

- 27** Wu RR, Zhao JP, Liu ZN, Zhai JG, Guo XF, Guo WB, et al. Effects of typical and atypical antipsychotics on glucose-insulin homeostasis and lipid metabolism in first-episode schizophrenia. *Psychopharmacology (Berl)* 2006; **186**: 572–8.
- 28** Crespo-Facorro B, Pérez-Iglesias R, Ramírez-Bonilla M, Martínez-García O, Llorca J, Luis Vázquez-Barquero J. A practical clinical trial comparing haloperidol, risperidone, and olanzapine for the acute treatment of first-episode nonaffective psychosis. *J Clin Psychiatry* 2006; **67**: 1511–21.
- 29** Brewer WJ, Yücel M, Harrison BJ, McGorry PD, Olver J, Egan GF, et al. Increased prefrontal cerebral blood flow in first-episode schizophrenia following treatment: longitudinal positron emission tomography study. *Aust N Z J Psychiatry* 2007; **41**: 129–35.
- 30** Gaebel W, Riesbeck M, Wölwer W, Klimke A, Eickhoff M, von Wilmsdorff M, et al; German Study Group on First-Episode Schizophrenia. Maintenance treatment with risperidone or low-dose haloperidol in first-episode schizophrenia: 1-year results of a randomized controlled trial within the German Research Network on Schizophrenia. *J Clin Psychiatry* 2007; **68**: 1763–74.
- 31** Lee SM, Chou YH, Li MH, Wan FJ, Yen MH. Effects of antipsychotics on cognitive performance in drug-naïve schizophrenic patients. *Prog Neuropsychopharmacol Biol Psychiatry* 2007; **31**: 1101–7.
- 32** Saddichha S, Manjunatha N, Ameen S, Akhtar S. Diabetes and schizophrenia – effect of disease or drug? Results from a randomized, double-blind, controlled prospective study in first-episode schizophrenia. *Acta Psychiatr Scand* 2008; **117**: 342–7.
- 33** de Haan L, van Bruggen M, Lavalaye J, Booij J, Dingemans PM, Linszen D. Subjective experience and D2 receptor occupancy in patients with recent-onset schizophrenia treated with low-dose olanzapine or haloperidol: a randomized, double-blind study. *Am J Psychiatry* 2003; **160**: 303–9.
- 34** Lieberman JA, Tolleson G, Tohen M, Green AI, Gur RE, Kahn R, et al; HGDH Study Group. Comparative efficacy and safety of atypical and conventional antipsychotic drugs in first-episode psychosis: a randomized, double-blind trial of olanzapine versus haloperidol. *Am J Psychiatry* 2003; **160**: 1396–404.
- 35** Bustillo JR, Rowland LM, Jung R, Brooks WM, Qualls C, Hammond R, et al. Proton Magnetic Resonance Spectroscopy During Initial Treatment With Antipsychotic Medication in Schizophrenia. *Neuropsychopharmacology* 2008; **33**: 2456–66.
- 36** Lieberman JA, Phillips M, Gu H, Stroup S, Zhang P, Kong L, et al. Atypical and conventional antipsychotic drugs in treatment-naïve first-episode schizophrenia: a 52-week randomized trial of clozapine vs chlorpromazine. *Neuropsychopharmacology* 2003; **28**: 995–1003.
- 37** Wu RR, Zhao JP, Zhai JG, Guo XF, Guo WB. Sex difference in effects of typical and atypical antipsychotics on glucose-insulin homeostasis and lipid metabolism in first-episode schizophrenia. *J Clin Psychopharmacol* 2007; **27**: 374–9.
- 38** Green AI, Lieberman JA, Hamer RM, Glick ID, Gur RE, Kahn RS, et al; HGDH Study Group. Olanzapine and haloperidol in first episode psychosis: two-year data. *Schizophr Res* 2006; **86**: 234–43.
- 39** Glenthøj A, Glenthøj BY, Mackeprang T, Pagsberg AK, Hemmingsen RP, Jernigan TL, et al. Basal ganglia volumes in drug-naïve first-episode schizophrenia patients before and after short-term treatment with either a typical or an atypical antipsychotic drug. *Psychiatry Res* 2007; **154**: 199–208.
- 40** Leucht S, Kane JM, Etschel E, Kissling W, Hamann J, Engel RR. Linking the PANSS, BPRS, and CGI: clinical implications. *Neuropsychopharmacology* 2006; **31**: 2318–25.
- 41** Alvarez-Jiménez M, González-Blanch C, Crespo-Facorro B, Hetrick S, Rodríguez-Sánchez JM, Pérez-Iglesias R, et al. Antipsychotic-induced weight gain in chronic and first-episode psychotic disorders: a systematic critical reappraisal. *CNS Drugs* 2008; **22**: 547–62.
- 42** Park S, Ross-Degnan D, Adams AS, Sabin J, Kanavos P, Soumerai SB. Effect of switching antipsychotics on antiparkinsonian medication use in schizophrenia: population-based study. *Br J Psychiatry* 2005; **187**: 137–42.
- 43** Tyrer P, Kendall T. The spurious advance of antipsychotic drug therapy. *Lancet* 2009; **373**: 4–5.
- 44** Margolis RL. Neuropsychiatric disorders: the choice of antipsychotics in schizophrenia. *Nat Rev Neuro* 2009; **5**: 308–310.
- 45** Leucht S, Komossa K, Rummel-Kluge C, Corves C, Hunger H, Schmid F, et al. A meta-analysis of head-to-head comparisons of second-generation antipsychotics in the treatment of schizophrenia. *Am J Psychiatry* 2009; **166**: 152–63.
- 46** Perez-Iglesias R, Crespo-Facorro B, Martínez-García O, Ramírez-Bonilla ML, Alvarez-Jiménez M, Pelayo-Terán JM, et al. Weight gain induced by haloperidol, risperidone and olanzapine after 1 year: findings of a randomized clinical trial in a drug-naïve population. *Schizophr Res* 2008; **99**: 13–22.
- 47** Fagerlund B, Mackeprang T, Gade A, Glenthøj BY. Effects of low-dose risperidone and low-dose zuclopentixol on cognitive functions in first-episode drug-naïve schizophrenic patients. *CNS Spectr* 2004; **9**: 364–74.
- 48** Möller HJ, Riedel M, Jäger M, Wickelmaier F, Maier W, Kühn KU, et al. Short-term treatment with risperidone or haloperidol in first-episode schizophrenia: 8-week results of a randomized controlled trial within the German Research Network on Schizophrenia. *Int J Neuropsychopharmacol* 2008; **11**: 985–7.



extra

On therapy

Ramy Daoud

I worked in medicine for many years before I was drawn to psychiatry. My encounters with patients with physical ailments prefigured those encounters I would have as a psychiatrist. The cognition of pain. The search for meaning. The elicitation of a story. The laying of hands on where it hurts. The re-cognition of pain. Sometimes I would cut it out. Sometimes I would cover it up. Sometimes I could do neither. In these instances, I am reminded of *Mural* by the Palestinian poet of exile, Darwish. I find it quite a haunting piece, lingering in the back of my mind before, during, between sessions with patients. A patient knocks at the door of therapy. Therapy: 'the dialogue of dreamers' where the patient 'shuns body and self . . . to finish that first journey towards meaning, which burnt me, and disappeared.' Disappeared into absence and no space, where 'nothing hurts at the door of doom'. In no space, and no time, that insistent voice says 'one day I shall become . . .'. And they come, knocking at the door of therapy. Therapy is a space-time, an en-closure where dis-closure unfolds through language/thoughts ('one day I shall become a thought'), that threatens to 'split [the patient's nascent sense of being like] a burgeoning blade of grass'. A battle-field, between 'neither being nor nothingness'. Therapy, language, the act of re-telling one's story seems to me like a sword 'wrestling being from non-being', that promises an 'epiphany'. That epiphany that comes on the wings of the words: 'This is your name'. Darwish's 'epiphany' reminds me of Heidegger's Da-sein and the ecstasy of temporality. Being which temporalises itself yet unites past, present and future 'selves'. I believe Darwish wishes to leave this activity of being open: 'I know this epiphany, and know I'm on my way towards what I don't know'.

Ramy Daoud is specialty registrar in general adult psychiatry, East Cornwall Community Mental Health Team.