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Antipsychotic Polypharmacy

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The concurrent use of two or more antipsychotics also called Antipsychotic Polypharmacy (APP) is a common practice in the treatment of psychiatric patients. In a systematic review of 147 studies published in the literature, we found a global median rate of APP of 19.6%. Differences in APP rates were noted across geographical regions. Overall, APP rates were higher in Asia and Europe compared to North America. Additionally, when looking at changes in APP rates over time in individual regions, we found that median APP rate increased in North America from 12.7% in 1980s to 17% in 2000s. Conversely, the median APP rate in Asia decreased from 55.5% in 1980s to 19.2% in 2000s. However, in spite of the common use of APP, very few randomized controlled studies have been conducted and most of the data found in the literature derives from uncontrolled naturalistic studies and chart review studies. Therefore, the evidence base to support the use of APP as standard treatment is lacking. To date, APP has been associated with a large host of factors that could be grouped into patient, illness and treatment domains. Examples of patient factors include being a male, younger age and unmarried status. In regards to illness factors, a diagnosis of Schizophrenia or Schizo affective disorder, earlier onset of illness, longer illness duration, greater illness acuity or severity and others have been associated with APP. Examples of treatment factors include involuntary treatment, hospitalization, longer inpatient stay, longer treatment duration, higher dosing, receiving quetiapine treatment and others. Besides treatment efficacy, the risk of side effects is another factor that needs to be taken into account when evaluating a new treatment strategy. To study the adverse effects associated with APP, we conducted another systematic review and found reports of a large variety of adverse effects that have been linked to APP. In general and based on mostly uncontrolled data, APP is associated with worse adverse effects when compared to antipsychotic monotherapy. Although, we found that specific combinations seem to be beneficial for the treatment of specific adverse effects such as the addition of aripiprazole to clozapine to decrease weight gain and dyslipidemia. Further data in regards to prevalence, correlates and adverse effects of APP will be discussed in the presentation.

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Power spectral differences in relation to presented psychopathology in Schizophrenia

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Since its beginning, electroencephalography (EEG) was supposed to give explanation for the symptoms in psychiatric disorders. But this diagnostic procedure is rarely used in routine psychiatric settings mainly to rule out some organic changes that could be of interest for the diagnosis. In the last decades the digital acquisition of EEG and the possibility for quantitative analysis of the signals gave us opportunity for precise measurement of frequencies, amplitudes and localization and comparation between groups of interest. Until present day's variety of investigations were done focusing on quantitative electroencephalography (QEEG) parameters in order to obtain neurophysiologic explanation for the disturbed behavior and thinking in Schizophrenia. Although much work is done there is still no enough evidence for recognizable patterns of disturbed background activity of the EEG in Schizophrenia patients. So, the aim of this presentation is to present actual knowledge and our own results of the differences in QEEG power spectrum in patients with Schizophrenia according to presented symptomatology. There are evidences that patients with Schizophrenia are disorganized in the power spectrum of basic EEG activity when compared to healthy control subjects and that there are correlations of the spectral QEEG activity and the clinical scale scores. Differences in QEEG parameters are supposed to be result of the disordered homeostatic regulation of the power spectrum. In the future standardization of the methodology would allow wider application in the field of clinical psychiatry.

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