

## The Routine Use of Atypical Antipsychotics

**T**his Special Report supplement to *The American Journal of Managed Care* addresses the issues involved in the routine use of atypical antipsychotic agents. The availability of several new antipsychotics calls for a careful analysis of their optimal role in

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clinical practice, including economic considerations. Although newer does not always mean better, the newer atypical antipsychotics (clozapine, risperidone, olanzapine, and quetiapine) do have a number of advantages over conventional neuroleptics. These include reported efficacy against both positive and negative symptoms, an improved safety profile with fewer extrapyramidal symptoms and tardive dyskinesia, enhanced quality of life and better patient acceptance.

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tients, they may enhance compliance. These advances are helping to make it possible for patients to engage in rehabilitation efforts and become reintegrated into the community. The advantages, however, come with a higher pricetag. The newer drugs have a higher acquisition cost compared to conventional antipsychotic agents, and there is much discussion among pharmacy managers about whether the cost is justified. Acquisition costs, many clinicians argue, should be viewed in the larger perspective of the total cost of managing psychotic patients throughout the course of the disease. Considerations in addition to drug acquisition (such as those costs inherent in relapse, hospitalizations, noncompliance, and treatment of side effects) should be factored into any economic analysis.

In the first presentation, William M. Glazer, MD, addresses economic considerations in making formulary decisions. Dr. Glazer points out that drugs comprise only 2% of total direct costs of treating schizophrenia and that when calculating treatment costs, long-term gains as well as short-term response need to be considered. He shows that on the whole, atypical antipsychotics are a good buy for managed care because the value of atypicals has been demonstrated by reduced utilization of healthcare resources, improved quality of life, and increased patient productivity. In particular, Dr. Glazer mentions several studies have shown olanzapine is superior to haloperidol in the acute care setting and over the long term. Economic analyses demonstrated by Dr. Glazer in-

clude information on pharmacotherapeutic studies that suggest the newer atypical agents at least pay for themselves and perhaps save money. Dr. Glazer emphasizes that separate economic studies are needed to demonstrate the true value of atypical agents.

The optimal management of chronic ambulatory outpatients with schizophrenia is detailed by Richard Petty, MD. Dr. Petty advocates viewing and treating patients through a four-vector approach: biological, psychological, social, and spiritual. Psychoeducation about the illness, what to expect from the medication, compliance issues, and how to deal with the phenomenon of "awakenings" are important areas for discussion with patients and families, Dr. Petty points out. In the absence of adequate community resources for psychoeducation and social support, churches and religious groups can offer a social network, he contends.

Issues regarding transitioning patients to a new atypical agent are explored by Peter Weiden, MD. First, the clinician must decide whether the patient is a candidate for switching by considering indications and contraindications. Once the decision to switch has been made, the groundwork can be laid to make the transition smooth and safe. Such considerations include appropriate timing for the switch, a careful, sensitive process, and proven techniques. Dr. Weiden provides guidelines for crosstapering antipsychotic drugs and gives insight on how to manage problems that may emerge.

The availability of atypical agents is viewed by these panelists as a significant advance for both clinicians and patients. Data seem clear that atypicals provide improved efficacy, side-effect profiles, and patient tolerability. More research, in this era of economic constraints, needs to be done to demonstrate the cost-effective value of the atypical medications. This is an increasingly important concern for managed care decision makers. In considering value, it is necessary to consider the total picture, including a medication's effect on resource utilization, such as hospitalization and the need for adjuvant medications, and the patient's ability to reintegrate into the community.

#### ACRONYM LIST

The following acronyms appear within the pages of this Special Report supplement.

<b>APA</b>	American Psychiatric Association
<b>BPRS</b>	Brief Psychiatric Rating Scale
<b>EPS</b>	extrapyramidal side effects
<b>NAMI</b>	National Alliance for the Mentally Ill
<b>QLS</b>	Quality of Life Scale
<b>QOL</b>	quality of life
<b>SSRI</b>	selective serotonin reuptake inhibitors
<b>TD</b>	tardive dyskinesia