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Vortioxetine as an Adjunctive Treatment in Schizophrenia: A Systematic Review of Effects on Quality of Life, Anhedonia, Cognitive Function, and Symptom Domains

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Introduction: Schizophrenia is a severe psychiatric disorder characterized by disturbances in perception, thinking, affect, behavior, and negative symptoms. Depression in patients with schizophrenia worsens disease outcomes by increasing suicide risk, complicating the clinical picture, and reducing social functioning quality. Treatment is challenging, as monotherapy with modern antipsychotics is not always successful. Adding antidepressants may improve outcomes, but the effectiveness of such augmentation often requires further evidence.
Objectives: This study aimed to examine the effects of combining second-generation antipsychotics (SGA) with vortioxetine, a novel multimodal serotonergic antidepressant, on various aspects, including quality of life, anhedonia, cognitive function, and overall symptom improvement in schizophrenia patients.
Methods: We conducted a comprehensive search of PubMed, Embase, Cochrane and Web of Science databases up to September 2024 for studies using Vortioxetine with standard treatments for schizophrenia.
Results: We screened 371 studies and our review included six studies gathering 508 patients. Study type, sample sizes, and follow-up time varied across studies (Figure 1). All studies involved adding Vortioxetine to existing antipsychotic treatments, with dosages ranging from 5-20 mg/day. Study durations varied from eight to 48 weeks. Common scales across multiple studies included: PANSS (Positive and Negative Syndrome Scale), WHOQOL-BREF (World Health Organization Quality of Life Assessment), CDSS (Calgary Depression Scale for Schizophrenia), and various cognitive function tests (e.g., WCST, Verbal Fluency Test, Stroop Task). Overall, the studies reported positive effects of vortioxetine in schizophrenia patients (Figure 2): Improved quality of life, Reduced anhedonia, Enhanced cognitive function, Improved depressive symptoms, Reduced negative symptoms. Most studies reported good tolerability of vortioxetine with minimal side effects.
Image 1:

Study	Study design	Sample	Therapy (additionally to SGA)	Follow-up
Bruno et al. 2020	Non-randomized open-label clinical trial	20 patients with schizophrenia and comorbid depression	Vortioxetine 10 mg/d until 12th week; 20 mg/d from 12th to 24th week	24 weeks
Gres et al. 2024 a	Randomized controlled trial	120 stable patients with schizophrenia	Vortioxetine 10 mg/d, compared to placebo	12 weeks
Gres et al. 2024 b	Randomized controlled trial	120 patients with schizophrenia in remission	Vortioxetine 10 mg/d, compared to placebo	12 weeks
Kotzalidis et al. 2021	Prospective cohort	30 patients with schizophrenia	Vortioxetine 5-20 mg/day compared with other antidepressants	12 weeks
Moazen-Zadeh et al. 2020	Randomized controlled trial	78 patients with schizophrenia and predominant negative symptoms	Vortioxetine 10 mg 12/12h compared to placebo	8 weeks
Redaelli et al. 2022	Retrospective cohort	40 patients with schizophrenia or schizoaffective disorder	Vortioxetine 5-20 mg/d	48 weeks
Reznik et al. 2023	Case-control	78 patients with schizophrenia and depression	Vortioxetine 5-20 mg/d, compared to SGA alone	25 weeks

Figure 1 - Basic characteristics of the included studies

Image 2:

Study	Summary of Results
Bruno et al. 2020	Vortioxetine supplementation significantly improved Stroop test (P = 0.031) and Semantic Fluency (P = 0.002) at the end point. Moreover, a significantly reduction of PANSS domains "positive" (P = 0.019) at week 12 and of PANSS domains positive (P = 0.019) and total score (P = 0.041) and of depressive symptoms (Calgary Depression Scale for Schizophrenia, P = 0.032) at end point.
Gres et al. 2024 a	There is a statistically significant effect of treatment with vortioxetine in General quality of life (F=32.333 , p <, 001). The main effect of vortioxetine treatment is low to moderate (η 2 = .234).
Gres et al. 2024 b	Significant effect on physical anhedonia with a relatively small effect (F = 3.17, p < 0.05; η^2 = 0.061) and had a particularly strong effect on the level of social anhedonia (F = 5.04, p < 0.01; η^2 = 0.091).
Kotzalidis et al. 2021	Patients on vortioxetine improved similarly to those on other antidepressants on all measures. Significant improvements in cognitive function tests (p < 0.05); improvement in negative symptoms.
Moazen-Zadeh et al. 2020	Significant improvements in PANSS negative subscale (p < 0.001, Cohen's d = 0.97) and total scores (p <0.001; Cohen's d = 0.95)
Redaelli et al. 2022	At CGI-S assessment, 15 of the 35 evaluated subjects reported at least a 1-point improvement, from 5 at baseline to 4 after 3 months of treatment. Due to the sample size, we could not evaluate the impact of vortioxetine dose or the effect of specific antipsychotics on the effectiveness of the combination.
Reznik et al. 2023	There were significant differences between the SGA + vortioxetine and SGA groups in terms of the mean CDSS (p < 0.001), NSA-5 (p=0.003), PDQ-20 (p < .001), and PSP (p=0.004) scores after 3 months

Figure 2 - Summary of Results of the included studies

Conclusions: The findings suggest that Vortioxetine may be a promising adjunctive treatment for schizophrenia, potentially improving various domains including quality of life, cognitive function, negative symptoms, and depressive symptoms. However, larger and more robust studies are needed to confirm these findings.

Disclosure of Interest: None Declared

EPV1782

What does Kombucha Tea Improve the Stool Passage in Patients with Schizophrenia? A Preliminary Results of A Randomized, Double-blind Placebo-controlled Clinical Study

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Introduction: Patients with schizophrenia frequently have difficulties in defecation which may lead to adverse health consequences. Many interventions have been proposed to resolve the problems but not usually effective. Kombucha tea has been advocated for their effects on gut microbiota and thought to improve the stool passage in healthy population. However, the relevant evidence was insufficient in patients with schizophrenia. In this study, the research team tried to evaluate the effectiveness of Kombucha tea in the clinical settings.
Objectives: This study aimed to evaluate both subjective and objective amelioration of stool passage in constipated patients with schizophrenia.
Methods: Schizophrenic inpatients who took laxative medications or had subjective difficulties in stool passage were eligible for the study. The protocol was approved by the IRB of Tsao-Tun Psychiatric Center and registered on the trial registry of Clinicaltrial.gov. After obtaining consents and initial screening, the recruited participants were randomly allocated into either the control or intervention groups. Participants in the control group were provided