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Footnotes for the Infographic

Antipsychotics: Benefits, Risks and Limitations

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- [1] Citrome L et al, Schizophrenia, Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) and number needed to treat: how can CATIE inform clinicians, *Int J Clin Pract*. 2006, [PMID: 16893436](#), <https://goo.gl/iQXmVa>.
Lieberman J et al, Effectiveness of Antipsychotic Drugs in Patients with Chronic Schizophrenia, *N Engl J Med*. 2005, [PMID: 16172203](#), <https://goo.gl/hQeWv5>
- [2] Zhu Y et al, How well do patients with a first episode of schizophrenia respond to antipsychotics: A systematic review and meta-analysis, 2017, *European Neuropsychopharm*, <https://goo.gl/xJTtmZ>.
- [3] Leucht S et al, Sixty Years of Placebo-Controlled Antipsychotic Drug Trials in Acute Schizophrenia: Systematic Review, Bayesian Meta-Analysis, and Meta-Regression of Efficacy Predictors, 2017, *Amer Jof Psychiatry*, <https://goo.gl/bndxBq>
- [4] Leucht S et al, How effective are second-generation antipsychotic drugs? A meta-analysis of placebo-controlled trials, *Molecular Psychiatry*, 2009, [PMID: 18180760](#), <https://goo.gl/nhMXx2>. Note: This meta-analysis shows that 41% of people *respond* (response is commonly defined as > 50% reduction in symptoms) to antipsychotics and 24% *respond* to placebo. Number Needed to Treat (NNT), recognized as the best approach to evaluate a treatment's true value, teases apart the "placebo value" of a treatment from its "medicinal value". This meta-analysis finds that 83% (100% - (41%-24%)) of people with schizophrenia do NOT *respond* to antipsychotics medicinal value. Stated differently, less than 1 in 5 people see > 50% reduction in symptoms due to the antipsychotics.
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- [6] Uçok, Sexual dysfunction in patients with schizophrenia on antipsychotic medication, *Eur Psych*, 2007, [PMID: 17344032](#). Young SL et al, "First do no harm." A systematic review of the prevalence and management of antipsychotic adverse effects, [PMID: 25516373](#), <https://goo.gl/on3k62>.
- [7] Miller D, Extrapyramidal side-effects of antipsychotics in a randomised trial, *Br J Psychiatry*. 2008, [PMC2801816](#). "...Table 1 - probability of having a parkinsonism event within 1 year for people with no parkinsonism at baseline with adjustment for baseline covariates shows 37%–44% for the four second-generation antipsychotics and 37% for perphenazine". Note: we have used the midpoint percentage of 40% in the infographic. The data used is the large CATIE study from footnote #1.
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- [9] Waddington JL, Mortality in schizophrenia. Antipsychotic polypharmacy and absence of adjunctive anticholinergics over the course of a 10-year prospective study, *Br J Psychiatry* 1998, [PMID: 9926037](#). Joukamaa M et al, Schizophrenia, neuroleptic medication and mortality. *Br J Psychiatry*, 2006, [PMID: 16449697](#). Ito H et al, Polypharmacy and excessive dosing: psychiatrists' perceptions of antipsychotic drug prescription. *Br J Psychiatry*. 2005, [PMID: 16135861](#).

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- [12] Harrow M et al, A 20-Year multi-followup longitudinal study assessing whether antipsychotic medications contribute to work functioning in schizophrenia, 2017, *Psychiatry Research*, [PMID: 28651219](#).
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- [14] Ray et al, Atypical Antipsychotic Drugs and the Risk of Sudden Cardiac Death, *NE J Med* 2009, [PMCID: PMC2713724](#).