Adjunctive transdermal oestradiol improves positive symptoms and general psychopathology in women with schizophrenia

**QUESTION**

**Question:** Does adjunctive transdermal oestradiol improve symptoms in women with schizophrenia?

**Patients:** 102 women who met the diagnostic criteria (DSM-IV) for schizophrenia, schizoaffective disorder (bipolar subtype excluded) or schizophreniform disorder. Main exclusions: currently in manic phase of illness; currently using hormonal therapy; menopausal symptoms; pregnant or breastfeeding; or serious medical illness.

**Setting:** Two general hospitals in Melbourne, Australia (inpatient and outpatient clinics); recruitment 1 January 2001 to 30 April 2004.

**Intervention:** Transdermal oestradiol (100 µg/day; n = 56) or transdermal placebo (n = 46) for 28 days, in addition to usual antipsychotic therapy. The majority of women (77%) were taking atypical antipsychotics, 17% took typical antipsychotics and data were missing for 4%. There were no differences between the groups in antipsychotic medication.

**Outcomes:** Positive, negative and general psychopathology symptoms (Positive and Negative Syndrome Scale (PANSS)) and adverse events (Adverse Symptoms Checklist). Symptoms were assessed at baseline and every week thereafter. Outcomes were analysed using repeated measures ANOVA.

**MAIN RESULTS**

Adjunctive oestradiol improved positive symptoms (p = 0.005) and general pathological symptoms (p = 0.01) compared with placebo but had no effect on negative symptoms (p = 0.2). There was no significant difference in adverse events between groups (p = 0.49), with adverse events reducing in both groups from baseline (p<0.001). Two participants (5.6%) withdrew from the oestradiol group because of menstrual bleeding.

**CONCLUSIONS**

Adjunctive oestradiol is effective in improving positive and general psychopathological symptoms in women with schizophrenia.

**ABSTRACTED FROM**


**Correspondence to:** Jayashri Kulkarni, Alfred Psychiatry Research Centre, The Alfred, First Floor, Old Baker Bldg, Commercial Road, Melbourne, Victoria, 3004, Australia; j.kulkarni@alfred.org.au

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