: 47
doi: 10.1136/ebmh.9.2.47

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