

Negative Symptoms Working Group

Schizophrenia clinical trials utilizing negative symptom endpoints remain challenged by issues such as high placebo response, measurement error, secondary effects from improvement in positive symptoms, depression and EPS and potential different pharmacological responses of different negative symptom domains. This may explain – in part – the mixed success of recent trials. At the previous meeting of the ISCTM Negative Symptom Workgroup it was decided to reconvene when new information from trials is available. With this in mind, the group discussed the new results and when available, data mining of recent negative symptom trials with the aim of informing future methodology.

The following have been identified as initial priority issues for further exploration from the Workgroup:

1. What are the effect sizes for antipsychotic drugs on avolition/apathy vs affective expression?
2. Comparison of placebo response in experienced vs inexperienced sites.

3. Comparison of placebo response with fewer vs. more testing sessions
4. Comparison of placebo response with longer vs. shorter washout
5. Responsiveness in subjects with high vs low baseline negative symptoms
6. Effect of baseline positive symptoms on negative symptom responsiveness
7. What are the effect sizes for antipsychotic drugs on negative symptoms independent of changes in other domains/factors?
8. Effects of age or illness duration on negative symptom responsiveness
9. Identification of erratic raters (and other flawed rating patterns)- effects on signal detection.
10. Effects of smoking status for alpha 7's