METHODS: The OPMS-J is a 12-month, prospective, observational study of the health outcomes associated with olanzapine treatment in Japan. Patient enrollment started before November 2003, and completed by July 2004. A total of 1575 out/in-patients were enrolled in the OPMS-J, of whom 1494 were considered as qualified subjects for the analysis of effectiveness. Four types of outcomes were measured in the study: social activity (social activity was assessed using single-item questions that asked whether the patient was involved in any social interactions in the previous 4 weeks), EQ-5D, Clinical Global Impression-Schizophrenia scale (CGI-SCH) and the maintenance rate of olanzapine. Regarding the maintenance rate of olanzapine, the OPMS-J was compared with the SOHO study, as an external control, with typical and atypical antipsychotic medication including olanzapine. RESULTS: The three outcomes, i.e., social activity, EQ-5D and the CGI-SCH, all, significantly improved when the scores at the baseline were statistically compared with those at the endpoint of 12-month follow-up or the end of the surveillance (p < 0.001). Also, the deterioration rate of patients statuses was observed as less than 5% in the group measured with the CGI-SCH. The maintenance rate of olanzapine in the OPMS-J was 68.25% (n = 1262) in the 12-month follow-up duration, which is similar to that of SOHO study reported at the 12-month endpoint, ranging from 79.5% to 51.4%. CONCLUSION: The improvement of patient-reported outcomes with respect to olanzapine was confirmed in the OPMS-J, a post marketing surveillance in Japan. Also, the maintenance rate of olanzapine in Japan was similar as that in the European study.

Efficacy of antipsychotics in negative symptoms of schizophrenia: A meta-analysis of randomized clinical trials

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OBJECTIVES: To compare the efficacy of antipsychotics in the treatment of negative symptoms of schizophrenia. METHODS: Studies were identified by searching for randomized, double-blind, placebo-controlled trials reporting data on efficacy of antipsychotics on negative symptoms in schizophrenia. A structured literature review was conducted in the following databases: Pubmed, The Cochrane Central Register of Controlled Trials (CENTRAL), Proquest Health and Medical Complete, Science Citation Index Expanded, and Current Contents Connect. The outcome measure was the mean change in negative symptoms score from baseline to end-point on the PANSS-N, SANS, and BPRS retardation factor (BPRS-R) scales. As we obtained data from different assessment instruments to be combined, we chose a standardized statistic—Cohen’s d—which is a type of standardized mean difference. The Der-Simonian and Laird random effects model was used to synthesize data. All calculations were made using STATA 8.2, with 95% confidence intervals and significance level of 0.05. RESULTS: A total of 46 homogeneous trials (Q = 45.18, df = 50, p = 0.667, I2 = 0%) were included; 4 with amisulpride, 3 with ziprasidone, 9 with olanzapine, 8 with risperidone, 11 with quetiapine, 8 with haloperidol, 2 with zotepine, and 1 with chlorpromazine. Ranked effect sizes (Cohen’s d) favoring active treatment against placebo were for amisulpride: 0.52 (p < 0.001), ziprasidone: 0.30 (p < 0.001), olanzapine: 0.43 (p < 0.001), risperidone: 0.40 (p < 0.001), quetiapine: 0.36 (p < 0.001), haloperidol: 0.34 (p < 0.001), zotepine: 0.31 (p < 0.11), and chlorpromazine: 0.12 (p = 0.532). CONCLUSION: The efficacy of antipsychotics on negative symptoms seems to be drug-dependent. Amisulpride and ziprasidone showed better overall effects than the other antipsychotics.

Comparative efficacy of second-generation antidepressants for the acute-phase treatment of major depressive disorder: A systematic review and meta-analysis

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OBJECTIVES: To review systematically the comparative efficacy of second-generation antidepressants for the treatment of acute phase major depressive disorder (MDD) in adults. METHODS: To identify relevant articles we searched MEDLINE®, Embase, The Cochrane Library, and the International Pharmaceutical Abstracts from 1980 to 2006 (February). We included double-blinded, randomized controlled trials (RCTs) of good or fair internal validity. If data were sufficient, we conducted relative benefit and effect size meta-analyses to assess the comparative efficacy of two drugs. If not enough data were available for meta-analyses, we conducted adjusted indirect comparisons based on placebo controlled RCTs. For adjusted indirect comparisons we employed meta-regression and network meta-analysis as statistical methods. RESULTS: Overall we included 108 studies. Data was sufficient to conduct meta-analyses on four comparisons. For the other 62 possible comparisons we conducted adjusted indirect comparisons. Outcomes of interest were relative benefit (RB) of response. We found statistically significant differences in response rates favoring escitalopram over citalopram (RB: 1.19, 95% CI, 1.08–1.30), sertraline over fluoxetine (RB: 1.11; 95% CI, 1.01–1.25), and venlafaxine over fluoxetine (RB: 1.12; 95% CI, 1.00–1.25). However, these differences are modest and likely not clinically significant. Adjusted indirect comparisons did not indicate differences in efficacy among second-generation antidepressants. In other findings, mirtazapine had a faster onset of action, bupropion led to improved sexual functioning, and nefazodone and trazodone to improved sleep quality than comparator drugs. No differences in effectiveness, adherence, or efficacy in subgroups could be detected. CONCLUSION: Our findings indicate that the current evidence does not warrant the choice of one second-generation antidepressant over another based on differences in efficacy and effectiveness. However, other differences with respect to onset of action and some aspects of quality of life may be relevant for the choice of a medication.