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

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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.

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Plain English summary

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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.

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