Evaluation of quetiapine as coadjuvant drug in fibromyalgia management: a case series

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Purpose: Several antipsychotic drugs, both typical and atypical, have shown analgesic properties. Fibromyalgia is a chronic pain syndrome, being poor sleep quality, high anxiety levels and depression among their more relevant associated symptoms. Quetiapine, with sedative and sleep-restoring properties, could be a useful alternative in fibromyalgia management. The present study was performed to assess the potential effectiveness of quetiapine treatment on fibromyalgia patients.

Methods: Our sample included twenty-four consecutive patients, 23 women and 1 man aged 36–65 (mean values:47±8) years. They were receiving NSAID (N = 17), opioids (N = 5), antidepressants (N = 12) and benzodiazepines (N = 16), either alone or in combination. Quetiapine, at an initial dose of 25 mg/day subsequently adjusted upwards according to clinical response an tolerability, was added to their current prescribed treatment during a 12 weeks period. The Fibromyalgia Impact Questionnaire (FIQ), the Pittsburgh Sleep Quality Index, the Beck Depression Inventory and the State and Trait Anxiety Inventory (STAI) were administered at baseline and the end of the evaluation period. A Clinical Global Impression (CGI) Improvement scale was also administered at weeks 4th, 8th and 12th. Emergent adverse drug reactions to drug were monthly registered.

Results: Three patients withdrew at the beginning of the study due to non drug-related reasons. Among the remaining 21 patients, 7 (33.3%) were considered responders according to the CGI values (very much or much improved). Both FIQ (73.4±15.2 vs 64.1±23.4, P = 0.016) and Pittsburgh scores (13.6±4.1 vs 10.3±5.2, P = 0.007) decreased significantly at the end of the study. Depression scores in patients with baseline clinically relevant depressive symptomatology (BDI>18) were also reduced (26.9±6.4 vs 21.8±8.9, P = 0.009), as well as state (48.3±7.3 vs 38.5±13.2, P = 0.025) and trait (44.8±7.3 vs 39.1±8.9, P = 0.029) anxiety scores in patients showing clinically relevant anxiety at baseline (STAI scores >34). Final daily doses ranged from 25–100 mg/day (median: 47, modal value: 100). Most common side effects included fatigue (44.4%), somnolence (33.3%), and asthenia (20.8%); they did not involve treatment withdrawal in any of the subjects; no relevant weight increase was observed.

Conclusion: Quetiapine seems to be an effective and well tolerated drug as coadjuvant treatment in the management of fibromyalgia.

References

Changes of body weight, blood glucose and lipid levels in patients with schizophrenia after long-term clozapine treatment

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Objectives: This study is designed to investigate the effects of long term clozapine treatment on changes of weight, glucose and cholesterol levels and their relation to clozapine, its metabolite blood levels in outpatients with chronic schizophrenia.

Methods: 19 consenting outpatients diagnosed with schizophrenia according to the DSM-IV criteria, who were on long term clozapine treatment and whose dosage level had been constant for last one month were selected for the study. The serum level of clozapine, metabolites as well as body weight, BMI, glucose level, cholesterol level, insulin, and c-peptide were gathered and analyzed before and after the use of clozapine.

Results: Glucose increase after clozapine treatment was statistically meaningful but it was due to two patients who got diagnosed with diabetes. Glucose levels of other patients are all below 120 mg/dl. Cholesterol level showed significant increase after the treatment. Weight and BMI changes over the treatment are not statistically meaningful overall, but 8 out 17 showed more than 7% increase. The changes of weight and BMI were positively correlated with weight and BMI of pre treatment. Mean serum level of clozapine, metabolites were not correlated with glucose, cholesterol level, insulin, C-peptide.

Conclusion: Results indicate that long term clozapine treatment can have correlated with glucose, cholesterol level and weight gain of the patients. Clinicians should be aware of the potential risks of diabetes, hypertension, and weight gain in patients taking clozapine.

References

Patients treated with different conventional depot medications improve similarly after switch to risperidone long-acting injectable

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Objective: Adults with schizophrenia or other psychotic disorders previously treated with haloperidol decanoate (HAL), fluphenazine decanoate (FLU) or zuclopenthixol decanoate (ZUC) as monotherapy were assessed after a direct transition to risperidone long-acting injectable (RLAI). The efficacy and safety of this direct change has been investigated.

Methods: Patients stable on their previous therapy for ,6 months without an oral risperidone run-in.

Results: There were 156 patients (71% male) in the HAL group, 94 (67% male) in the FLU group and 120 (64% male) in the ZUC group. The majority of patients in each group had DSM-IV schizophrenia. The main reasons for changing medication were side effects (HAL 53%, FLU 47%, ZUC 59%) (Table 1)