Background and aims: Because intermittent use of antipsychotic drugs is the norm rather than the exception for people with schizophrenia, we reviewed the best evidence of the effects of different intermittent drug techniques (any type of antipsychotic/any form of administration) compared to maintenance treatment in people with schizophrenia or related disorders.

Methods: 
- We searched the Cochrane Schizophrenia Group Trials Register (2006 and 2012)
- Screened results and reliably selected randomised controlled trials (RCTs) that compared any form of intermittent treatment (as defined in each study) to maintenance therapy for people with schizophrenia (however defined)
- Further inspected references of studies and contacted study authors for further information

Data collection and analysis: 
- We independently inspected citations, extracted data and synthesised these data using RevMan 5.2
- We calculated the risk ratio (RR) for dichotomous data and the mean difference (MD) for continuous data and estimated the 95% confidence interval (CI) around this

Search results: 
- Initial 2006 search identified 174 studies; the second 2012 search identified 56 references
- An additional 11 potentially relevant references were identified from reference inspections
- Total N = 2252 participants in 17 included studies
- Setting: inpatient and outpatient
- Sex: 74% male, 26% female
- Age: between 18 and 60 years old

Discussion:
- Data were generally rated as ‘moderate’ to ‘low’ quality of evidence using the GRADE approach
- Results support existing evidence that intermittent antipsychotic treatment is not as effective as continuous, maintained antipsychotic therapy in preventing relapse in people with schizophrenia, but it is more effective than placebo
- More research needed to assess any adverse effects typically associated with maintained antipsychotic treatment
- More data are needed on quality of life and general functioning, with use of similar peer-reviewed rating scales
- Economic outcomes? - Watch this space

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References: