Acta Psychopathologica
ISSN: 2469-6676

Open access Short Communication

Decoding Akathisia Treatments: Insights from a Network Meta-analysis

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INTRODUCTION

Akathisia, characterized by a distressing inner restlessness and an urge to move, is a common side effect of antipsychotic medications and other psychotropic drugs. Managing akathisia involves a range of pharmacologic interventions, each with varying degrees of efficacy and tolerability. In this discussion, we delve into the findings of a network meta-analysis that compares the efficacy of different treatments for akathisia, shedding light on optimal management strategies.

DESCRIPTION

The network meta-analysis synthesized data from multiple randomized controlled trials (RCTs) evaluating various interventions for akathisia, including beta-blockers, anticholinergic agents, benzodiazepines, and newer agents like gabapentin and pregabalin. The analysis aimed to provide a comprehensive comparison of these treatments in terms of their effectiveness in reducing akathisia symptoms and their tolerability profiles. Results from the meta-analysis revealed several key findings regarding the comparative efficacy of akathisia treatments. Beta-blockers, particularly propranolol and metoprolol, emerged as effective options for managing akathisia symptoms, with significant reductions in subjective and objective measures of restlessness and agitation. These agents act on the autonomic nervous system, mitigating the sympathetic arousal associated with akathisia. Anticholinergic medications, such as benztropine and trihexyphenidyl, also demonstrated efficacy in alleviating akathisia symptoms, albeit to a lesser extent compared to beta-blockers. These drugs target cholinergic pathways implicated in motor control, offering relief from the involuntary movements and motor restlessness characteristic of akathisia. Benzodiazepines, such as clonazepam and lorazepam, showed moderate efficacy in managing akathisia-related anxiety and agitation. However, their use may be limited by sedative effects and the potential for tolerance and dependence with long-term use. Newer agents like gabapentin and pregabalin, primarily used in neuropathic pain and seizure disorders, exhibited promising results in reducing akathisia severity. These medications act on calcium channels and modulate neurotransmitter release, offering a novel approach to addressing akathisia symptoms beyond traditional treatments. The meta-analysis also considered the tolerability profiles of these interventions, taking into account adverse effects such as sedation, cognitive impairment, and extrapyramidal symptoms. Beta-blockers and anticholinergics were generally well-tolerated, with side effects primarily related to their pharmacologic mechanisms. Benzodiazepines, while effective, carried a risk of sedation and potential for abuse or withdrawal symptoms with prolonged use. Gabapentinoids, including gabapentin and pregabalin, were associated with fewer sedative effects compared to benzodiazepines but may cause dizziness and peripheral edema in some individuals. Overall, the choice of akathisia treatment should consider not only efficacy in symptom reduction but also individual patient factors, including comorbidities, medication interactions, and patient preferences. The network meta-analysis underscores the importance of evidence-based decision-making in akathisia management. Clinicians can use these findings to tailor treatment approaches based on the severity of akathisia, patient tolerability, and response to previous interventions. Combining pharmacologic strategies with non-pharmacologic interventions, such as psychoeducation and behavioral therapies, can further optimize outcomes and enhance patient well-being [1-4].

CONCLUSION

In conclusion, the comparative efficacy of akathisia treatments, as elucidated by a network meta-analysis, provides valuable insights into selecting optimal pharmacologic interventions for this challenging side effect of psychotropic medications. Balancing symptom relief with tolerability considerations remains paramount in ensuring effective and personalized care for individuals experiencing akathisia.

Received:	29-May-2024	**Manuscript No:**	IPAP-24-20586
Editor assigned:	31-May-2024	**PreQC No:**	IPAP-24-20586 (PQ)
Reviewed:	14-June-2024	**QC No:**	IPAP-24-20586
Revised:	19-June-2024	**Manuscript No:**	IPAP-24-20586 (R)
Published:	26-June-2024	**DOI:**	10.36648/2469-6676-10.06.51

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Citation Antonett V (2024) Decoding Akathisia Treatments: Insights from a Network Meta-analysis. Act Psycho. 10:51

ACKNOWLEDGEMENT

None.

CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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