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Psychotic illness

Does complementary medicine have a role in management?

This is the first in a series of articles looking at the available evidence for complementary medicine relating to the theme topic in *Australian Family Physician*.

Neuroleptic induced tardive dyskinesia and vitamin E

A 2005 Cochrane review¹ evaluated the role of vitamin E to prevent or reduce the severity of tardive dyskinesia (TD) associated with the use of antipsychotic medication. Only randomised control trials (RCTs) of vitamin E to placebo or no intervention were included in the review. Ten studies were identified. No 'clinically relevant improvement' for vitamin E over placebo was identified in six trials of 256 people (relative risk [RR] 0.95; confidence interval [CI]: 0.89–1.02). No 'improvement in TD symptoms' was found with vitamin E in seven trials of 311 people (CI: 0.75–1.00). However, in five trials of 98 people (CI: 0.16–0.9), those not on vitamin E supplementation showed 'more deterioration of their symptoms' of TD.

There was no difference in adverse events between treatment and control groups and drop out rates were similar in all groups. The authors concluded from the small trials of uncertain quality 'that vitamin E protects against deterioration of TD but there is no evidence that vitamin E improves symptoms of TD'.

Schizophrenia and music therapy

A 2005 Cochrane review² aimed to assess the effects of music therapy on people with serious mental illnesses such as schizophrenia. After careful searching of the literature only four studies were identified that fit the quality criteria. Follow up ranged from 1–3 months. In one RCT of 72 people, music therapy added to standard care was superior to standard care alone for global state (RR: 0.10; CI: 0.03–0.31). Some statistically nonsignificant positive effects on general mental state were identified in two small RCTs, negative symptoms in

three, and social functioning in one RCT.

These benefits may be a dose dependent effect as positive effects were dependent on the number of music therapy sessions. The author's concluded that: 'music therapy as an addition to standard care helps people with schizophrenia to improve their global state and may also improve mental state and functioning if a sufficient number of music therapy sessions are provided'. No adverse events were identified and more research is required to assess the long term effects of music therapy for schizophrenia or schizophrenia-like illnesses.

Schizophrenia and Chinese herbs

A 2005 Cochrane review³ assessed the role of Chinese herbal medicine, used alone or as part of a traditional Chinese medicine approach, for people with schizophrenia and related psychoses. Seven RCTs involving patients with schizophrenia-like illnesses, randomised to Chinese herbal medicine (single or mixture), compared with placebo/no treatment or antipsychotic drugs were included. Only one small trial evaluated traditional Chinese medicine for schizophrenia.

One RCT of 90 patients (RR: 1.8; CI: 1.2–2.9) favoured antipsychotics over Chinese herbs for global mental state. Six trials compared antipsychotics with and without Chinese herbs. One trial (n=123) found no change in global state for patients on the combined herbs/medication compared with patients on antipsychotics alone (RR: 0.19; CI: 0.1, 0.6). Two short term studies (n=103) favoured herbs plus antipsychotic medication compared with antipsychotic medication use alone.

There was significantly less drop out of patients in six RCTs of 1004 patients given combined treatment compared with antipsychotic use alone (RR: 0.30; CI: 0.16–0.58). In one RCT of 67 patients, those with combined treatment experienced less

constipation compared with those receiving antipsychotics alone. The author's concluded that: 'Chinese herbal medicines, given in a western biomedical context, may be beneficial for people with schizophrenia when combined with antipsychotics'.

Schizophrenia and polyunsaturated fatty acid supplementation

A 2005 Cochrane review⁴ assessed the role of polyunsaturated fatty acids for patients with schizophrenia. It is postulated that altered neuronal membrane structure and metabolism in schizophrenia may be dependent on plasma levels of essential fatty acids (EFAs). Five RCTs of 313 patients were identified. One study of patients not requiring antipsychotic medication suggested, when compared with placebo, omega-3 EFAs may have some antipsychotic effect. In another RCT, those already on antipsychotics given omega-3 EFA supplements demonstrated a trend toward improved mental state compared to placebo (RR: 0.62; CI: 0.37–1.05). In two RCTs mental state was considerably better in patients with and without antipsychotics on omega-3 EFAs (RR: 0.58; CI: 0.39–0.85) but there was no clear dose response. There was no improvement in mental state in a small study comparing two types of omega-3 EFAs; another study found no benefit for TD with omega-6 EFA compared with placebo.

Essential fatty acids are well tolerated and diarrhoea was the main side effect identified. Most studies were too small to be conclusive, and the authors concluded that the use of omega-3 polyunsaturated fatty acids for schizophrenia still remains experimental.

Conflict of interest: none declared.

References

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