THE TREND AND PRESCRIBING PATTERN OF ATYPCAL AND TYPICAL ANTIPSYCHOTIC MEDICATIONS IN PUSAT PERUBATAN UNIVERSITY MALAYA (PPUM)

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Abstract:

Schizophrenia and depressant are heterogeneous disorder in terms of symptoms, severity, course, and treatment response. Despite evidence of superiority of the second-generation antipsychotics (SGAs) over the first-generation antipsychotics (FGAs), there are still some in the field who argue that FGAs in low doses are equal to SGAs in efficacy and are far less costly. This research examines data comparing typical versus atypical antipsychotics on efficacy, safety and tolerability, and clinical strategies and indications. Possible reasons for still using FGAs include better or equal efficacy; better or equal safety and side-effect profiles; occasional efficacy of combining an FGA and an SGA compared to using either alone; reluctance to change an effective regimen (ie, "if it ain't broke, don't fix it," pleas of patients who are doing satisfactorily on an FGA and are fearful of switching to an SGA, especially when they have minimal side effects); and when cost of treatment is a significant concern. Most clinicians who have used both FGAs and SGAs over the long run prefer an SGA unless cost is the primary determinant.

CHAPTER 1: INTRODUCTION

Antipsychotics are a group of psychoactive drugs commonly but not exclusively used to treat psychosis, which is typified by schizophrenia. Over time a wide range of antipsychotics have been developed. A first generation of antipsychotics, known as typical antipsychotics, was discovered in the 1950s. Most of the drugs in the second generation, known as atypical antipsychotics, have more recently been developed. Typical antipsychotics or also referred to as conventional antipsychotics, classical neuroleptics, or major tranquilizers are used to treat psychosis (in particular, schizophrenia), and are generally being replaced by atypical antipsychotic drugs. Typical antipsychotics may also be used for the treatment of acute mania, agitation, and other conditions. The first typical antipsychotics to enter clinical use were the phenothiazides.

Traditional antipsychotics are broken down into low-potency and high-potency classifications. Fluphenazine and haloperidol are examples of high-potency typical antipsychotics, and chlorpromazine is an example of a low potency antipsychotic. High-potency typical antipsychotics tend to be associated with more extrapyramidal side-effects (EPS) and less histaminic (e.g. sedation), alpha adrenergic (e.g. orthostasis) and anticholinergic (e.g. dry mouth) side effects, while low-potency typical antipsychotics tend to be associated with less EPS but more H1, alpha1, and muscarinic side effects.

Side effects vary among the various agents in this class of medications, but common side effects include: dry mouth, muscle stiffness, muscle cramping, tremors, EPS and weight-gain. EPS is a cluster of symptoms consisting of parkinsonism, dystonias, and akathisia. Anticholinergics such as benztropine and diphenhydramine are commonly prescribed to treat the symptoms of EPS.

The example of typical antipsychotic medications are haloperidol, chlorpromazine, perphenazine, fluphenazine, molindone, thiothixene, trifluoperazine, loxapine.