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**Underlying disease may increase mortality risk in users of atypical antipsychotics**

Li ZP *et al.* Underlying disease and mortality rate

**Abstract**

Schizophrenia is the most common group of schizophrenia. Commonly used anti-schizophrenia drugs all increase mortality to some extent. The increased risk of death in elderly individuals and patients with dementia using atypical antipsychotics may be due to myocardial damage, increased mobility and increased risk of stroke.

**Key Words:** Aripiprazole; Atypical antipsychotics; Dementia; Mortality rate

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**Core Tip:** Schizophrenia is a group of the most common types of schizophrenia. Type I schizophrenia involves mainly positive symptoms, type II schizophrenia involves mainly negative symptoms. The patients are indifferent and lack initiative. Clinically, atypical antipsychotics are often used as first-line drugs for first-episode schizophrenia. Although antipsychotics may increase mortality to some extent, observational studies suggest that atypical antipsychotics are associated with a lower risk of all-cause mortality when compared with conventional antipsychotics.

**TO THE EDITOR**

We were very interested to read the article by Phiri P<sup>[1]</sup>, which was published in the *World Journal of Psychiatry*. The authors used mega data, python software, *etc.* to summarize and analyze nearly 2,000 clinical reports. They point to the commonly used atypical antipsychotics such as olanzapine and risperidone increasing the risk of death in people with dementia; however, the data analysis of this study showed that the association between quetiapine and the increased risk of death in patients with dementia was relatively insignificant. Their study promoted the research and development of drugs for mental disorders in patients with dementia, and encouraged a normative role in the medication prescribed by clinicians in primary and secondary medical institutions, which has considerable reference significance. Although the research work of the author and his team has been quite sufficient, and the conclusions drawn are also supported by big data, we believe that some points of this article are worthy of further exploration. We would like to contribute to the debate and look forward to hearing from the authors.

Schizophrenia is a group of the most common types of schizophrenia, characterized by incoordination between thinking, emotion, and behavior, and separation of mental activities from reality<sup>[2,3]</sup>. Schizophrenia includes two subtypes. Type I schizophrenia is mainly characterized by positive symptoms, and patients report hallucinations and delusions. Type II schizophrenia is mainly characterized by negative symptoms, and patients report apathy and lack of initiative<sup>[4]</sup>. At present, the commonly used classical antipsychotics drugs include chlorpromazine, tardan, *etc.* However, long-term use of classical antipsychotics usually causes extrapyramidal reactions in patients, that is, the patient's ability to regulate fine motion is weakened. The later developed atypical antipsychotics have obvious advantages over classical antipsychotics. First, atypical antipsychotics are well tolerated, show good compliance, and rarely cause extrapyramidal reactions. Second, atypical antipsychotics are better than classic antipsychotics in treating the negative symptoms of psychosis. Clinically, atypical antipsychotics are often used as first-line drugs for first-episode schizophrenia.

Although antipsychotics may increase mortality to some extent<sup>[5, 6]</sup>, observational studies suggest that <sup>3</sup> atypical antipsychotics are associated with a lower risk of all-cause mortality when compared with conventional antipsychotics<sup>[7]</sup>.

Farlow MR <sup>[8]</sup> has reported modest improvements in neuropsychiatric symptoms with aripiprazole, risperidone, and olanzapine compared with placebo. <sup>1</sup> Aripiprazole, risperidone, quetiapine, and olanzapine were associated with increased odds of acute myocardial invasion, and risperidone and olanzapine were associated with increased odds of hip fracture. Observational studies have shown <sup>2</sup> no difference in all-cause mortality with atypical antipsychotics, and atypical antipsychotics are associated with a lower risk of all-cause mortality and extrapyramidal symptoms compared with conventional antipsychotics, but a lower risk of stroke higher. Therefore, there is reason to believe that the increased risk of death in elderly and dementia patients given atypical antipsychotics may be due to myocardial damage, increased mobility, and increased risk of stroke.

The authors refer to the use of atypical antipsychotics such as aripiprazole in patients with dementia and highlight the risk of death with aripiprazole. Use of aripiprazole has been reported in patients with dementia, but it is associated with a higher risk of cardiac arrest, fractures, constipation, extrapyramidal disorders, somnolence, and apathy<sup>[8, 9]</sup>. Therefore, in the use of aripiprazole in the treatment of schizophrenia in the elderly, special attention should be paid to the adverse effects of aripiprazole itself on the patient's body, in addition to the decline in drug metabolism caused by age. The authors did not explain why aripiprazole increases the risk of death in dementia patients, so we suggest that the authors add relevant content.

### **Conclusion**

The increased risk of death among dementia patients using atypical antipsychotics may be due to underlying diseases or to a different baseline risk of death.

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3	Martin R. Farlow, Tatyana A. Shamliyan. "Benefits and harms of atypical antipsychotics for agitation in adults with dementia", European Neuropsychopharmacology, 2017 Crossref	16 words — 2%

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