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How Long do Psychiatrists Wait for Response Before They Switch to Another Antipsychotic?

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ABSTRACT ~ *For how long an antipsychotic should be tried before it is considered ineffective is an important but as yet unanswered question. For the individual patient, it is of great relevance whether to be maintained on an ineffective drug for 2, 4, 6, or 8 weeks. Interviews with two samples of German hospital psychiatrists were undertaken to study treatment patterns with respect to antipsychotic nonresponse. Psychiatrists waited for an average of 3 weeks before switching antipsychotics due to nonresponse. However, there was considerable practice variation between individual physicians and hospitals. In practice, this might result in different lengths of drug trials for individual patients depending on the admitting hospital. Evidence based guidance for psychiatrists is needed to avoid too early switches or too long drug trials. Psychopharmacology Bulletin. 2007;40(3):149-154.*

INTRODUCTION

For how long an antipsychotic should be tried before it is considered ineffective and switched is an important but as yet unanswered question in the treatment of schizophrenia. Switching too early leads to classifying actually effective drugs as ineffective. Waiting too long leads to longer suffering and hospitalization. There is now mounting evidence suggesting that hypothesis of the delay of onset of action of antipsychotic drugs was not correct, but rather that antipsychotic effects can already be seen during the first days of treatment.^{1,2} Studies which randomize nonresponders at different time points to either switching or continuing medication would be needed to determine the optimum duration of a trial, but such are not available. Therefore, the recommendations found in guidelines to wait at least 2, 3, 4, or 6 weeks³⁻⁶ before making a major change in treatment are not based on scientific evidence.

In this context, we examined how long practicing hospital psychiatrists actually wait before they switch drugs for patients with schizophrenia and which factors predict longer medication trials.

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