Clozapine in the treatment of first episode of psychosis; comparison with olanzapine

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Introduction: Clozapine has become a keystone in the treatment of psychosis, with multiple contributions to the treatment of schizophrenia. The choice of antipsychotic treatment adapted to the specific needs of the patient would make it possible to optimize the results of the treatment in First Episode of Psychosis (FEP).

Aim: The aim of this study was to compare clozapine and olanzapine in the treatment of FEP.

Methods: Retrospective, descriptive study. Utilized parameters: therapy algorithms, Duration of Untreated Psychosis (DUP), time to remission of productive psychotic symptoms, duration of hospitalization. Two groups (clozapine and olanzapine) were formed, and data were compared.

Results: 31 patients, 11 (35.48%) female, 20 (64.52%) male; average age 31.45 years. On discharge, 7 (22.58%) had clozapine, 17 (54.83%) olanzapine, and 5 (16.12%) some other AP (Figure 1). Of all patients on clozapine, 2 (28.57%) were on monotherapy, 5 (71.43%) had FGA in addition to clozapine (Figure 2). In olanzapine group, 7 (41.18%) were on monotherapy; 10 (58.82%) on polytherapy (Figure 3).

Olanzapine was first choice treatment in 10 (58.82 %) and second choice in 7 (41.18%) patients (Figure 5). Average time to remission of productive symptoms was 19.16 days; 35 on clozapine, 20.75 days on olanzapine (Figure 6).

Average DUP in clozapine group was 350.71, in olanzapine group 263.64 days; average duration of hospitalization for patients on clozapine was 86.85, for those on olanzapine 46.82 days (Figure 4). Clozapine was commenced as first-line therapy in 1 (14.28 %), as a second line in 5 (71.44%), and as a third line therapy in 1 (14.28%) patients.

Conclusion: Patients discharged on clozapine had longer DUP, longer hospitalizations and prolonged time to remission. Clozapine has been commenced after at least one unsuccessful pharmaceutical trial with another SGA; mostly as polytherapy. In a treatment of FEP, in patients with longer DUP, choosing the clozapine as a first line AP therapy could speed up remission of productive symptoms, consequently shortening the duration of hospitalization.

References: