

## Editorial

# Availability of second generation antipsychotics in primary care

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As part of holistic care, primary care should have access to a range of treatments and tools and this includes access to antipsychotic medication for the management of psychosis.

In conversation with many colleagues in low- and medium-income countries there is often a desire to have access to newer antipsychotic medications because it is thought that newer or second generation antipsychotics have better side effect profiles including a lower incidence of extra pyramidal side effects (EPS) such as Parkinsonism, akathisia, dystonia and other dyskinesias.<sup>1,2</sup> There is a need to balance the reduction in EPS with the other risks including metabolic syndrome and the cost of this group of medications. If it is true that the newer antipsychotic medications produce little or no side effects then it would be appropriate for them to be routinely included in mental health essential drug lists. What we now know is that the second generation antipsychotics are all different.

Rummel-Kluge *et al* carried out a search on the register of the Cochrane Schizophrenia Group and found out that as a group there are significant differences between the second generation antipsychotics in their ability to produce EPS.<sup>3</sup> Risperidone was found to induce more EPS than clozapine, olanzapine, quetiapine and ziprasidone. There was no significant difference in EPS between amisulpiride and olanzapine, risperidone or ziprazodone.

What is the lesson for primary care? Each second generation antipsychotic has a slightly different side effect profile when it comes to generating extra

pyramidal symptoms. When choosing a treatment prescribers should balance the risk of extra pyramidal symptoms against cost, and the risk of the patient developing metabolic syndrome. This will require the clinician to take a full history, including family history of metabolic syndrome and diabetes. *Mental Health in Family Medicine*, as part of its support for narrowing the 'Science to Service Gap' would like to provide some focus on the use of antipsychotics in primary care. *Mental Health in Family Medicine* invites you to submit review articles, original research and audit in this field and would be very keen to publicise any useful evidence-based guidelines that support the use of antipsychotic medications in primary care.

## REFERENCES

- 1 Barnes TR and McPhillips MA. Novel antipsychotics, extrapyramidal side effects and tardive dyskinesia. *International Clinical Psychopharmacology*. 1998;13 (suppl 3):S49-S57.
- 2 Leucht S, Corves C, Abter D, Engel RR, Li C and Davis JM. Second generation versus first generation antipsychotic drugs for schizophrenia: a meta-analysis. *Lancet*, 2009;373:31-41.
- 3 Rummel-Kluge C, Komossa K, Schwarz S, Hunger H, Schmid F, Kissling W, Davis JM and Leucht S. Second-generation antipsychotic drugs and extrapyramidal side effects: a systematic review and meta-analysis of head-to-head comparison. *Schizophrenia Bulletin*. 2012;38(1):167-77.

