

INTRODUCTION

Antipsychotic treatment is indicated for all patients with schizophrenia; however different receptor-related side effects may arise, from which movement disorders (D2)¹, hyperprolactinemia (D2)², cognitive impairment (M1)³, cardiovascular effects (M1, α1)⁴, sedation (H1, 5-HT_{2A})^{5,6} and weight gain (5-HT_{2C}, H1)⁷ are the most typical. Cariprazine (CAR) is a dopamine D3/D2 and serotonin 5HT_{1A} partial agonist approved for schizophrenia and manic, depressive, or mixed episodes of bipolar disorder.

STUDY OBJECTIVES

The aim is to characterize the safety profile of cariprazine by describing its receptor profile and the related adverse safety observations in patients with schizophrenia.

METHODS

The *in vitro* receptor binding profile of cariprazine was determined. Pooled data from eight Phase 2/3 schizophrenia trials (NCT00404573, NCT00694707, NCT01104766, NCT01104779, EudraCT2012-005485-36,

NCT01412060, NCT01104792, NCT01104792, NCT00839852) with 2.048 cariprazine (1.5-6 mg) and 683 placebo (PBO)- treated patients were analyzed. Safety measures are shown with descriptive statistics.

RESULTS

Cariprazine's receptor affinities are shown in **Figure 1**. It has high affinities to human dopamine D3 and D2 receptors (Ki= Ki=0.085 and 0.49 nM), as well as to 5-HT_{2B} and 5-HT_{1A} receptors (Ki=0.58-1.1 and 1.4-2.6 nM); moderate to low affinities to 5-HT_{2A}, H₁, 5-HT_{2C}, and α₁ (Ki= 18.8 nM, 23, 134 and 155 nM) receptors; and a negligible affinity to human M1, α₂, D1 and D3 receptors (Ki>1,000nM) receptors. Related treatment-emergent adverse events are shown in **Table 1**.

CONCLUSION

The receptor profile of cariprazine may lead to favourable safety properties. Cariprazine treatment was associated with no hyperprolactinemia and only minimal weight gain, or increased heart rate. Sedation, cognitive impairment occurred with low incidences, while the most common adverse events were akathisia and extrapyramidal disorder.

Figure 1. Cariprazine's *in vitro* receptor affinities (Ki values, nM)

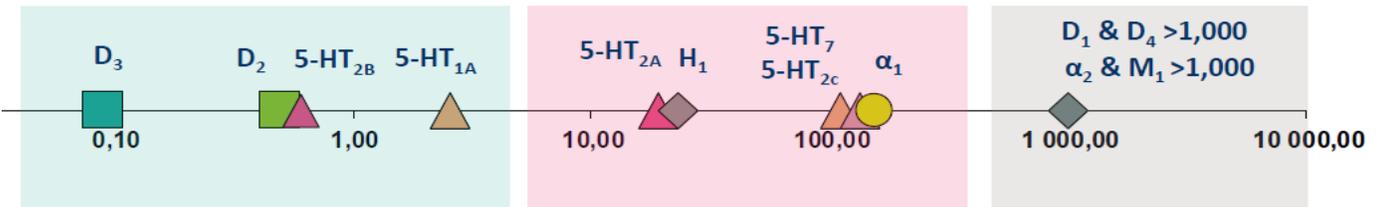


Table 1 Treatment emergent adverse events (%)

Adverse events	CAR	PBO	Potentially related receptor effects
Akathisia/Extrapyramidal disorder	14.6% / 7.0%	0% / 3.2%	D2 functional antagonism
Hyperprolactinemia	0%	0%	D2 functional antagonism
Sedation	3.7%	3.1%	H1 antagonism
Cognitive impairment	0.5%	0.3%	M1 antagonism*
Weight gain	1.0kg	0.9kg	5-HT _{2C} *, H1 antagonism
Change from baseline in heart rate	2.0 bpm,	0.7 bpm	Indirect effect of α ₁ antagonism*, M1 antagonism*

* The affinities of cariprazine to these receptors are low; thus, other mechanisms may underlie the corresponding adverse effects.

REFERENCES

Sykes, D. A. et al. Nat. Commun. (2017) doi:10.1038/s41467-017-00716-z. 2. Tsuboi, T. et al. Hyperprolactinemia and estimated dopamine D2 receptor occupancy in patients with schizophrenia: Analysis of the CATIE data. Prog. Neuro-Psychopharmacology Biol. Psychiatry (2013) doi:10.1016/j.pnpbp.2013.05.010. 3. Blokland, A., Sambeth, A., Prickaerts, J. & Riedel, W. J. Why an M1 antagonist could be a more selective model for memory impairment than scopolamine. Frontiers in Neurology (2016) doi:10.3389/fneur.2016.00167. 4. Andersson, K. E., Campeau, L. & Olshansky, B. British Journal of Clinical Pharmacology (2011) doi:10.1111/j.1365-2125.2010.03813.x. 5. Del D, M. Curr. Psychiatr. 6, 39–51 (2007). 6. Joshi, R. S., Quadros, R., Drumm, M., Ain, R. & Panicker, M. M. Eur. Neuropsychopharmacol. (2017) doi:10.1016/j.euroneuro.2016.10.007. 7. Sifakis, S., Tzachanis, D., Samara, M. & Papazisis, G. Curr. Neuropharmacol. (2017) doi:10.2174/1570159x15666170630163616.

DISCLOSURE

Studies were funded by Gedeon Richter Plc. and Allergan Plc. (prior to its acquisition by AbbVie). Dr. Sebe, Dr. Barabassy, Dr. Laszlovszky, Ms Dombi, Dr. Szatmari, Mr. Acsai, Mr. Kiss, and Dr Németh are employees of Gedeon Richter Plc., Dr. Earley and Mr. Lam are employees of AbbVie and Mitsubishi Tanabe, respectively. Dr Patel is a former employee of AbbVie.

