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According to CATIE, Zyprexa(R) More Effective on Discontinuation Rate than Other Antipsychotics Studied

Patients Taking Zyprexa Had a Longer Duration of Successful Treatment

INDIANAPOLIS, Sept 19, 2005 /PRNewswire-FirstCall via COMTEX/ -- Zyprexa(R) (olanzapine) was more effective on discontinuation rate in patients with schizophrenia than were other medications studied, according to the conclusions of the Clinical Antipsychotic Trial of Intervention Effectiveness (CATIE). This unprecedented study conducted by the National Institute of Mental Health will appear in the Sept. 22 issue of the New England Journal of Medicine. CATIE was designed to evaluate the overall clinical effectiveness of antipsychotics in the treatment of schizophrenia, as measured by any-cause medication discontinuation, a measure that integrates both the patients' and the doctors' judgment of how well a medication works, its safety and how well the patient tolerates the treatment.

"We are pleased that CATIE showed Zyprexa to be more effective on discontinuation rate than other medications studied," said Robert Baker, M.D., medical director, U.S. neuroscience, Eli Lilly and Company. "The study also had favorable findings for Zyprexa in terms of duration of successful treatment and risks of rehospitalization. This is important to patients and doctors because research shows that patients who stay on their medication generally have greater improvement in symptoms, reducing hospitalization and costs, and may function better in their daily lives."

The study authors also noted that patients taking Zyprexa experienced greater weight gain and increases in measures of glucose and lipid metabolism versus patients using other antipsychotics that were studied. Information about adverse events related to increases in blood glucose levels, lipid metabolism and weight gain is included in the Zyprexa product label. For patients who discontinued treatment due to adverse events, more patients taking Zyprexa discontinued because of weight gain and metabolic events.

CATIE found that for Zyprexa the average time to discontinuation was 9.2 months as compared with 4.6 months for quetiapine, 4.8 months for risperidone, 3.5 months for ziprasidone and 5.6 months for perphenazine. The differences were statistically significant for olanzapine compared with risperidone and quetiapine, but not for perphenazine or ziprasidone.

Patients taking Zyprexa also experienced fewer hospitalizations for schizophrenia than patients taking other medications. Total PANSS (Positive and Negative Syndrome Scale) scores improved over time in all groups, and patients taking Zyprexa had greater initial improvement.

"Schizophrenia is a complex disorder. Even in the group with the lowest discontinuation rate -- patients on Zyprexa -- more than half discontinued treatment within 18 months. This is why Lilly continues to invest in research seeking new treatments as well as programs to help patients benefit more fully from treatments available today," said Baker. "We believe this study can help clinicians renew their focus on aggressively finding the treatment that will achieve the best possible results for each patient with schizophrenia."

Zyprexa(R) Background

Zyprexa is indicated in the United States for the short- and long-term treatment of schizophrenia, acute mixed and manic episodes of bipolar I disorder, and maintenance treatment of bipolar disorder. Since Zyprexa was introduced in 1996, it has been prescribed to more than 18 million people worldwide.

Zyprexa is not approved for the treatment of patients with dementia-related psychosis. Elderly patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk of death compared with those patients taking a placebo. In addition, compared to elderly patients with dementia-related psychosis taking a placebo, there was a significantly higher incidence of cerebrovascular adverse events in elderly patients with dementia-related psychosis treated with Zyprexa.

Hyperglycemia, in some cases extreme and associated with ketoacidosis or hyperosmolar coma or death, has been reported in patients treated with atypical antipsychotics, including Zyprexa.

Prescribing should be consistent with the need to minimize the risk of neuroleptic malignant syndrome, tardive dyskinesia, seizures and orthostatic hypotension.

The most common treatment-emergent adverse event associated with Zyprexa in placebo-controlled, short-term schizophrenia and bipolar mania trials was somnolence. Other common events were dizziness, weight gain, personality disorder (COSTART term for nonaggressive objectionable behavior), constipation, akathisia, postural hypotension, dry mouth, asthenia, dyspepsia, increased appetite and tremor.

Full prescribing information, including a boxed warning, is available at www.zyprexa.com.

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