Mini Review
Volume 09:01, 2024

Pharmacoeconomics: Open Access

ISSN: 2472-1042 **Open Access**

Global Neuropsychopharmacological Prescription Trends in Adults with Schizophrenia

Liane Schmal*

Department of Psychiatry and Neuroscience, VU University Medical Center, Amsterdam, Netherlands

Abstract

Schizophrenia is a complex and debilitating psychiatric disorder characterized by disturbances in thinking, perception, emotions and behavior. Pharmacotherapy remains a cornerstone in the management of schizophrenia, aimed at alleviating symptoms and improving quality of life. This article explores the global trends in neuropsychopharmacological prescriptions for adults with schizophrenia, examining the evolving landscape of medication choices, usage patterns and emerging therapies.

Keywords: Schizophrenia • Perception • Behavior

Introduction

Schizophrenia affects millions worldwide and poses significant challenges to individuals, families and healthcare systems. While non-pharmacological interventions such as psychotherapy and psychosocial support are essential components of treatment, pharmacotherapy plays a crucial role in symptom management and relapse prevention. Over the years, the pharmacological landscape for schizophrenia has evolved, reflecting advancements in neurobiology, pharmacology and clinical practice. This article delves into the current trends in neuropsychopharmacological prescriptions for adults with schizophrenia across different regions globally [1].

Literature Review

Antipsychotic medications constitute the primary pharmacological approach for managing schizophrenia. Traditional antipsychotics, such as haloperidol and chlorpromazine, were first introduced in the mid-20th century and revolutionized the treatment of psychosis. However, their use has declined in recent years due to concerns regarding extrapyramidal side effects and long-term adverse effects on cognition and movement disorders. Atypical antipsychotics, including clozapine, risperidone, olanzapine, quetiapine and aripiprazole, have gained prominence as first-line agents due to their improved tolerability and efficacy profiles. These medications target multiple neurotransmitter systems, particularly dopamine and serotonin and offer a broader spectrum of action compared to traditional agents [2].

Discussion

Despite the availability of multiple antipsychotic options, prescription patterns vary significantly across regions. In high-income countries, atypical antipsychotics are commonly prescribed due to their perceived advantages in terms of tolerability and reduced risk of extrapyramidal symptoms. Clozapine, a gold standard in treatment-resistant schizophrenia, is underutilized globally despite its proven efficacy in reducing suicidal behavior and hospitalizations. Conversely, in low- and middle-income countries, traditional antipsychotics remain widely used due to cost considerations and limited access to newer medications. This disparity underscores the need for equitable access to evidence-based treatments worldwide [3-5].

In recent years, there has been growing interest in novel pharmacological targets and treatment modalities for schizophrenia. Glutamatergic agents, such as NMDA receptor modulators have shown promise in managing treatment-resistant symptoms and improving cognitive function. Other emerging targets include the endocannabinoid system, inflammatory pathways and neurotrophic factors, suggesting potential avenues for future drug development. Moreover, integrated treatment approaches incorporating psychosocial interventions, cognitive remediation and supportive housing have demonstrated enhanced efficacy and long-term outcomes compared to pharmacotherapy alone. Despite significant advancements in pharmacotherapy, several challenges persist in the management of schizophrenia. Adherence to medication regimens remains a major concern, leading to suboptimal treatment outcomes and increased relapse rates. Additionally, the heterogeneity of schizophrenia necessitates personalized treatment strategies tailored to individual symptom profiles, genetic factors and comorbidities. Addressing stigma, improving access to care and enhancing provider education are crucial steps towards optimizing treatment delivery and promoting recovery in individuals with schizophrenia [6].

Conclusion

The landscape of neuropsychopharmacological prescriptions for adults with schizophrenia is dynamic, reflecting ongoing advancements in research, clinical practice and healthcare policies. While atypical antipsychotics dominate current treatment regimens in many regions, emerging therapies hold promise for addressing unmet needs and improving outcomes in this vulnerable population. Collaborative efforts involving clinicians, researchers, policymakers and advocacy groups are essential for promoting equitable access to evidence-based treatments and advancing the field of schizophrenia pharmacotherapy.

Acknowledgement

None.

Conflict of Interest

None.

***Address for Correspondence:** Liane Schmal, Department of Psychiatry and Neuroscience, VU University Medical Center, Amsterdam, Netherlands; E-mail: Schmal.lian@uci.edu*

***Copyright:** © 2024 Schmal L. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.*

Received: 01 January, 2024, Manuscript No. PE-24-130448; **Editor Assigned:** 03 January, 2024, Pre QC No. P-130448; **Reviewed:** 15 January, 2024, QC No. Q-130448; **Revised:** 20 January, 2024, Manuscript No. R-130448; **Published:** 29 January, 2024, DOI: 10.37421/2472-1042.2024.9.203

References

1. McCutcheon, Robert A., Tiago Reis Marques and Oliver D. Howes. "Schizophrenia—an overview." *JAMA Psychiat* 77 (2020): 201-210.
2. Charlson, Fiona J., Alize J. Ferrari, Damian F. Santomauro and Sandra Diminic, et al. "Global epidemiology and burden of schizophrenia: Findings from the global burden of disease study 2016." *Schizophr Bull* 44 (2018): 1195-1203.
3. Marcus, Steven C. and Mark Olfson. "Outpatient antipsychotic treatment and inpatient costs of schizophrenia." *Schizophr Bull* 34 (2008): 173-180.
4. Yiu, Angela and Beata Bajorek. "Patient-focused interventions to support vulnerable people using oral anticoagulants: A narrative review." *Ther Adv Drug Saf* 10 (2019): 2042098619847423.
5. Kishimoto, Taishiro, Katsuhiko Hagi, Masahiro Nitta and John M. Kane, et al. "Long-term effectiveness of oral second-generation antipsychotics in patients with schizophrenia and related disorders: A systematic review and meta-analysis of direct head-to-head comparisons." *World Psychiatry* 18 (2019): 208-224.
6. Leucht, Stefan, Claudia Leucht, Maximilian Huhn and Anna Chaimani, et al. "Sixty years of placebo-controlled antipsychotic drug trials in acute schizophrenia: Systematic review, bayesian meta-analysis and meta-regression of efficacy predictors." *American J Psychiatry* 174 (2017): 927-942.

How to cite this article: Schmal, Liane. “Global Neuropsychopharmacological Prescription Trends in Adults with Schizophrenia.” *Pharmacoeconomics* 9 (2024): 203.