

Cognitive therapy might be beneficial for people with schizophrenia not taking antipsychotic drugs

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For people with schizophrenia who can't or won't take antipsychotic drug treatment, cognitive therapy could be a viable therapeutic alternative, according to a groundbreaking randomized trial published in *The Lancet*.

The findings suggest that cognitive therapy could be safe and effective in reducing [psychotic symptoms](#) and improving personal and social functioning compared with [treatment](#) as usual.

"Antipsychotic drugs are the mainstay of treatment for schizophrenia, but as many as half of all people with schizophrenia choose not to take drugs because of side-effects that can include serious weight gain, development of metabolic disorders and an increased risk of [sudden cardiac death](#), because the treatment is not felt to be effective, or because they do not perceive that they need treatment. Currently no evidence-based safe and effective treatment alternative exists"* , explains lead author Professor Anthony Morrison from the University of Manchester in the UK.

Although cognitive therapy has helped people with schizophrenia when given in combination with [antipsychotic drugs](#), until now its feasibility and effectiveness in individuals not taking medication was unknown.

The current study assessed whether cognitive therapy could reduce psychiatric symptoms in 74 individuals aged 16 to 65 years with

schizophrenia spectrum disorders who had decided not to take or had stopped taking antipsychotics for at least 6 months.

Cognitive therapy involved a therapist working collaboratively with a patient to reappraise psychotic experiences and modify unhelpful thought patterns and behaviours.

Participants were randomly assigned to cognitive therapy (26 sessions over 9 months) plus treatment as usual (37 participants) or to treatment as usual alone (37). Change in symptoms was rated at regular intervals over 18 months on the Positive and Negative Syndrome Scale (PANSS)**. The lower the rating, the better the function.

Average PANSS scores were consistently lower in the cognitive therapy group than in the usual care group. After 18 months, seven (41%) of 17 participants receiving cognitive therapy had an improvement of more than 50% in the PANSS total score compared with three (18%) of 17 receiving treatment as usual. Cognitive therapy was also well tolerated, with low rates of drop-out and withdrawal.

Douglas Turkington, Professor of Psychiatry at Newcastle University, and joint lead author on the paper, said: "One of our most interesting findings was that when given the option, most patients were agreeable to trying cognitive therapy". Professor Turkington also stressed that "if someone is on antipsychotics they should not just suddenly stop taking them as there is a major risk of relapse. Medical advice should always be sought if you are considering stopping your medication."*

According to Professor Morrison, "We have showed that cognitive therapy is an acceptable intervention for a population who are usually considered to be very challenging to engage in mental health services. Antipsychotic medication, while beneficial for many people, can have severe side effects. Evidence-based alternatives should be available to

those who choose not to take these drugs. For many, cognitive therapy might prove to be the preferred form of treatment. However, a larger definitive trial is needed to confirm the clinical implications of our pilot study."*

Writing in a linked Comment, Oliver Howes from the Clinical Sciences Centres and Institute of Psychiatry, London, UK says, "Morrison and colleagues' findings provide proof of concept that cognitive therapy is an alternative to antipsychotic treatment. Clearly this outcome will need further testing, but, if further work supports the relative effectiveness of cognitive therapy, a comparison between such therapy and antipsychotic treatment will be needed to inform patient choice. If positive, findings from such a comparison would be a step change in the treatment of schizophrenia, providing patients with a viable alternative to antipsychotic treatment for the first time, something that is sorely needed."

Professor Morrison and colleagues are about to commence such a study in Manchester to compare [cognitive therapy](#) alone with antipsychotic medication alone and with a combined treatment in people with schizophrenia spectrum disorders.

More information: Study: [www.thelancet.com/journals/lan ...](http://www.thelancet.com/journals/lan...)
 [\(13\)62246-1/abstract](http://www.thelancet.com/journals/lan...)

Provided by Lancet

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