

Antidepressants May Benefit Prepsychotic Teens

BY HEIDI SPLETE
Senior Writer

Treatment with antidepressants kept adolescent patients in the prepsychotic phase of schizophrenia from progressing to full psychosis or bipolar disorder more effectively than did treatment with antipsychotics, said Barbara A. Cornblatt, Ph.D., of Albert Einstein College of Medicine, New York, and her colleagues. Because data from previous studies sug-

gest that mental deterioration in schizophrenia patients might begin before the first psychotic episode, treating patients before they progress to full-blown psychosis might slow progression of illness and preserve psychosocial skills, the researchers said.

To assess the effectiveness of antidepressants on preventing progression to psychosis in adolescents, Dr. Cornblatt and her associates prescribed either antidepressants or second-generation antipsy-

chotics to 48 adolescents who met criteria for prepsychotic schizophrenia (*J. Clin. Psychiatry* 2007;68:546-57). Dr. Cornblatt is a consultant for Eli Lilly & Co., and she has received financial support from Janssen L.P.

The antidepressant group included 20 patients who had never been treated with antipsychotics but had received antidepressants and other medications.

The second-generation antipsychotic group included 28 patients who had pre-

viously received antipsychotics alone or in combination with other medications.

The patients were assessed every 6 months during a follow-up period that lasted from 6 months to 5 years, and the symptoms were compared over time using the Scale of Prodromal Symptoms.

Overall, 12 of the 28 patients in the antipsychotic group but none of the patients in the antidepressant group converted to psychosis during the course of the study.

Of the 12 patients who converted, 7 progressed to syndromal schizophrenia, 4 progressed from an earlier prodromal phase to stronger schizophrenia symptoms, and 1 patient developed bipolar disorder with psychotic features.

The use of antipsychotics to treat prepsychotic adolescents is on the rise despite a lack of data, and more research is needed before such treatment becomes a standard practice, the researchers said. Their results suggest that medications other than antipsychotics might be beneficial for early intervention in patients at risk for developing full-blown schizophrenia. ■

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Frequency of Tx Does Not Affect Response in OCD

Children and adolescents with obsessive-compulsive disorder responded equally well to daily and weekly cognitive-behavioral therapy, Eric A. Storch, Ph.D., and his colleagues at the University of Florida, Gainesville, have reported.

To compare the effectiveness of intensive cognitive-behavioral therapy (CBT) with less frequent treatments in terms of reducing obsessive-compulsive symptoms, the researchers randomized 40 children aged 7-17 years who met the diagnostic criteria for obsessive-compulsive disorder to receive intensive (daily) sessions of CBT or weekly sessions, which are a current standard of care (*J. Am. Acad. Child Adolesc. Psychiatry* 2007;46:469-78).

Dr. Storch and his colleagues assessed the children at baseline, after 14 sessions of daily or weekly therapy, and at a 3-month follow-up visit.

Symptoms were compared using the Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS), which is a clinician-rated measure of obsessive-compulsive disorder severity.

Overall, children in both daily and weekly groups showed improvements on the CY-BOS scores, with posttreatment effect sizes of 2.62 and 1.73 respectively at the 3-month follow-up visit.

The findings suggest that additional care, perhaps in the form of weekly visits or phone calls, might be needed to sustain the benefits of intensive CBT over time. Both approaches eventually yield the same result, but a short program of intensive therapy might speed up a patient's progress, the researchers wrote.

—Heidi Splete