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## LETTER TO THE EDITOR

## Neurocognitive Outcomes of the Combination Therapy of Amisulpride and Quetiapine for Managing Treatment-resistant Schizophrenia. A Non-significative Finding

Cognitive deficits in schizophrenia has been proposed as a new diagnostic dimension in *DSM-V*.<sup>1</sup> The concept of cognitive functions is suggested to involve in worsened social adjustment and reduced

their receiving the combination therapy of amisulpride and quetiapine. Future study with a larger sample is needed to assess precisely the improvement suggested in this preliminary report.

**Table 1** Scores and typical scores (TS) for the CTMT parts A and B, the Stroop color-word test, and the Coding subtest for WAIS-III of four individual patients at baseline and six months

Patient visit	1		2		3		4	
	Baseline	Six months	Baseline	Six months	Baseline	Six months	Baseline	Six months
<b>CTMT</b>								
Part A (%)	44 (44-25)	40 (10-25)	89 (>10)	75 (>10)	106 (>10)	91 (>10)	96 (>10)	84 (>10)
Part B (%)	155 (>10)	135 (>10)	255 (>10)	220 (>10)	404 (>10)	378 (>10)	205 (>10)	190 (>10)
<b>Stroop, Score (SD)</b>								
W	101 (47)	110 (51)	79 (35)	86 (39)	58 (25)	63 (27)	105 (49)	116 (54)
C	69 (43)	73 (45)	62 (38)	67 (41)	45 (27)	52 (31)	64 (39)	74 (46)
WC	40 (45)	45 (50)	43 (48)	49 (54)	22 (27)	28 (33)	39 (44)	47 (52)
I	-0.99 (49)	1.5 (51)	8.3 (59)	11.4 (61)	-3.3 (47)	-0.4 (49)	-0.7 (49)	1.9 (52)
<b>WAIS, Score (SD)</b>								
	39 (7)	47 (8)	35 (6)	43 (7)	22 (4)	28 (5)	21 (7)	30 (9)

TS, typical scores; SD, standard deviation; %, percentage; CTMT, comprehensive trail-making test Part A & B; Stroop: color-word test. W, word; C, color; WC, word-color; I, interference; WAIS, Wechsler Adults Intelligence Scale III Non-significantly different between all scores and their baseline scores ( $n = 4$ ).

capacity for rehabilitation.<sup>2</sup> Data suggest that at least for poor treatment responders, augmentation with amisulpride may be superior to antipsychotic monotherapy.<sup>3</sup> The characteristic receptor profile of amisulpride, with a highly selective blockade of D2/D3 receptors, may boost the wide receptor profile of quetiapine and olanzapine and its moderate D<sub>2</sub>-blocking ability.<sup>4</sup>

In this study, we investigated the cognitive effects of combined treatment with amisulpride and quetiapine in a sample of four patients with refractory schizophrenia. This was a prospective non-randomized study in treatment-resistant schizophrenic patients. This study was approved by the clinical ethics review committee at the study site, and all patients signed consent to participate in this study. In addition, we gave 1200 mg/day of amisulpride and 600 mg/day of quetiapine, to four schizophrenic patients with treatment-refractory to medication. We also did neurocognitive evaluations to measure their clinical changes with Stroop test, Wechsler adults intelligence scale III (WAIS III) coding subtest, and continuous trail-making test at baseline and 6 months as well as evaluated side effects with the Simpson-Angus scale and a subjective tolerability questionnaire. Table 1 shows the negative scores of the tests. Our patients' changes from baseline to 6 months of treatment were all nonsignificant statistically, but the results did show a cognitive improvement in all four treatment-refractory patients after

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