

Amisulpride for very late-onset schizophrenia-like psychosis: the ATLAS three-arm RCT

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Declared competing interests of authors: Robert Howard reports membership of the Health Technology Assessment (HTA) Commissioning Board. Peter Bentham reports grants from the HTA programme during the course of this study. Craig Ritchie reports grants and personal fees from Merck Sharp & Dohme Ltd (Kenilworth, NJ, USA), personal fees from Pfizer Inc. (New York City, NY, USA), Eisai Co. Ltd (Tokyo, Japan), Actinogen (Sydney, NSW, Australia), Kyowa Hakko Kirin (Tokyo, Japan), Eli Lilly and Company (Indianapolis, IN, USA), and F. Hoffmann-La Roche AG (Basel, Switzerland), grants from Biogen Inc. (Cambridge, MA, USA) and grants and non-financial support from Janssen EMEA (Beerse, Belgium) and Takeda Pharmaceutical Company Ltd (Osaka, Japan) during the conduct of the study. Craig Ritchie was also the co-coordinator and academic lead for the European Prevention of Alzheimer's Dementia (EPAD) project, which has numerous commercial partners in keeping with the mechanisms of the European Union's Innovative Medicine's Initiative [i.e. Janssen, Eisai Co. Ltd, Pfizer, Eli Lilly and Company, Roche Diagnostics (Risch-Rotkreuz, Switzerland), Boehringer Ingelheim GmbH (Ingelheim am Rhein, Germany), Novartis International AG (Basel, Switzerland), AC Immune SA (Lausanne, Switzerland), IXICO (London, UK), Aridhia (Glasgow, UK), Amgen Inc. (Thousand Oaks, CA, USA), Berry Consultants (Abingdon, UK), H. Lundbeck A/S (Copenhagen, Denmark), Sanofi SA (Paris, France), IQVIA (formerly Quintiles IMS Holdings, Inc.) (Durham, NC, USA) and Takeda Pharmaceutical Company]. Andrew Sommerlad reports grants from the Wellcome Trust outside the submitted work. Ramin Nilforooshan reports personal fees from Eli Lilly and Company and non-financial support from Janssen outside the submitted work. Martin Knapp reports grants from Merck Sharp & Dohme outside the submitted work.

Published November 2018

DOI: 10.3310/hta22670

Plain English summary

The ATLAS three-arm RCT

Health Technology Assessment 2018; Vol. 22: No. 67

DOI: 10.3310/hta22670

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Plain English summary

Some people develop serious mental health illness resembling schizophrenia for the first time after the age of 60 years, which is called very late-onset schizophrenia-like psychosis (VLOSLP). This is characterised by false beliefs or delusions that other people are trying to harm or steal from them. VLOSLP can be extremely frightening and distressing. It can cause sufferers to break off contact with friends and family, thus becoming isolated.

Effective drug and psychological treatments are already available for schizophrenia. However, there have been no randomised clinical trials of antipsychotic treatment in older patients, who are often not prescribed antipsychotics because of a lack of effectiveness evidence and clinician anxieties about risks.

The study investigated the safety and effectiveness of treating VLOSLP patients with ≤ 24 weeks of low-dose amisulpride (an antipsychotic drug, used to treat schizophrenia) compared with an inactive placebo tablet.

The study found that amisulpride treatment was associated with significantly greater improvement in mental health symptoms than was seen with placebo. Patients receiving amisulpride showed improvements on measures of hostility, suspiciousness, hallucinations, tension, lack of co-operation and overactivity. These improvements did not lead to improvements in patients' self-rated quality of life, but this could reflect lack of sensitivity of the quality-of-life measure in this group. More participants who were taking placebo were withdrawn from the trial by their doctors because their psychosis symptoms were not responding or got worse.

The most common and troubling side effects of antipsychotics resemble Parkinson's disease, with slowness, muscle stiffness and shaking (older people being particularly susceptible). The study monitored these symptoms in the participants. There was a small increase in these symptoms in the amisulpride group compared with the placebo group; 11% of people taking amisulpride had clinically significant movement problems compared with 0% of people taking placebo.

The results indicate that patients with VLOSLP benefit from treatment with a low-dose antipsychotic, such as amisulpride, and that this treatment is generally well tolerated. We hope that mental health teams and general practitioners providing care to these patients are encouraged to offer them antipsychotic treatment in the light of our findings.

ISSN 1366-5278 (Print)

ISSN 2046-4924 (Online)

Impact factor: 4.513

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

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This report

The research reported in this issue of the journal was funded by the HTA programme as project number 09/55/06. The contractual start date was in October 2011. The draft report began editorial review in November 2017 and was accepted for publication in May 2018. 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 and Social Care. 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 and Social Care.

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