The European First Episode Schizophrenia Trial (EUFEST): Comparison of outcome in first episode schizophrenia with different low dose antipsychotic drug regimens.

Gepubliceerd: 02-03-2005 Laatst bijgewerkt: 13-12-2022

What is the effectiveness of low doses of haloperidol and regular doses of amisulpride, olanzapine, quetiapine, and ziprasidone on (loss of) one year retention in patients with recent onset of schizophrenia, schizoaffective, and schizophreniform...

Ethische beoordeling	Positief advies
Status	Werving gestopt
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON21342

Bron
NTR

Verkorte titel
EUFEST

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Retention to allocated study drug, which is the time that the patient stays on the randomised drug within the study dose range. This outcome is assessed at regular time intervals until 12 months after recruitment.

Toelichting onderzoek

Achtergrond van het onderzoek

In the European First Episode Schizophrenia Trial (EUFEST) we study the effectiveness of antipsychotic drugs in patients with recent onset schizophrenia. EUFEST assesses the effectiveness of a low dose of haloperidol versus regular doses of 4 second generation antipsychotics: amisulpride, olanzapine, quetiapine, and ziprasidone on loss of retention. We focus on the real world treatment of first episode patients by enrolling heterogeneous patient populations, including patients who show comorbid drug abuse or who are aggressive or suicidal or less likely to be compliant with treatment.

The principal investigators are Prof.dr. René S Kahn and Prof.dr. W Wolfgang Fleischhacker.

Doel van het onderzoek

What is the effectiveness of low doses of
haloperidol and regular doses of amisulpride, olanzapine, quetiapine, and ziprasidone on (loss of) one year retention in patients with recent onset of schizophrenia, schizoaffective, and schizophreniform disorder?

Onderzoeksproduct en/of interventie

Drug: Amisulpride 200-800 mg/day

Drug: Haloperidol 1-4 mg/day

Drug: Olanzapine 5-20 mg/day

Drug: Quetiapine 200-750 mg/day

Drug: Ziprasidone 40-160 mg/day

Contactpersonen

Publiek

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

1. Diagnosis of schizophrenia;

2. Schizophreniform or schizoaffective disorder;

3. Age 18-40 years.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. A time interval between the onset of positive symptoms (hallucinations and/or delusions) and study entry exceeding two years;

2. Prior use of antipsychotic medication longer than an episode of two weeks in the previous year and/or 6 weeks lifetime;

3. Intolerance to one of the drugs in this study;

4. The presence of one or more of the contraindications against any of the study drugs.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blindering:	Open / niet geblindeerd
Controle:	Geneesmiddel

Deelname

Nederland

Status:	Werving gestopt
(Verwachte) startdatum:	01-12-2002
Aantal proefpersonen:	500
Type:	Werkelijke startdatum

Ethische beoordeling

Positief advies

Datum:	02-03-2005
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL10

Register	ID
NTR-old	NTR25
Ander register	: N/A
ISRCTN	ISRCTN68736636

Resultaten

Samenvatting resultaten

1. Kahn RS, Fleischhacker WW, Boter H, Davidson M, Vergouwe Y, Keet IPM, Gheorghe MD, Rybakowski JK, Galderisi S, Libiger J, Hummer M, Dollfus S, López-Ibor JJ, Hranov LG, Gaebel W, Peuskens J, Lindefors N, Riecher-Rössler A, Grobbee DE for the EUFEST study group. Effectiveness of antipsychotic drugs in first-episode schizophrenia and schizophreniform disorder: an open randomised clinical trial. The Lancet 2008; 371: 1085-1097.

Fleischhacker WW, Keet IP, Kahn RS. The European First Episode Schizophrenia Trial (EUFEST): Rationale and design of the trial. Schizophr Res 2005;78:147-56.