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A Review On Effectiveness of Treatment for cocaine dependence in schizophrenic patients

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Abstract:

A Review On Effectiveness of Treatment for cocaine dependence in schizophrenic patients are performed to guage and compare the effectiveness of treatments for cocaine dependence in schizophrenic patients.

Cocaine dependence could also be a publicpathological state characterised by recidivism and a bunch of medical and psychosocial complications . Cocaine dependence remains a disorder that no pharmacological treatment of proven efficacy exists.

Objective:

To evaluate the efficacy and thus the acceptability of antipsychotic medications for cocaine dependence.

Selection criteria:

All randomised controlled trials and controlled clinical trials with concentrate on utilization of any antipsychotic medication for the treatment of cocaine dependence.

Data collection and analysis :

We used standard methodological procedures expected by Cochrane.

Introduction :

Cocaine dependence is typically related to medical psychological and social problems for individual and public health, generating problems for the community users play a employment within the spread of infectious diseases like AIDS, hepatitis and tuberculosis,additionally crime, violence and neonatal drug exposure. Use of medication like antidepressants, anticonvulsant and dopamine agonists to treat cocaine abuse or dependence isn't supported by evidence from Cochrane reviews.

The use of antipsychotic agents has also been considered, particularly because cocaine can induce hallucinations and paranoia that mimic psychosis.

Keywords :

Dopamine , Cocaine , Placebo , Schizophrenia , antipsychotic.

Study Characteristics :

The review authors identified 14 randomised controlled trials involving 719 adults. One study was conducted in Italy, and thus the remainder within the USA. They involve both inpatient and outpatient settings and had a duration of 14 to 168 days (mean 80 days).

Eleven trials randomised participants to receive an Sedative hypnotic drug or placebo using the subsequent antipsychotic medications:

Risperidone (three studies, 1 to 4 mg/day and one study with injections of long-acting risperidone at a dose of 25 mg/14 days);

olanzapine (three studies, 2.5 to twenty mg/day);

quetiapine (two studies, 400 and 800 mg/day);

lamotrigine (one study, 400 mg/day);

reserpine (one study, 50 mg/day).

Three trials compared two drugs;

olanzapine (10 mg/day) versus haloperidol (10 mg/day),

olanzapine (20 mg/day) versus risperidone (9 mg/day) and

aripiprazol (10 mg/day) versus ropirinol (4.5 mg/day).

Key results

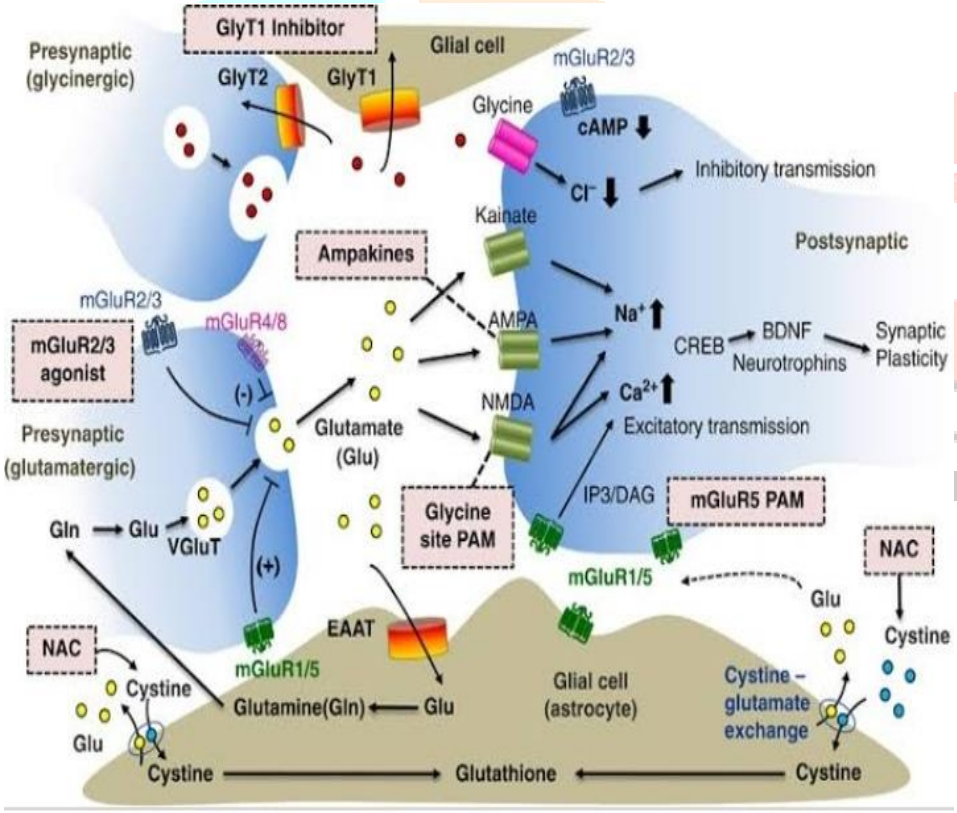
The studies used different instruments or ways to assess the outcomes of interest, limiting the likelihood for us to combine the knowledge. Once we grouped together all trial results comparing any antipsychotic to placebo, we found that antipsychotics slightly increase those who stayed in treatment but they weren't effective in reducing cocaine use during treatment (two studies), in sustained abstinence (three studies), or in reducing the urge to consume cocaine (four studies). The sole comparisons of each drug versus placebo or versus another drug were made in few trials with small sample sizes, limiting the reliability of

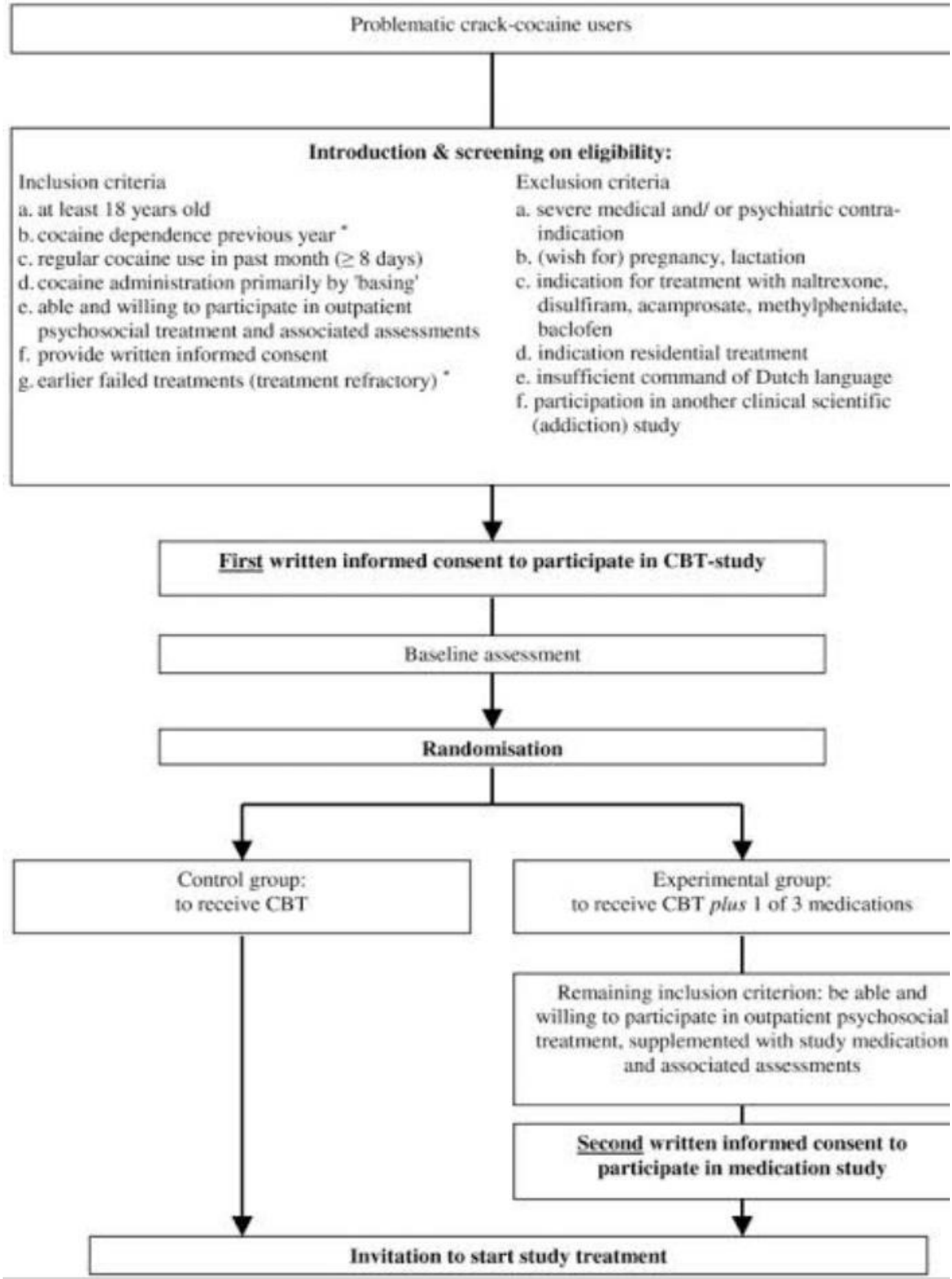
the results. However, among these comparisons, only quetiapine perceived to perform better than placebo in reducing cocaine use and craving, but results came only from one study with 60 participants. Information was limited on the acceptability of treatment in terms of side effects, abstinence from cocaine use and withdrawal symptoms. Overall we found no evidence supporting the clinical use of antipsychotic medications within the treatment of cocaine dependence.

Funding and conflict of interest reported by the studies:

The majority of trials included during this review had funding from industrial sources or declared conflict of interests for some of the researchers because of different contractual collaborations with the pharmaceutical industry. Only five of the 14 included trials reported being funded exclusively by non-industry sources, and of these only one (Grabowski 2004) disclosed no conflict of interest for the authors.

Mechanism of action for cocaine dependence schizophrenic patients :




Problematic crack-cocaine users
Introduction & screening on eligibility:
Inclusion criteria
a. at least 18 years old
b. cocaine dependence previous year *
c. regular cocaine use in past month (≥ 8 days)
d. cocaine administration primarily by 'basing'
e. able and willing to participate in outpatient psychosocial treatment and associated assessments
f. provide written informed consent
g. earlier failed treatments (treatment refractory) *
Exclusion criteria
a. severe medical and/ or psychiatric contra-indication
b. (wish for) pregnancy, lactation
c. indication for treatment with naltrexone, disulfiram, acamprosate, methylphenidate, baclofen
d. indication residential treatment
e. insufficient command of Dutch language
f. participation in another clinical scientific (addiction) study
First written informed consent to participate in CBT-study
Baseline assessment
Randomisation
Control group: to receive CBT
Experimental group: to receive CBT plus 1 of 3 medications
Remaining inclusion criterion: be able and willing to participate in outpatient psychosocial treatment, supplemented with study medication and associated assessments
Second written informed consent to participate in medication study
Invitation to start study treatment

Conclusion:

At present, there isn't any evidence supporting the clinical use of antipsychotic medications within the treatment of cocaine dependence, although results come from only 14 trials, with small sample sizes and moderate to caliber of evidence.

which evaluated emotionality after the haloperidol treatment and cocaine use intention elicited by a person made cue. This result indicates that the topics showed less cue-elicited craving after a videotape of people smoking cocaine and administering intravenous cocaine. Additionally, the subscale of intensity decreased. However, the author did not make this comparison. The patients who received olanzapine had significantly less craving within the subscale of energy; this finding demonstrates a decrease in emotionality and cocaine use intention when put next with the group that received haloperidol.

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