EVIDENCE BASED MEDICINE STUDIES VERSUS NATURALISTIC LONG TERM FOLLOW –UP OF CLOZAPINE AND QUETIAPINE TREATMENT FOR PD PSYCHOSIS : WHICH ARE MOST USEFUL IN CLINICAL PRACTICE?

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Among several non-motor disturbances in Parkinson's disease (PD) the most significant with respect to morbidity and quality of life and the most difficult to treat is the development of hallucinations and psychosis, which occur, in 10-30% of treated patients. The syndrome is considered to develop secondary to chronic dopaminergic stimulation.

During the last years atypical antipsychotics are considered the most useful and less dangerous ones. Among them clozapine (CLOZ) and quetiapine (QUET) seem to be the most effective ones however with a significant difference in their side effect profile. Promising results in open trials with (CLOZ) (Rabey et al, 1995, Neurology; Friedman et al, 1989, Clinical Neuropharmacol) led to more definitive two double-blind, placebo controlled trials which demonstrated the effectivity and motoric tolerability of CLOZ in PD psychosis

(The Parkinson Study Group, NEJM, 1999, and The Frech Clozapine Parkinson Study Group, Lancet, 1999). However the necessity of monitoring blood count cells to avoid agranulocytosis (which occurs in 1.3% of patients) have limited its use. In addition CLOZ can cause seizures (5% yearly incidence), myocarditis, orthostatic hypotension, weight gain, sialorrhea and sedation all of which contribute to the reticence of clinicians to use clozapine . QUET has failed in double blind studies (Rabey et al, Mov. Disorders, 2007, Ondo et al, Mov Disorders, 2006, Kurlan et al, Neurology, 2007). However and although the relatively high percentage of drop-outs during those trials (20-50%) neurologists and psychiatrists still prefer first to submit their PD psychotic patients to QUET considering that if they improve the long term follow up is preferable to CLOZ. Recently we performed an analysis of a naturalistic long-term follow up of QUET and found that 30 % of patients treated were still on treatment after 2 years of study. A similar follow up (open) in another group of patients with CLOZ showed that 50% of patients were still on treatment after five years. The prons and cons of each treatment evaluation will be discussed.