

ANTIPSYCHOTIC POLYPHARMACY (INCIDENCE, IMPORTANCE AND SIDE EFFECTS)

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DOI No. – 08.2020-25662434

INTRODUCTION

The term “antipsychotic polypharmacy” (APP) refers to the use of more than one antipsychotic agent during the covered period (week, month, or year). It is commonly used to treat a variety of psychiatric disorders, including schizophrenia and cognitive impairment.

INCIDENCE

The overall prevalence of antipsychotic polypharmacy was found to be 28.2% (1).

Recent reports have identified the following countries as having a high prevalence of APP: Nigeria (70.4%) (2); Vietnam (59.1%) (3); Malaysia (48%) (4, 5); Arizona, United States (27.1%) (6); South Africa (28.4%) (7); Ethiopia (28.2%) (8); China (13.7%); and Japan (19.9%) (9). The disparities observed across studies conducted in a variety of settings may be attributed to the way antipsychotic combinations are defined, the type and availability of insurance for schizophrenic patients, and the knowledge and experience of medical practitioners regarding psychopharmacology (10).

IMPORTANCE

The relative risks and advantages of APP must be assessed against the known risks and benefits of clozapine in schizophrenic patients who are treatment-resistant (11). The available evidence suggests that antipsychotic polypharmacy may have some therapeutic benefits, including improved symptom control when clozapine plus with another antipsychotic and reversal of metabolic side effects when aripiprazole is used concurrently (12).

SIDE EFFECTS (13)

1: Extrapyramidal symptoms (EPS) such as Parkinsonism, Dystonia and akathisia, Tardive Dyskinesia, Neuroleptic Malignant Syndrome, Hyperprolactinemia and related reproductive and sexual dysfunction (13).

2: cardio metabolic side effects such as Weight gain, Glucose disturbance, Dyslipidaemia, diabetes, and metabolic syndrome, orthostatic, QTc prolongation and sudden cardiac death, increased mortality (13).

Other adverse effects such as Sedation /somnolence, Cognitive impairment, Hyper salivation, Leukopenia, Neutropenia agranulocytosi, Seizures , and elevated liver enzymes (15).

CONCLUSION

Antipsychotic polypharmacy (APP) is widely used to treat some clinically challenging conditions, such as schizophrenia spectrum disorders. Nevertheless, it should be the exception rather than the rule, and in many patients, avoided. More importantly, the scarcity of evidence underscores the critical need for additional research into the benefits and drawbacks of antipsychotic polypharmacy, as well as effective interventions within existing prescribed polypharmacy regimens.

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