# discontinuation of combination antipsychotics to monotherapy: risk or added value?

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Primary study objective Is the reduction of 1 to several antipsychotic antipsychotic associated with more relapse? Relapse is measured with the Brief Psychiatric Rating Scale (BPRS) and is defined as: - An absolute increase of> 2 on one of the...

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|---|---|
| **Ethical review** | Approved WMO |
| **Status** | Recruiting |
| **Health condition type** | Schizophrenia and other psychotic disorders |
| **Study type** | Interventional |

## Summary

### ID

NL-OMON32961

**Source**
ToetsingOnline

**Brief title**
ACiS (Antipsychotic Combinations in Schizophrenia)

### Condition

- Schizophrenia and other psychotic disorders

**Synonym**
psychosis, schizophrenia

**Research involving**
Human

### Sponsors and support

**Primary sponsor:** Symforagroep (Amersfoort)
**Source(s) of monetary or material Support:** Fonds NutsOhra zorgsubsidies

## Intervention

**Keyword:** clinical pharmacology, clinical trial, combination therapy, schizophrenia

## Outcome measures

### Primary outcome

Primary study objective

Is the reduction of 1 to several antipsychotic antipsychotic associated with

more relapse?

Relapse is measured with the Brief Psychiatric Rating Scale (BPRS) and is

defined as:

- An absolute increase of> 2 on one of the following BPRS items:

disorganization, hallucinatory behavior, suspiciousness, unusual thought

content, that specific items since the last visit, or

- An absolute increase of> 4 in the BPRS total score of the following items:

disorganization, hallucinatory behavior, suspiciousness, unusual thought

content since the last visit.

### Secondary outcome

Secondary study objectives

1.Does reducing multiple antipsychotics to 1 antipsychotic affect symptoms of

schizophrenia measured by the BPRS

2. Does reducing multiple antipsychotics to 1 antipsychotic affect the number

and nature of adverse events measured with the UKU

3. Does reducing multiple antipsychotics to 1 antipsychotic affect metabolic

parameters.

4. Does reducing multiple antipsychotics to 1 antipsychotic affect symptoms of

dyskinesia and EPS respectively measured with the AIMS, BARS and the UPDRS.

5. Does reducing multiple antipsychotics to 1 antipsychotic affect the quality

of life measured with the SWN

6. Does reducing multiple antipsychotics to 1 antipsychotic affect the care

needs measured by the Honos

# Study description

### Background summary

Treatment with multiple classes of psychotics is common practice. There is limited evidence that prescribing multiple antipsychotics in the acute phase may be beneficial with regard to improvement in PANSS scores, however there is no evidence for sustained treatment with multiple antipsychotics with regard to outcome and side effects.

### Study objective

Primary study objective
Is the reduction of 1 to several antipsychotic antipsychotic associated with more relapse?
Relapse is measured with the Brief Psychiatric Rating Scale (BPRS) and is defined as:
- An absolute increase of> 2 on one of the following BPRS items: disorganization, hallucinatory behavior, suspiciousness, unusual thought content, that specific items since the last visit, or
- An absolute increase of> 4 in the BPRS total score of the following items: disorganization, hallucinatory behavior, suspiciousness, unusual thought content since the last visit.

Secondary study objectives
1.Does reducing multiple antipsychotics to 1 antipsychotic affect symptoms of schizophrenia measured by the BPRS
2. Does reducing multiple antipsychotics to 1 antipsychotic affect the number and nature of adverse events measured with the UKU
3. Does reducing multiple antipsychotics to 1 antipsychotic affect metabolic parameters.
4. Does reducing multiple antipsychotics to 1 antipsychotic affect symptoms of dyskinesia and EPS respectively measured with the AIMS, BARS and the UPDRS.
5. Does reducing multiple antipsychotics to 1 antipsychotic affect the quality

of life measured with the SWN
6. Does reducing multiple antipsychotics to 1 antipsychotic affect the care needs measured by the Honos

### Study design

prospective open label randomised study

### Intervention

It is an open label randomized study involving patients diagnosed with schizophrenia. The randomization takes place 1: 1. There will be randomized to 2 options: 1. Patient has a combination of first and second generation and then continues,
2: patient has a combination of first and second generation antipsychotics and
a. tapers and discontinues the first-generation antipsychotic, or
b. tapers and discontinues the second-generation antipsychotic.

### Study burden and risks

There limited evidence for prescribing multiple antipsychotics. Multiple antipsychotic drugs may give a higher risk of side effects such as dyskinesia, metabolic syndrome and reduced subjective well-being. A reduction in the number of prescribed antipsychotics per patient might render an improvement in these side effects with a potentially longer lifespan. Though there is little evidence for prescribing multiple antipsychotics, it is possible that the reduction of different antipsychotics to one antipsychotic may provide an increase of psychiatric symptoms associated with schizophrenia. When weighing the risk of relapse with possible side effects and improvements in subjective well-being, the risk appears acceptable after appropriate risk information in the form of an informed consent.

## Contacts

**Public**
Symforagroep (Amersfoort)

Utrechtseweg 266
3800 DB Amersfoort
NL
**Scientific**
Symforagroep (Amersfoort)

Utrechtseweg 266

3800 DB Amersfoort
NL

# Trial sites

## Listed location countries

Netherlands

# Eligibility criteria

**Age**
Adults (18-64 years)
Elderly (65 years and older)

## Inclusion criteria

Patients diagnosed with schizophrenia. Diagnosis is determined by the MINI Plus (van Vliet and the Fair 2007)
Patients treated with both first-and half-generation antipsychotic
Age 18 -70 years
Each patient needs to agree with the study procedures.
Patients agree with the tests and examinations specified in the protocol.
Each patient should understand the purpose of the study and sign the informed consent document.

## Exclusion criteria

High risk of relapse with aggression.
Serious illness other than schizophrenia, eg liver, kidney or gastrointestinal disorders, for which hospitalization is required within 9 months or leading to death within 3 years.
Severe suicidality.

# Study design

## Design

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|---|---|
| Study phase: | 4 |
| Study type: | Interventional |
| Intervention model: | Parallel |
| Allocation: | Randomized controlled trial |
| Masking: | Open (masking not used) |
| Control: | Active |
| Primary purpose: | Prevention |

## Recruitment

NL

| | |
|---|---|
| Recruitment status: | Recruiting |
| Start date (anticipated): | 28-04-2010 |
| Enrollment: | 160 |
| Type: | Actual |

## Medical products/devices used

| | |
|---|---|
| Registration: | No |
| Product type: | Medicine |
| Registration: | Yes - NL intended use |
| Product type: | Medicine |
| Brand name: | leponex |
| Generic name: | clozapine |
| Registration: | Yes - NL intended use |
| Product type: | Medicine |
| Brand name: | risperdal |
| Generic name: | risperidone |
| Registration: | Yes - NL intended use |
| Product type: | Medicine |
| Brand name: | seroquel |
| Generic name: | quetiapine |
| Registration: | Yes - NL intended use |
| Product type: | Medicine |
| Brand name: | zyprexa |

| | |
|---|---|
| Generic name: | olanzapine |
| Registration: | Yes - NL intended use |

## Ethics review

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| Approved WMO Date: | 02-09-2009 |
| Application type: | First submission |
| Review commission: | METIGG: Medisch Ethische Toetsingscommissie Instellingen Geestelijke Gezondheidszorg (Utrecht) |

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

| Register | ID |
|---|---|
| EudraCT | EUCTR2009-013708-30-NL |
| CCMO | NL28829.097.09 |