

A comparison between quetiapine and aripiprazole for treatment of schizophrenia

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Functional magnetic resonance imaging (fMRI) and other brain imaging technologies allow for the study of differences in brain activity in people diagnosed with schizophrenia. The image shows two levels of the brain, with areas that were more active in healthy controls than in schizophrenia patients shown in orange, during an fMRI study of working memory. Credit: Kim J, Matthews NL, Park S./PLoS One.

Schizophrenia is a common cause of incapacity and is ranked as the third-most-disabling illness subsequent to dementia and quadriplegia. Nearly, 75% of persons with schizophrenia have continuing problems with recurrent psychotic episodes.

Antipsychotics are effective in both the acute and chronic (maintenance) treatment of schizophrenia and other psychotic disorders. They differ in their pharmacology, kinetics, overall efficacy/effectiveness and tolerability, but perhaps more importantly, response and tolerability differs between patients. This variability of individual response means that there is no clear first line antipsychotic suitable for all patients. While there is increasing proof that most atypical antipsychotics offer benefits over typical antipsychotics, few long-term trials have openly matched SGAs. Quetiapine is a SGA with small tendency for locomotor side effects. It is prescribed for treatment of schizophrenia and other psychoses.

Aripiprazole, a partial agonist of dopamine D2 receptor, is a novel antipsychotic approved for the management of schizophrenia and bipolar I disorder. Since, in comparison with older atypical antipsychotics, like olanzapine and risperidone, aripiprazole and quetiapine are among the newest and safest SGAs, therefore in the present assessment the safety and efficacy of them had been compared with each other in a non-western patient population.

In this regard, 50 schizophrenic patients entered into two comparable groups for participation in a 12-week, double-blind study, for random assignment to quetiapine or aripiprazole. Based on the outcomes of the current study, no significant difference was evident between aripiprazole and quetiapine regarding improvement of positive and negative symptoms of [schizophrenia](#).

For example, while both of aripiprazole and quetiapine demonstrated some efficacy in alleviation of positive symptoms, their efficacy was not so pronounced with respect to negative symptoms. General psychopathology and insight, too, revealed significant improvement with aripiprazole and quetiapine in comparison to other drugs. Also, in neither groups was there evidence of any significant increase in

extrapyramidal adverse effects.

More information: Saeed S. Shafti et al, A Comparison Between Quetiapine and Aripiprazole for Treatment of Schizophrenia: A Double Blind Contrast, *Current Psychopharmacology* (2016). [DOI: 10.2174/2211556005666160301231207](https://doi.org/10.2174/2211556005666160301231207)

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