

Abstract

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**Debate****Pharmacology****Do Clinicians Need to Rethink Antipsychotic Maintenance Treatment?****D0001****Pro**

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Schizophrenia remains a challenging illness to treat despite considerable progress. The heterogeneity of symptoms and variability in course, outcome, and treatment response lead to considerable uncertainties in treatment guidelines. One of the most challenging issues is how to determine the need for and duration of the maintenance treatment that is intended to reduce the risk of exacerbation, relapse, and hospitalization. It is clear that in large populations, antipsychotic medication is very effective in reducing those risks, however, there is likely a subpopulation of patients with diminished risk for such outcomes even when medication is discontinued. Although attempts have been made to utilize “intermittent” or “targeted” treatment, those randomized controlled trials that have been conducted show a statistically significant advantage for continuous treatment. At the same time, many patients continue to receive higher than necessary doses of antipsychotic medication and practice needs to be reevaluated in terms of dosage requirements. The challenge remains that there are no good biomarkers or predictors of who is at risk and, therefore, dosage reduction is only titrated against exacerbation or relapse. We need to proactively reconsider who requires maintenance treatment by establishing predictive biomarkers (clinical or biological) that can help us to have a more personalized approach.

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Clinical/Therapeutic**Has Clinical Translation of Scientific Research been a Failure?****D0002****Pro**

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While current psychiatric treatments, especially pharmacological ones, are mainly based on initially serendipitous findings, recent developments in many research areas promise unprecedented advances in translation to clinical application. The advent of large scale multiomics with single cell resolution, patient-derived induced pluripotent stem cells that can be differentiated to brain cells and even form cerebral organoids as well as the possibility to generate humanized animal models using CRISPR-technologies have been exciting developments on the molecular and cellular side. These advances are paralleled by new technologies to increase resolution in brain imaging and electrophysiological measures as well as brain stimulation techniques. In addition, we have now access to multilevel data from very large cohorts, increasingly with longitudinal measures and using data collection with digital devices and wearables. Artificial

intelligence methods open new possibilities to analyze these large scale, multilevel datasets in unbiased ways. This side of the debate will highlight the translational potential of these advances in research possibilities, giving examples from the areas of novel pharmacological treatments and personalized medicine among

others. Furthermore, it will highlight how a better understanding of risk factors, genetic, social and environmental, can lead to improvements in prevention programs.

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