Depot antipsychotic medication for people with schizophrenia: Cochrane systematic reviews
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Background
Antipsychotic medication has an established place in the treatment of schizophrenia.
Drugs may be administered in a long-acting depot form.
Efficacy of depot has seldom been assessed thoroughly and systematically and the good quality reviews of the past are long overdue an update.

Objectives
To quantify the effects of depot antipsychotic’s in managing schizophrenia.

Main results
The following Cochrane reviews of depots were included:
bromperidol (n=117, 4 RCTs)
flupenthixol (n=615, 15 RCTs)
fluphenazine decanoate (n=1963, 48 RCTs)
fluspirilene (n=290, 7 RCTs)
haloperidol decanoate (n=445, 11 RCTs)
perphenazine decanoate (n=236, 2 RCTs)
pipothiazine palmitate & undecylenate (n=771, 14 RCTs)
zuclopenthixol decanoate (n=332, 4 RCTs).

Depot vs placebo depot
Outcome: Relapse

Depot resulted in significantly less relapse (n=415, RR 0.3, CI 0.22-0.41), but, despite being poor reported in many trials, there was still some evidence that movement disorders were prevalent.

Depot vs placebo depot
Outcome: Movement disorders

When depots were compared with oral antipsychotics, people allocated to depot showed more global change. Relapse and adverse effects, however, found no clear differences.

Depot vs oral antipsychotics
Outcome: No important change in global state

There was no clear advantage for one depot, or dose of depot, over another. Data were limited.

Depot vs other depot
Outcome: Relapse

Conclusions
Evaluation of depot preparations of antipsychotics within randomised controlled trials is very limited, but before clinicians and researchers are subjected to evaluative studies of depot preparations of atypical antipsychotics, it was important to update and systematically review our current state of knowledge.

Trials of depot antipsychotics are particularly far removed from real world practice, where those needing a depot are the least likely to enter an evaluative study.

For routine care, it is probable that the effects of depots (both good and bad) are considerably underestimated by these studies.

Depot antipsychotics may well be safe and effective, and even confer a small benefit over oral drugs on global outcome.

There is little reassurance that the depot antipsychotic does not result in more adverse effects.

Recommendations
Large, long-term pragmatic clinical trials are still required for those whom depot preparations may be advantageous.

By carefully designing such studies to fit into every day care some of problems of past trials could be minimized.

Newer antipsychotic agents should be compared with depot preparations

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Reference