RISPERIDONE IN SCHIZOPHRENIA

Sir,

Risperidone is a newer antipsychotic with broad spectrum of antipsychotic efficacy and with significantly less extrapyramidal side effects. There are plenty of studies reported from western countries regarding its efficacy in schizophrenia (Mattes, 1997). Till date there are only two clinical trials reported from India in schizophrenia (Agarwal et al.,1998; Agashe et al.,1999). The last article was published in Indian Journal of Psychiatry, 1999, 41(1), 54-59. This study reports significant improvement of both positive and negative symptoms with better extrapyramidal side effect profile Since the authors have selected both DSM-III-R defined schizophrenia patients with duration of illness more than 6 months and schizophreniform patients with duration of illness less than 6 month it is premature to conclude risperidone's antipsychotic efficacy. As this trial has continued upto 4 months many of the cases of schizophreniform psychoses would have spontaneously remitted. Further discrepancy noted in the result is the mention of minimum duration of schizophrenic illness as 1 year which is contradictory to the inclusion of schizophreniform illness. It would have been more meaningful if the author's have separately analysed the clinical response of schizophrenic and schizophreniform patients. A comparative analysis of improvement in positive symptoms versus negative symptoms may shed more light on the differential response of risperidone which is not yet studied. Another discrepancy notice in the article was the conclusion of significantly less extrapyramidal side effects though table 3 of adverse effects gives 40% prevalence when clubbing, tremor, rigidity, sialorrhoea, oculogyric crisis and akathisia. From table 2, it is clear that extrapyramidal side effects were already present in many patients before starting risperidone. Hence it is difficult to say that side affects are due to risperidone as many of these patients were already receiving oral/parenteral neuroleptic at the time of intake into the trial. Three days stoppage of antipsychotic is not enough in the assessment of side effect profile especially with depot preparation whose side effects can last even for months.

We conducted an open clinical trial of risperidone (6-8 mg/day) on a group of DSM-IV defined 24 drug naive schizophernic population

for a period of 12 weeks. Risperidone showed significant improvement in their positive, negative, general psychopathology and depressive symptoms when compared with the baseline scores. Comparison of response of positive versus negative symptoms did not show any significant difference. Assessment of extrapyramidal symptoms using Simpson and Angus extrapyramidal symptoms rating scale showed high incidence of rigidity (59%), tremor (32%), salivation (30%), gait disturbance (25%) and akathisia (17%). This high incidence of extrapyramidal side effects have not been reported earlier though sporadic case reports are available from India and abroad (Sureshkumar, 1999; Rosebush et al, 1997; Faulk et al, 1996). As it is a new entrant to the psychiatric armamentorium in our country more clinical trials are needed to confirm the safety profile of risperidone in Indian patients.

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