These results are supplied for informational purposes only. *Prescribing decisions should be made based on the approved package insert in the country of prescription*			
Sponsor/company:	**sanofi-aventis**	**ClinialTrials.gov Identifier:**	**NCT00245674**
		Study Code:	**PM_L_0055**
Generic drug name:	**Amisulpride**	**Date:**	**February, 15th, 2007**

Title Solian drinkable solution in the treatment of acute psychosis

Investigator(s), study site(s)

Multicentre : 19 centres in Belgium

Study duration and dates	Start: 2005/04 End: 2005/12	**Phase**	IV

Study design

A prospective, 'open-label', non-comparative phase-IV study spread over a number of investigation centers, where 85 investigators and 500 patients were foreseen. It was expected that each investigator would take charge of a minimum of 5 and a maximum of 8 patients

Number of subjects planned

500

Inclusion criteria

- schizophrenia
- acute episode
- age between 18 and 65 years
- hospitalized patients
- written informed consent

Treatments

The sponsor supplies the study drug (SOLIAN® drinkable solution).
ANTIPSYCHOTIC TREATMENT
The patients receive daily by mouth a starting dose of 800mg Solian® drinkable solution, which can be adjusted within a range of 400-1200 mg/day.
No 'washout' period is foreseen. It is not permitted to use a second antipsychotic agent.
SEDATION
If there is a need for sedation, benzodiazepines can always be prescribed. However, they should be tapered off as soon as possible and according to the investigator's judgment. No dosage limitations are imposed with regard to benzodiazepines

4.1 Efficacy

Changes from baseline on day 14 on the positive PANSS scale, the CGI improvement scale and the scale of the CGI therapeutic index are considered as primary variables with regard to efficacy.

The results from the same scales taken on day 7, as well as the various scores that are derived from these scales on day 7 and on day 14 (in absolute value as well as dichotomy) will be considered as secondary variables. The comparative scores that are derived from the CGI's concerning the severity of the disease are considered as secondary variables.

The quantity of SOLIAN and benzodiazepine taken is considered as a primary variable with regard to medication.

4.2 Analysis by subgroup

In order to be able to find out whether any different effects with regard to efficacy and/or medication are observed in the subgroups into which the patients are divided, various variables with regard to efficacy and/or medication, as described above, are classified crosswise with the aid of a number of selected characteristics at baseline (demographic data, previous treatment, specific data relating to drug indication, etc).

Statistical procedures

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Statistical analysis

The hypothesis that the primary variables with regard to efficacy and medication are changed by more than null compared with baseline will be analyzed with the aid of so-called t-tests or non-parametric tests.

For the crosswise classification of the primary variables with regard to efficacy and safety in the subgroups, use will be made of a χ^2-test or a t-test, depending on the type of scale employed. In view of the fact that large amounts of data will be compared during this study, the p-values serve solely to demonstrate interesting differences.

4.4 Calculation of the sample size

4.4.1 Extent of the effect (efficacy)

The sample size will be based on three, continuous, primary variables with regard to efficacy (PANSS positive scale, CGI global improvement and CGI therapeutic index).

Because this is a short-term treatment, even finding a limited effect is designated as interesting. In accordance with the recommendations of Cohen (Jacob Cohen (1989). *Statistical Power Analysis for the Behavioral Sciences,* Lawrence Erlbaum Associates, Inc), the minimal extent of the effect that may be regarded as clinically interesting in this respect is set at the customary standard deviation of 0.2.

4.4.2 Extra statistical parameters

Because three primary variables are evaluated concomitantly in this study, the overall statistical significance for these 3 variables must also be reached. On the basis of a level of 0.05 as starting point for the conventional significance of this kind of figures, a significance level of 0.0166 is laid down by the so-called Bonferroni correction.

The sample size has been calculated such that even in the case of a null correlation between day 0 and day 14, the smallest effect will already yield a significant one-sided result with respect to the positive PANSS scale and the therapeutic index of the CGIs with a probability of 80%. In this way, there is a greater probability of detecting a minor effect on the CGI improvement scale.

4.4.3 Sample size

Under the conditions described above, a sample size of 448 is required. Therefore, allowing for a ‘drop-out' percentage of 10%, 500 patients should be included in this study.

Results

In this phase IV clinical trial we studied patients suffering from schizophrenia, a schizo-affective or schizophreniform disorder (according to the DSM IV classification) treated with amisulpride.

Few firm conclusions can be drawn because of the limited data collection.
Although the protocol foresaw 500 patients to be enrolled, the study was interrupted when only 50 patients had been enrolled in 19 centers because it was deemed unlikely that the target number would be reached within a reasonable time-frame.
Since one patient refused to take the study medication and did not continue the study after the day 0 visit, only 49 patients were left for analysis. It was therefore decided by the sponsor to perform a descriptive analysis only on a restricted number of variables, including the Clinical Global Impression scale, and not to take into account the results of the Positive And Negative Symptoms rating Scale.

The 49 patients were on average 41.4 years of age (SD=14.9 years), ranging between 18 and 73 years.
The gender ratio was 25 males (51%) to 24 females (49%).
The average BMI was 25.1 kg/m^2 (SD=4.5 kg/m^2), ranging between 18.1 and 36.5 kg/m^2.

Twenty-four (24) patients (49%) of them were diagnosed as suffering from schizophrenia, 9 patients (18%) from schizo-affective disorder, and 16 patients (33%) from schizophreniform disorder.

The average treatment duration was 13.1 days (SD=2.5 days), ranging from 3 to 14 days.
The starting daily dose was on average 685.7 mg (SD=225.5 mg), ranging from 100 to 1,200 mg. Thirty-four (34) of the 49 patients (69%) started with a daily dose of 800 mg, and the mean daily dose given during the study was on average 731.8 mg (SD=190.2 mg), ranging from 100 to 1,200 mg. 17 patients (35%) were concomitantly prescribed benzodiazepines.

Having only limited data available for analysis, the efficacy was assessed on the basis of the clinical global impression (CGI) scale, with assessments of severity of illness on Days 0, 7 and 14, and of global improvement assessed on Days 7 and 14.

Of the 47 patients for whom assessments of the global improvement on the CGI scale were available on day 7, 2 patients (4%) were considered to have very much improved, 15 patients (32%) much improved, and 23 patients (49%) minimally improved. For 6 patients (13%) there was considered to be no change, and one patient (2%) was considered minimally worse.

Of the 42 patients for whom assessments of the global improvement on the CGI scale were available on day 14, 6 patients (14%) were considered to have very much improved, 19 patients (45%) much improved, and 12 patients (29%) minimally improved. For 4 patients (10%) there was considered to be no change, and one patient (2%) was considered minimally worse.

The average CGI disease severity index score, calculated on the basis of all available data, was 5.04 on Day 0, 4.17 on Day 7, and 3.62 on Day 14. On average the score decreased by 0.89 between baseline and Day 7 (SD=0.94), and by 1.52 between baseline and Day 14 (SD=1.09). When taking into account only the 16 most ill patients (1 ‘extremely’, and 15 ‘severely ill’) we can see that after 14 days of treatment with Solian there are just 2 patients left in the ‘severely’, and none in the ‘extremely ill’ category.

There were no cases of significant overdose recorded during this study.
For one patient a serious adverse event was reported (acute anteroseptal infarction), which was not considered to be related to the study medication.

Adverse events were reported for 12 patients. For 4 patients the adverse events were considered not related to the study medication. For 8 patients the adverse events, that were all considered mild, were probably related to the study medication. For 7 patients the adverse events required corrective treatment/therapy. For 3 of these patients this concerned a reduction in the dose of Solian and for 1 patient Solian was replaced by Zyprexa.
Extra-pyramidal symptoms were the most frequent adverse event, arising in 8.1% of patients (4 out of 49).

Date of the report : 18 October 2006