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OLANZAPINE MONOTHERAPY IN A LONG-TERM TREATMENT FOR SCHIZOPHRENIA: CASE STUDY

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SUMMARY

A scientific progress, due to the advancements within the pharmacological industry nowdays, is offering an ever increasing number of atypical antipsychotics for schizophrenia treatment. The atypics are gradually taking over the leadership of the more conventional antipsychotics in treating schizophrenia. The advantages of using atypics are fewer instances of side-effects and a good tolerance of the drug, which promotes an adequate and a satisfactory collaboration of the patients during the treatment. The daily practice often shows a polypragmasia within the treatment itself and a less frequent presence of a monotherapy as a way of treatment of schizophrenia. A question arises asking us, whether these are just a number of some old practices or, in the other hand, some fears and doubts between the clinitians and patients? The answer remanis for us to ponder upon.

The patient diagnosed with paranoid schizophrenia had been treated with a combination of conventional antipsychotics for many years. Eight years back, olanzapine was introduced in a 20 mg daily dose, combined with an anxiolytic, to which he reacted well. He was kept on the same olanzapine dose exclusively, for the past five years. During the treatment, he used to be monitored regularly (laboratory analyses, body weight) and no side-effects were percieved. He was in a stable remission during the treatment and a good recovery is evident via social functioning and a working ability.

Key words: *paranoid shizophrenia – monotherapy – olanzapine - remission*

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INTRODUCTION

Schizophrenia is a chronic mental illness, which, due to its' severity, often poses a problem for the individual-patient, his or her family and a wider community, a whole social core. This illness poses a threat, causing difficulties in the functioning of the individual, within one or more segments of the individual's life. The aim of the treatment remains the same: to enable schizophrenia sufferers to live their daily lives healthily, despite the illness, to function in an optimal way, as healthy individuals. With the appearance of the atypical antipsychotics, this ambition is ever so close.

The atypical antipsychotics have shown their advantages comparing to the more conventional antipsychotics within the effect spectrum, with a lower level of side-effect instances and an easier use. Apart from the mentioned, it has been evidenced that the atypics can improve cognition and with it the social functioning and the quality of life of the schizophrenia sufferer (Kasper et al. 2003, Mazza et al. 2003, Spaulding et al. 1999, Liddle et al. 2000, Serretti et al. 2004).

Polypragmasia can be useful in treating schizophrenia aiming at a specific population of patients, but with a cost of side-effect appearance (Suzuki et al. 2008). Nevertheless, some research evidenced that the patients treated with a monotherapy of atypical antipsychotics – olanzapine or risperidone, had fewer relapses of the main illness, compared to the patients treated with a typical antipsychotic – haloperidol (Dossenbach et al. 2005). Besides, olanzapine has appeared to be much more tolerable when applied as a monotherapy, and as equally effective as the conventional antipsychotics (Ciudad et al. 2005).

We have treated a paranoid schizophrenia patient with olanzapine. The treatment results are measured over a few years and with a stable remission.

The aim of this study was a monotherapy olanzapine treatment attempt in the case of a paranoid schizophrenia patient, suffering from this illness for many years. Monitoring of the potential antipsychotic side-effects is necessary in every antipsychotic treatment.

CASE STUDY

A 48 years old male, highly educated, unmarried, living with his parents; He was hospitalised the first time ever as a 25-year old, suffering from an acute psychosis which was soon defined as paranoid schizophrenia (295.3). Since the beginning of the illness, he was hospitalised four times (last admission in 2000.). Every time, while being hospitalised, the patient was manifestly psychotic, within a difficult clinical image of dominant positive symptoms wich were manifested. During the intervals between the episodes, he was treated ambulatorily. For a number of years, untill his last hospital admission, he was treated with conventional antipsychotics (promazine, haloperidol, clozapine, flufenazine). His illness made him unable to work but still, he functioned to some extent within his family environment. He hasn't been employed for the last 16 years.

In the meantime, the illness has been re-diagnosed (F 20.0-DSM IV). During the last hospitalisation, the patient was involved in a three year clinical trial, during which he was given an antipsychotic (the pharmacological supstance was unknown to the patient and to the examiner). He received his therapy perorally, in two daily doses. Apart from the antipsychotic, a concomitant anxiolytic therapy was allowed, so he was administered lorazepam for anxiety. During the first few months of treatment, the therapy was gradually titrated to a certain (unknown) effective therapeutic dose of the medicament, according to the present symptomology. The therapy efficacy was investigated with the instruments given (which cannot be defined due to the ethical considerations).

The patient was regularly monitored (blood pressure, pulse, body weight, waist size, laboratory tests, ECG, potential side-effects) during the whole period of the clinical trial. The patient managed his therapy well, didn't show any discrepancies or changes in the body status and the laboratory blood and urine values were kept within the referential values. Within six months of treatment, a stable remission was achieved.

At the end of the clinical trial, it was disclosed that the patient had been administered a daily 20 mg dose of olanzapine during the whole period of treatment. The patient has kept taking the same dose of olanzapine until today. Olanzapine is the only therapy the patient receives.

This patient was in a stable remission for the past eight years. He manages the medicament well and takes it regularly (20 mg of olanzapine in the evening). No side-effects are evident. His body weight is stable and a laboratory screening is conducted twice a year, along with consultations with a specialist in internal medicine. The patient frequents psychiatric check-ups every six months. The collaboration effort of this patient is on an envious level. His working ability has been restored successfully. A year ago, he became employed, working full time. He's living with his parents, functioning fully as a family member.

DISCUSSION

In an increasing number of instances when treating patients suffering from paranoid schizophrenia, we choose administration of atypical antipsychotics. The reasons of such choice are well known and mentioned earlier. Within a rather wast palette of atypical antipsychotics, olanzapine is a medicament of choice for a certain number of patients. In practice, olanzapine is titrated gradually, usually to the maximum dose of 15 mg per day. An important question poses here, which is, whether we would have decided to put the patient form this case study on an olanzapine dose above the 15 mg per day, or, in the other hand, decided to practice polypragmasia again. It is possible that olanzapine would have been the medicament of choice, but surely not as a monotherapy in the treatment of schizophrenia.

The case study presented the possibility to treat paranoid schizophrenia with a single antipsychotic in a monotherapy. This case goes along with the rule which states that each medicament has to be given in a sufficient therapeutic dose, over a required lenght of time.

CONCLUSION

The case study reported is the evidence of a successful way of treatment of the paranoid schizophrenia patient with a monotherapy which, in this case, proved to be a good choice aiming at a successful remission and a good recovery.

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