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PHARMACOLOGICAL PROPERTIES OF PSYCHOPHARMACA IN RELATIONSHIP TO THEIR CLINICAL INDICATIONS

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Empirical evidence for psychopharmacological treatment has grown over the past decade substantially. While it was quite difficult to perform metaanalyses 20 years before, we now have a large body of evidence available to perform metaanalytic studies, not only on data published in the literature, but also on individual databases called a pooled-analysis. The field moved from eminence-based psychiatry to evidence-based psychiatry. Since indications for psychotropic agents are with a few exceptions given for diseases and not syndromes, it is obvious that the available empirical database is diagnosis-driven. However, recent developments in psychopharmacology indicate that medications primarily used for one diagnosis can also be useful for other diagnoses as we learnt from the serotonin-reuptake-inhibitors (SSRIs), which were firstly used for depression and then for different forms of anxiety disorders. A recent example is quetiapine, for which the first indication was schizophrenia, then bipolar disorder and now depression and general anxiety disorders. Does this mean a denosologisation of psychopharmacology? Not really, however recent developments could be indicative that trials should be performed not only on a diagnostic but also on a syndromatology-level as has been shown for suicidality within schizophrenia, but for instance not in depression.