Indian J. Psychiat. (1983), **25**(2), 155—156

A CLINICAL STUDY OF TRIFLUPERAZINE VS TRIFLUPERAZINE-BENZHEXOL COMBINATION

B. B. SETHI[1], M.B.B.S., D.Sc. Psych. (Penn), F.R.C. Psych., Dip. Am. B. Psych., FAPA, FIMSA.
ASHOK BHIMAN[2], M.B.B.S.

The clinical use of antipsychotic drugs especially the high potency agents like haloperidol, trifluperazine and emergence of extra-pyramidal symptoms like pseudo-parkinsonism and acute dystorias. Since these may effect drug compliance adversely atropine like antiparkinsonian agents have at time, been prescribed routinely for prophylaxis. Studies to resolve this issue have mostly taken patients already on phenothiazines (Klatt and Caffey, 1972; Orlow *et al.*, 1972). A prospective study by Holou and colleagues (1966) has the drawback of different neuroleptic doses in the experimental and control groups.

The study reported here aimed to assess the relative efficacy of trifluperazine (TFP) against the Trifluperazine-trihexyphenidyl (TFP-THP) combination and to determine the difference in side effects. The sample consisted of 30 patients with a Research Diagnostic Criteria (Feighner *et al.*, 1972) diagnosis of schizophrenic psychosis aged between 17 and 55 years with no evidence of organic brain damage or any severe physical illness. Those having received oral antipsychotic/antiparkinsonian drugs in the past one week and/or ECT or depot neuroleptics in the last fortnight were excluded. The study followed a double blind parallel methodology on a fixed dose schedule with TFP and TFP-THP in identical tablets (5mg TFP and 2 mg THP). Evaluations were on the Brief Psychiatric Rating Scale side effects symptoms checklist and C. G. I. S. which were all administered baseline and weekly till the end of study at 4 weeks.

RESULTS AND DISCUSSION

Our findings indicate that the combination of an antiparkinsonian agent does not reduce clinical efficacy of triflupera-

TABLE 1. *Sample Characteristics*

	Age	Sex		Base line BPRS Scores
		Male	Female	
TFP	26.86±7.99	10 (71.43)	4 (28.57)	42.29±4.67
TFP-THP	24.64±5.95	8 (57.14)	6 (42.86)	40.64±4.31

TABLE 2. *BPRS Scores—Improvements*

		ASSESSMENTS			
		I	II	III	IV
TFP	Mean	4.57	8.57	13.00	15.93
	SD	2.59	2.95	4.46	5.06
TFP-THP	Mean	4.0	9.29	11.71	14.50
	SD	2.59	4.37	5.26	1.92

All Insignificant.

1. Professor and Head
2. Senior Resident
Department of Psychiatry, K.G.'s Medical College, Lucknow—226003.

SIDE EFFECTS

	Trifluperazine	Trifluperazine-Benzhexol
	N=15	N=15
1. Rigidity	5 (35.31)	..
2. Dry Mouth	3 (21.43)	4 (28.57)
3. Perspiration	..	..
4. Akathisia	..	..
5. Involuntary Movements	..	..
6. Muscle spasm	4 (28.57)	..
7. Flushing	..	..
8. Tremors	7(50.00)	2 (14.28)
9. Light Headedness	..	..
10. Dizzinese	..	..
11. Masking	4 (28.57)	..
12. Dystonia Body	4 (28.57)	..
13. Drowsiness	..	..
14. Confusion	..	..
15. Salivation	5 (35.71)	1 (7.14)
Total	32	7
Total patients	9 (68.28)	5 (35.71)
Excl. Dry Mouth	6 (42.85)	1 (7.14)

Figures in parenthesis—percentages.

zine to any significant extent at any of the weekly assessments. The incidence of side effects is lower in the group receiving the combination whereas rigidity and muscle spasm are entirely absent. Of the patients receiving TFP-THP only 35.7% showed any side effects compared to 68.2% in the other group.

Of the side effects listed, dryness of mouth can be caused by the THP and is seen to occur in 4 patients in the combination group whereas only in 3 in the TFP group. On this being excluded the incidence of side effects becomes 7.1% and 42.8% respectively, a result which is statistically significant. We may therefore enclude that while addition of Trihexyphenidyl to trifluperazine does not appear to lower the clincal efficacy, the incidence of disturbing extrapyramidal side effects is considerably less.

ACKNOWLEDGEMENTS

M/s Eskay Labs kindly supplied Eskazine and Eskazine plus tablets for this study.