

Krishnadas, R. and Livingston, M. (2010) *Efficacy of modern* antipsychotics in placebo-controlled trials in bipolar depression: a meta-analysis – results to be interpreted with caution. International Journal of Neuropsychopharmacology, 13 (7). p. 967. ISSN 1461-1457

http://eprints.gla.ac.uk/40568

Deposited on: 19 October 2010

Efficacy of modern antipsychotics in placebo-controlled trials in bipolar depression: a meta-analysis – results to be interpreted with caution



Received 14 February 2010; Reviewed 14 February 2010; Revised 14 February 2010; Accepted 5 March 2010; First published online 30 March 2010

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 tranquillizers, 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 aripirazole 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.

Acknowledgements

None.

Statement of Interest

None.

References

Calabrese JR, Keck PE, Macfadden W, Minkwitz M, et al. (2005). A randomized, double-blind, placebo-controlled trial of quetiapine in the treatment of bipolar I or II depression. *American Journal of Psychiatry* **162**, 1351–1360.

Cruz N, Sanchez-Moreno J, Torres F, Goikolea JM, et al. (2010). Efficacy of modern antipsychotics in placebo-controlled trials in bipolar depression: a meta-analysis. International Journal of Neuropsychopharmacology 13, 5–14.

Thase ME, Jonas A, Khan A, Bowden CL, et al. (2008). Aripiprazole monotherapy in nonpsychotic bipolar I depression: results of 2 randomized, placebo-controlled studies. *Journal of Clinical Psychopharmacology* **28**, 13–20.

Thase ME, Macfadden W, Weisler RH, Chang W, et al. (2006). Efficacy of quetiapine monotherapy in bipolar I and II depression: a double-blind, placebo-controlled study (the BOLDER II study). *Journal of Clinical Psychopharmacology* **26**, 600–609.

Tohen M, Vieta E, Calabrese J, Ketter TA, et al. (2003). Efficacy of olanzapine and olanzapine-fluoxetine combination in the treatment of bipolar I depression. *Archives of General Psychiatry* **60**, 1079–1088.

Rajeev Krishnadas¹, Martin Livingston²

- ¹ Clinical Lecturer in Psychological Medicine, Sackler Institute of Psychobiological Research, Southern General Hospital, Glasgow G51 4TF, UK
- ² Consultant Psychiatrist and Honorary Senior Clinical Lecturer, Southern General Hospital, Glasgow G51 4TF, UK

Address for correspondence: R. Krishnadas M.D., MRCPsych, Clinical Lecturer in Psychological Medicine, Sackler Institute of Psychobiological Research, Southern General Hospital, Glasgow G51 4TF, UK.

Tel.: +44(0)141232 7699 Fax: +44(0)141 232 7697

Email: Rk60s@clinmed.gla.ac.uk