

04th June 2016 – Mumbai, India

"Connecting Lives - A Conclave of Mind Experts" was held at Mumbai, Maharashtra, India. The CME was organized by of Asian Society of Continuing Medical Education.

The sole objective of the CME was to update the Mental Healthcare Practitioners about Major depressive disorder (MDD) and its associated spectrum of complications and Schizophrenia & Bipolar depression management as the disease is now highly visible across all societies within India.

The session was open with an introductory session by Asian Society of Continuing Medical Education and followed by the scientific agenda.

Date : 04th June 2016.

Venue : ITC Maratha, Sahar Road, Andheri, Mumbai.

Total Participants : 70

TOPICS :

1. Lurasidone – An Overview.
2. Overview of psychopharmacology and efficacy in Mood Disorders.
3. Lurasidone for Schizophrenia
4. Lurasidone for Bipolar Depression.
5. Debate for and Against – Lurasidone.



Faculties

- **Dr. Chittaranjan Andrade**
- **Dr. Lakshmi Yatham**
- **Dr. Sandeep Vohra**
- **Dr. Venkat**
- **Dr. Uday Choudhary**
- **Dr .Sameer Guliani**
- **Dr. Era Dutta**
- **Dr. E Mohandas**

1. Dr. C. Andrade talked on Lurasidone – An Overview -

Summary of Dr. C Andrade talked –

Lurasidone is a novel antipsychotic agent for the treatment of schizophrenia and bipolar depression. It is a new second-generation (atypical) antipsychotic approved for the treatment of schizophrenia. Lurasidone may be particularly helpful for patients with schizophrenia who are overweight or have endocrine problems (diabetes, dyslipidemia) or comorbid cardiovascular conditions.

2. Dr. Lakshmi Yatham talked on Overview of psychopharmacology and efficacy in Mood Disorders.

Summary of Dr. Lakshmi Yatham talked –

Lithium is accepted worldwide as a helpful prophylactic agent in mood disorders.

Prophylactic efficacy of lithium in mood disorders has been established since the early seventies. Lithium has been and continues to be the instay



of bipolar disorder (BD) pharmacotherapy for acute mood episodes, switch prevention, and suicide prevention.

There are reports of seasonal variation in lithium levels from a few countries. Variability in the lithium level can lead to a lack of efficacy or to toxicity, making seasonal variation clinically relevant.

Present study showed a significant changeability of lithium levels when comparing summer and winter. Therefore, recurrent plasma level monitoring and oral lithium dose modification to stop situations of toxicity or lack of efficacy in bipolar disorder are suggested. Lithium levels may show a relative increase in summer due to dehydration.

3. **Dr. Venkat** Talked on – Lurasidone for Schizophrenia?

Summary of Dr. Venkat talked –

Lurasidone is a new second-generation antipsychotic drug for the treatment of schizophrenia. Comparable to most previous second-generation antipsychotics, lurasidone is a full antagonist at dopamine D2 and serotonin 5HT2A receptors. The recommended starting dose is 40 mg/d and the maximum recommended dose is 80 mg/d. Doses above 80 mg/d do not appear to confer added benefit and may be associated with a dose-related increase in certain adverse reactions such as somnolence and akathisia. Lurasidone is administered once daily with at least 350 calories of food in order to optimize bioavailability. Lurasidone is contraindicated for patients who are taking strong CYP3A4 inhibitors (eg, ketoconazole) or inducers (eg, rifampin).

4. **Dr. Uday Choudhary** talked on Lurasidone on Bipolar Disorder

Summary of Dr. Uday Choudhary talked -

Depressive episodes in bipolar disorder contribute to significant morbidity and mortality. Earlier only quetiapine and an olanzapine - fluoxetine combination were approved to treat bipolar depression. Lurasidone is a new drug to treat bipolar depression either as



monotherapy or adjunctively with lithium or valproate. There are no significant metabolic or electrocardiogram abnormalities with Lurasidone. It is taken with food to ensure maximal absorption, and dose should be adjusted in patients who receive moderate CYP450 inhibitors or inducers and in patients with renal disease.

6. **Dr. Sameer Guliani** Talked on – Debate (For & Against): “Lurasidone” – Just another Molecule -

Against Lurasidone : It has many side effects as mentioned below –

Rare Side Effects

Lurasidone may increase the blood levels of a hormone called prolactin. Side effects of increased prolactin levels include females losing their period, production of breast milk and males losing their sex drive or possibly experiencing erectile problems. Long term (months or years) of elevated prolactin can lead to osteoporosis, or increased risk of bone fractures.

Serious Side Effects

Some people may develop muscle related side effects while taking lurasidone. The technical terms for these are "extrapyramidal effects" (EPS) and "tardive dyskinesia" (TD). Symptoms of EPS include restlessness, tremor, and stiffness. TD symptoms include slow or jerky movements that one cannot control, often starting in the mouth with tongue rolling or chewing movements.

Second generation antipsychotics (SGAs) increase the risk of weight gain, high blood sugar, and high cholesterol. This is also known as metabolic syndrome.

For Lurasidone –

Lurasidone is a novel antipsychotic agent for the treatment of schizophrenia and bipolar depression. It is a new second-generation (atypical) antipsychotic approved for the treatment of schizophrenia.



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SNAPSHOTS





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