

## **Costs, Limits and Hazards of Atypical Antipsychotic Medications**

VISN 1 MIRECC researchers have documented increased costs, limited benefits and increased risk for high blood sugar associated with use of atypical antipsychotic medications in the VA system. First introduced in the late 1980's, atypical antipsychotic medications represented a new generation of treatment for mentally ill patients who experience hallucinations and delusions. Currently available examples include clozapine, risperidone, olanzapine, quetiapine and ziprasidone. In comparison with earlier medications such as haloperidol, the atypical medications been reported to have a number of advantages including better control of negative symptoms such as apathy and reduced side effects, especially tardive dyskinesia, which involves persistent repetitive abnormal movements. Within many healthcare systems, include the VA, physicians have been more likely to start new psychotic patients on the atypical antipsychotics and to switch patients already treated with older, typical antipsychotics. VISN 1 MIRECC researchers have now carried out a series of studies indicating drawbacks for this trend away from typical and toward atypical antipsychotic medications. The first issue is cost, as the older medications are available in generic form and cost less than 1/10<sup>th</sup> that of many of the atypical medications. As a result, atypical antipsychotics now account for approximately 12% of the \$760 million in direct medical care dollars devoted to VA treatment of schizophrenia. This represents an especially high percentage given the fact that VA's overall mental health expenditures have declined 25% since 1996. The second issue is lack of clear benefit from switching patients from older medications to atypical antipsychotics. In a study of over 9000 VA patients, those whose medications were switched had worsening global symptom ratings in the 3 month period following the switch in contrast with improvement in those whose medications were not switched. A third drawback to the atypical antipsychotic treatments is an increased risk for diabetes that results from the appetite stimulation that is a common side effect. In a study of 647 VA patients treated with atypical antipsychotics, 24-30% were shown to have previously undetected elevated blood sugar which is indicative of either undiagnosed diabetes or a risk for diabetes. The researchers conclude that clinicians need to consider potential drawbacks to use of atypical antipsychotics and not automatically assume that the newer drugs are superior to older medications. The MIRECC researcher team includes Robert Rosenheck, Michael Sernyak, Douglas Leslie and Barbara Gulanski.