

Antidepressant Controlled Trial For Negative Symptoms In Schizophrenia (ACTIONS): a double-blind, placebo-controlled, randomised clinical trial

Thomas RE Barnes,^{1,2*} Verity C Leeson,¹
Carol Paton,^{1,3} Céire Costelloe,⁴ Judit Simon,⁵
Noemi Kiss,⁵ David Osborn,^{6,7} Helen Killaspy,^{6,7}
Tom KJ Craig,⁸ Shôn Lewis,⁹ Patrick Keown,¹⁰
Shajahan Ismail,¹¹ Mike Crawford,¹ David Baldwin,¹²
Glyn Lewis,^{6,7} John Geddes,¹³ Manoj Kumar,¹⁴
Rudresh Pathak¹⁵ and Simon Taylor¹⁶

¹Centre for Mental Health, Imperial College London, London, UK

²West London Mental Health NHS Trust, London, UK

³Oxleas NHS Foundation Trust, Dartford, UK

⁴National Institute for Health Research (NIHR) Health Protection Research Unit in Healthcare Associated Infections and Antimicrobial Resistance, Imperial College London, London, UK

⁵Department of Health Economics, Centre for Public Health, Medical University of Vienna, Vienna, Austria

⁶Division of Psychiatry, University College London, UK

⁷Camden and Islington NHS Foundation Trust, London, UK

⁸Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK

⁹Institute of Brain, Behaviour and Mental Health, University of Manchester, Manchester, UK

¹⁰Northumberland Tyne and Wear NHS Foundation Trust, Newcastle upon Tyne, UK

¹¹Sheffield Health and Social Care NHS Foundation Trust, Sheffield, UK

¹²Mental Health Group, University of Southampton Faculty of Medicine, Southampton, UK

¹³Department of Psychiatry, University of Oxford, Oxford, UK

¹⁴South Staffordshire and Shropshire Healthcare NHS Foundation Trust, Stafford, UK

¹⁵Lincolnshire Partnership NHS Foundation Trust, Lincoln, UK

¹⁶Derbyshire Healthcare NHS Foundation Trust, Derby, UK

*Corresponding author

Declared competing interests of authors: Thomas RE Barnes has received honoraria from Roche for speaking at educational meetings and has been a member of scientific advisory boards for Sunovion Pharmaceuticals Inc. and Otsuka Pharmaceutical Company Ltd/H. Lundbeck A/S in relation to antipsychotic medication. Carol Paton has undertaken consultancy work for Sunovion Pharmaceuticals Ltd and Eli Lilly and Company in relation to antipsychotic medication. Tom KJ Craig has received honoraria from Eli Lilly and Company and Sanofi for speaking at educational meetings. Patrick Keown has received an honorarium for speaking at an educational meeting and has been a member of a scientific advisory board for Otsuka Pharmaceutical Company Ltd/H. Lundbeck A/S in relation to antipsychotic medication, and has received support from Janssen Pharmaceutica to attend a conference. David Baldwin has received research funding from Pfizer Inc. and undertaken consultancy work for H. Lundbeck A/S. Glyn Lewis reports membership of Efficacy and Mechanism Evaluation board. Shôn Lewis reports a potential spin-out company, Clintouch.

Published April 2016

DOI: 10.3310/hta20290

Plain English summary

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Health Technology Assessment 2016; Vol. 20: No. 29

DOI: 10.3310/hta20290

NIHR Journals Library www.journalslibrary.nihr.ac.uk

Plain English summary

Schizophrenia affects behaviour, thinking and perception and, when more severe, the ability to socialise, work and carry out routine daily tasks. In addition to the well-known 'positive' symptoms such as false beliefs ('delusions') and hallucinations (most commonly, hearing voices), the illness can have 'negative' symptoms: some loss of a person's drive and the usual emotional expressiveness and responsiveness.

If negative symptoms persist despite adequate treatment with antipsychotic medication, there are no other medications that we know can help. However, adding antidepressant medication might reduce negative symptoms and not produce too many side effects.

In this study, we assessed symptoms and side effects over the course of a year in people with schizophrenia, randomly assigned to treatment with either an antidepressant (citalopram) or an identical dummy tablet (placebo). None of the participants or any of the people assessing how the illness was responding over time knew who was receiving which medication. This allowed us to carry out an unbiased comparison of the two treatments at the end of the study. We found no significant differences between citalopram and placebo in side effects or effects on quality of life or negative symptoms, although it may have helped to improve drive and motivation, at least in the first 3 months. Further studies with larger numbers of patients are needed to really test the value of this treatment, as we were only able to recruit 62 out of 358 participants and so may have missed meaningful differences between those taking citalopram and those taking placebo.

ISSN 1366-5278 (Print)

ISSN 2046-4924 (Online)

Impact factor: 5.027

Health Technology Assessment is indexed in MEDLINE, CINAHL, EMBASE, The Cochrane Library and the ISI Science Citation Index.

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Editorial contact: nhredit@southampton.ac.uk

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This report

The research reported in this issue of the journal was funded by the HTA programme as project number 07/83/01. The contractual start date was in March 2010. The draft report began editorial review in September 2015 and was accepted for publication in December 2015. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health.

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