



# Effective Health Care

## Atypical vs Typical Antipsychotics Nomination Summary Document

### Results of Topic Selection Process & Next Steps

- Typical vs atypical antipsychotics will go forward for refinement as a comparative effectiveness or effectiveness review. The scope of this topic, including populations, interventions, comparators, and outcomes, will be further developed in the refinement phase.
- When key questions have been drafted, they will be posted on the AHRQ Web site and open for public comment. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to <http://effectivehealthcare.ahrq.gov/getinvolved.cfm?involveype=subscribe>.

### Topic Description

**Nominators:** 1 public policy maker/payer, 1 anonymous

**Nomination Summary:** This topic represents nominations from two nominators. Nominator 1 (public policy maker/payer) is interested in the comparative effectiveness of typical and atypical antipsychotics for schizophrenia, bipolar disorder, dementia, pervasive developmental disorders, and disruptive behavior disorders. Nominator 2 (anonymous) is interested in the long-term effects of treating older patients with antipsychotics and requests information on the benefits and harms of atypical antipsychotics vs other antipsychotics (typicals) in this population.

**Key Questions from Nominators:** From nominator 1 (public policy maker/payer):

1. For adults with schizophrenia, related psychoses, or bipolar disorder (manic or depressive phases, rapid cycling, mixed states), do the typical and atypical antipsychotic drugs differ in benefits (efficacy, effectiveness) or harms?
  - a. For adults experiencing a first episode of schizophrenia, do the atypical antipsychotic drugs differ in benefits (efficacy, effectiveness) or harms?
  - b. For adult patients with schizophrenia, related psychoses (including first episode), bipolar mania or bipolar depression, what is the comparative evidence that differences in adherence or persistence among the atypical antipsychotic drugs correlates with a difference in clinical outcomes?
2. For youths with pervasive developmental disorders or disruptive behavior disorders, do the typical and atypical antipsychotic drugs differ in benefits (efficacy, effectiveness) or harms?
3. For older adults with Behavioral and Psychological Symptoms of Dementia (BPSD), do the typical and atypical antipsychotic drugs differ in benefits (efficacy,

effectiveness) or harms?

4. Are there subgroups of patients based on demographics (age, racial groups, gender), other medications, or co-morbidities for which a typical or an atypical antipsychotic drug is more effective or associated with fewer harms?

## Considerations

- The topic meets all EHC Program selection criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- No systematic evidence reviews were identified that addressed the comparative effectiveness of typical and atypical antipsychotics across all of the conditions named in the nomination. While there appears to be a large amount of comparative effectiveness research focused on schizophrenia, there is not as much literature for dementia, pervasive developmental disorder, or disruptive behavior although this is an important clinical question for these conditions.
- It will be important that the review from the EHC Program focus on key long-term, real life effectiveness trials and comparative harms rather than short-term efficacy trials.