LETTERS TO THE EDITOR

Letter

Sirs,

The efficacy of adjuvant sertraline in the treatment of chronic schizophrenia

Evidence for a serotonergic dysfunction in schizophrenia has come from a variety of sources. Schizophrenics have abnormal plasma and platelet levels of serotonin (5-HT) which correlate well with dynamic endocrine testing of lactotropic function in this condition. In addition, the use of certain serotonergic agonists, for example 5-hydroxytryptophan a (a 5-HT precursor) and the racemic mixture of fenfluramine (a potent stimulator of 5-HT secretion), have been shown to improve particular symptom complexes in schizophrenia. Furthermore, the atypical neuroleptic clozapine a $5\text{-HT}_{2a/2c}$ receptor antagonist is useful in ameloriating the negative symptoms of schizophrenia.

Indeed, these particular features of schizophrenia can often prove the most difficult to treat. Various pharmacological strategies have been employed in order to treat the often 'resistant' symptoms of chronic schizophrenia, including the addition of anti-parkinsonian agents, propranolol, carbamazepine, benzodiazepines, lithium and antidepressants to conventional neuroleptic therapy. Adding antidepressants to conventional neuroleptic agent is another such means. Monoamine oxidase inhibitors and selective serotonin reuptake inhibitors (SSRIs) have been used for this purpose with encouraging results. Sertraline is yet another SSRI which is a potent antidepressant and has little affinity for other receptor sites. There have been some open studies with even fewer double-blind trials looking at this paradigm. As SSRIs may play a useful role in the adjunctive treatment of this subtype of schizophrenia, it was our intent to determine the safety and efficacy of sertraline in patients with negative symptoms of schizophrenia.

We have recently conducted a study looking at the efficacy of adjuvant sertraline in the treatment of chronic schizophrenia. We conducted a 12 week open study in 20 patients with DSM-111R schizophrenia who had been stabilized on depot neuroleptics for at least 3 months prior to the addition of sertraline. Though not clinically depressed, patients were characterized by having preponderance of negative symptoms. Positive symptoms were assessed with the Brief Psychiatric Rating Scale (BPRS), and the Schedule for the Assessment of Negative Symptoms (SANS) was used to determine the severity of negative symptomatology. Three separate scales were used to detect the presence of extrapyramidal side-effects. Compared to baseline, week 12 was associated with a significant reduction in the total BPRS (35·7%) ($t = 4{\cdot}82$, $df = 9$, $p < 0{\cdot}001$) and in total SANS (20.0%) ($t = 2{\cdot}70$, $df = 9$, $p < 0{\cdot}001$) scores. In contrast, there was no change in any of the scales measuring extrapyramidal side-effects.

The addition of sertraline resulted in global improvement with a reduction in both positive and negative systems with no increase in parkinsonian adverse-effects. Further double-blind placebo-controlled studies are required before any firm conclusions can be drawn about this strategy. However, should future studies prove to be efficacious, adjuvant antidepressant treatment may be a safe and useful means by which to treat the often intractable symptoms of this debilitating condition.

J. H. THAKORE[1]*, C. BERTI[2]
and T. G. DINAN[1]
[1]*Department of Psychological Medicine, St. Bartholomew's Hospital, London EC1A 7BE, UK.*
[2]*Pfizer, Ltd., Sandwich, Kent CT13 9NJ, UK*

*Correspondence to: J. H. Thakore.