

Some New Developments in Psychiatry

New management issues for commonly occurring psychiatric syndromes are discussed in this editorial.



Louw Roos

Cannabis use and schizophrenia

We know that there is a relationship between cannabis use and schizophrenia. The precise nature of this relationship remains unclear. In a recent review, Smit *et al*¹ looked at five population based, longitudinal studies on the relationship between cannabis use and problems ranging from psychotic symptoms to hospitalisation with a confirmed diagnosis of schizophrenia. They concluded that the reviewed studies highlight six key elements:¹

- Cannabis use roughly doubles the risk of developing schizophrenia.
- Many young people expose themselves to this risk.
- The risk increases when more cannabis is used.
- There is also an increased risk in 'vulnerable' people.
- Vulnerability may be widespread, but difficult to recognise.
- Even when the risk is numerically small, in clinical terms it is serious.

In a recent South African study on cannabis and other variables affecting age at onset in a schizophrenia founder population, the following conclusions were reached:²

- The percentage of male and female Africaner schizophrenia subjects who used/abused cannabis was higher than the lifetime rates for males and females in a representative sample of grade 11 students in South Africa (SA).³
- More emphasis should be placed on the psycho-education and rehabilitation of young vulnerable individuals with schizophrenia who use and abuse cannabis.
- Early deviant behaviour was the most important factor determining age of criteria onset and, in male patients with schizophrenia, it may be an endophenotypic marker.
- The interactive effect of gender and cannabis use was also significant in explaining the age of criteria onset in males. Yet it seems that when cannabis is used, the effect of early deviant behaviour becomes less important in determining the age of criteria onset.

- In our search for more sophisticated endophenotypes to aid the identification of susceptibility and modifying genes, early devi-

ant behaviour, male gender and cannabis use/abuse in interaction may be factors to consider in future research.

It should be asked whether enough is being done in SA in terms of prevention measures regarding cannabis use, as it has a direct effect on one of the serious psychiatric illnesses. I am in full agreement with Smith *et al*¹ that wisdom will be required to formulate a health education message that will have the desired effect. Warnings may not help and may even be counter-productive, but ignoring the message contained in the five studies is not an option.

Metabolic Effects of Second Generation Antipsychotics

Most of the second generation antipsychotics have been available in SA for more than 5 years. As we gained more experience in the use of these drugs, we also realised that some of our best medications are associated with the greatest metabolic side-effects.⁴ We face the dilemma of seeing improvement in psychotic symptoms accompanied by significant weight gain, lipid disturbance and, occasionally, emergent diabetes. In a recent guest editorial, Cohn⁵ posed the following questions:

- Our primary goal is to treat psychiatric illness, but do we need to accept the side-effects of treatment as inevitable and unavoidable?
- How do we understand and manage metabolic risk when we treat psychosis?
- Are we truly keeping in mind the long-term interest of our patients?

In his review on pharmacological and non-pharmacological strategies for the prevention of weight gain and metabolic disturbance in patients treated with antipsychotic medications, Faulkner *et al*⁶ come to the conclusion that, although difficult, the prevention of weight gain and the promotion of weight loss are possible for individuals treated with antipsychotic medications. Further research, including diabetes prevention studies, is required. They suggest a pathway for the management of weight gain and emerging metabolic disturbance.⁶ The clinical implications of their review emphasise the following:⁶

- Psychiatrists have an important role to play in managing the weight gain and metabolic disturbance than can accompany antipsychotic treatment.
- Weight management and lifestyle advice should be offered to all patients.
- There is insufficient evidence to support the general use of pharmacological interventions for weight management.

Children and the use of ADHD drugs

The Food and Drug Administration (FDA) Drug Safety and Risk Management Adviso-

ry Committee recently held meetings where they voiced their support for the use of a new black box warning in the labelling of pharmacotherapies for ADHD that would list sudden death and cardiovascular events as possible sequelae from their use.⁷ This made media and internet-informed parents question whether they should keep their child on ADHD drugs.

In an interesting and fact finding editorial in the June 2006 issue of *The Journal of Clinical Psychopharmacology*,⁸ Shader and Oesterheld made the following observations:

- There is little question about the efficacy of these agents for ADHD symptoms in most appropriately diagnosed children.
 - There is a need of appropriate diagnosis and careful observation of children and adolescents before and after they are placed on any medication.
 - Drugs for ADHD are probably over prescribed to some populations.
- Furthermore, they do not challenge the notion that sympathomimetic drugs at certain doses and in certain children and adolescents may raise blood pressure and heart rate. It seems probable that the use of sympathomimetic agents could be a contributing risk factor for sudden death in some predisposed children and adolescents. They had an issue with overgeneralisations, class labelling concepts, and the lumping of all ADHD drugs together. They feel stricter warnings are going to have significant consequences for the use of these drugs. It will be more difficult to convince parents to allow children with ADHD to use these agents. Other drugs that are not as effective and which have their own CVS side-effects may be used. They feel further research is urgently needed and that major public policy changes must be based on solid evidence. Hopefully, this information will help doctors to answer parents' questions and in making informed decisions.

Prof Louw Roos, MChB, MMed(Psych), MD, FCPsych, Senior Lecturer, Dept of Psychiatry, Faculty of Health Sciences, University of Pretoria
E-mail: erna.fourie@up.ac.za

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