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Cruz et al. (2010) in their recent meta-analysis of efficacy of modern antipsychotics in bipolar depression suggest that olanzapine and quetiapine demonstrate efficacy as monotherapy from week 1 onwards. They claim that rapid onset is a particular feature with these medications in this population. Both quetiapine and olanzapine are known for their sedative effects and they also cause an increase in appetite. In addition, being major tranquillisers, they have a calming anxiolytic effect. This can have impact on at least three items on the MADRS – appetite, sleep and inner tension. A minimal change on these three items can cause a decrease of up to 6 points on the MADRS (mean difference in change from baseline seen in the BOLDER studies between the study drug and placebo). This is significant especially when we take into account the fact that placebo response was found to be quite high in the BOLDER and aripiprazole studies (mean change of almost 12 points on MADRS). Although the BOLDER studies (Calabrese et al. 2005; Thase et al. 2006) showed a decrease in core depressive symptoms in addition to effects on sleep and appetite, effects seen in Tohen et al.’s (2003) study were primarily suggestive of a sedative, anxiolytic and appetite stimulant effect of the drug rather than effects on core depressive symptoms. The immediate onset of its effect (within a week) is also suggestive of the drug’s action on sleep and appetite symptoms rather than core depressive psychopathology. On the other hand, aripiprazole is thought to cause less sedation, less appetite stimulation, and possibly show less anxiolytic activity. In fact, there were significant numbers of adverse effects associated with insomnia, gastrointestinal side-effects and akathisia which accounted for a significant number of drop-outs in this population.

(Thase et al. 2008). This could account for the apparent non-efficacy of the drug. We suggest that results of these studies should be interpreted with caution.

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Statement of Interest
None.

References


