



International Office

140 Route de Ferney, Case Postale 1224

CH-1211 Geneva 1, SWITZERLAND

Phone: +41 (0)22 849 84 00

Fax: +41 (0)22 849 84 88

www.msf.org

A.35 Quetiapine

MSF strongly supports the proposal from the WHO Collaborating Centre for Research and Training in Mental Health and Service Evaluation to include oral quetiapine, a second-generation antipsychotic (SGA) with a restricted square box including aripiprazole, olanzapine and paliperidone as therapeutic alternatives in the Core List of Section 24.2.2 “Medicines used in bipolar disorders” of the WHO Model List of Essential Medicines (EML).

Currently, the EML includes lithium carbonate (since 1977), carbamazepine, and valproic acid (both since 1997) for the treatment of bipolar disorders.

As pointed out by the authors, updated high-quality evidence shows that SGAs, are at least as effective as classic mood stabilizers for both acute and maintenance treatment of bipolar disorders.

Recent meta-analytical evidence shows that many oral antipsychotics are similarly effective and tolerable in both acute and maintenance treatment of bipolar disorders.

After a comprehensive review of the highest-quality scientific evidence for efficacy and tolerability of antipsychotics, the authors concluded that aripiprazole, olanzapine, paliperidone, and quetiapine are the SGAs of choice for the treatment of bipolar disorders.

The authors have selected quetiapine, as it is the only SGA formally approved by European Medicines Agency (EMA) and US Food and Drug Administration (FDA) for both the acute and the maintenance treatment of bipolar disorders, to be included in the EML, with a restricted square box indicating that aripiprazole, olanzapine and paliperidone are valid therapeutic alternatives.

MSF would like to draw the attention of The Expert Committee on the fact that haloperidol and risperidone should also be considered for the treatment of bipolar disorders.

Following the recommendations from the British Association for Psychopharmacology¹:

- For severe manic episodes, consider oral administration of a dopamine antagonist when seeking rapid anti-manic effect. Systematic comparison of data from clinical trials suggests that

¹ Goodwin GM et al. Evidence-based guidelines for treating bipolar disorder: Revised third edition recommendations from the British Association for Psychopharmacology. *J Psychopharmacol*. 2016 Jun; 30(6):495-553.

haloperidol, olanzapine, risperidone and quetiapine are particularly effective in short-term reduction of symptoms, in patients not already taking long-term treatment for bipolar disorder.

- In an individual patient, if an antipsychotic leads to prompt remission from the most recent manic or depressive episode, this may be considered evidence in favour of its long-term use as monotherapy.
- Treatment choice should be dictated by the clinical context and, whenever possible, by patient preference and experience. However, systematic comparison of the performance of drugs for mania suggests that haloperidol, olanzapine, risperidone and quetiapine have the highest efficacy.

MSF is using haloperidol, olanzapine, risperidone, and quetiapine in its programs.

In light of these elements, MSF urges the 24th Expert Committee on the Selection and Use of Essential Medicines to include quetiapine in the Core List of Section 24.2.2 “Medicines used in bipolar disorders” of the WHO Model List of Essential Medicines and MSF recommends to consider also haloperidol and risperidone in the treatment of bipolar disorders.



Dr. Daniela Belen Garone

Infectious Diseases specialist and DTM&H
International Medical Coordinator

Médecins Sans Frontières | International Office