

MEMANTINE - A POSSIBLE STARTUP KEY OF ANTIPSYCHOTICS IN RESISTANT SCHIZOPHRENIA

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Introduction: Although there are many antipsychotics, resistant schizophrenia is still to be an extremely important problem in psychiatrists' practice.

Objectives: Finding a new strategy, different from the ones in daily standardized practice, could give better perspectives for the outcome of the cases of resistant schizophrenia.

Aims: Adding memantine for about six months to the last antipsychotic used in the treatment of resistant schizophrenia could be used as a method in order to induce a response to the treatment due to modulation of NMDA receptors.

Method: Two study cases: patients diagnosed with schizophrenia paranoid type, many years ago, with many hospitalisations for psychotic episodes admitted into the hospital for a psychotic relapse. The patients were treated with 2 antipsychotics (each for 8 weeks and adequate dose) without response. Both cases had a common approach from the moment of failure of the second antipsychotic: adding memantine 20 mg per day to the second antipsychotic, maintained with the same dose from that moment.

Results: Adding memantine to the last antipsychotic induced the remission in both cases of resistant schizophrenia. This association was made for a period of 6 months and after that the dose of memantine was progressively reduced in 2 weeks. We kept the antipsychotic as a main treatment. The remission was kept during the period of association and one year after the withdrawal of the memantine.

Conclusions: We think that memantine modulation of NMDA receptors in combination with antipsychotic D2 receptor blockade can improve the response of resistant schizophrenia.