PRESENT USE OF SULTOPRIDE IN PSYCHIATRY

J.C. Scotto
Service Hospitalo-Universitaire De Psychiatrie
270, Bd de Sainte Marguerite-13277 Marseille Cedex 9

Molecular structure of sultopride is very close to this of sulpiride: the only difference proceeds from ethyl-sulfonyl in 5 for sultopride, - in place of sulfamoyl for sulpiride.

Discovered in DELAGRANGE Laboratory in 1965, sultopride has been studied from pharmacological and psychophysiological points of view, mainly by LAVILLE and MARGARIT, and by the BORENSTEIN's team in Paris. It appeared quickly like a true neuroleptic, although provisional pharmacology does not give him "profile" of classic major tranquilizers. Its most evident property is an action versus poisons which induce vomiting in dogs, apomorphine for example, and this action is particularly strong: 350 times more than for chlorpromazine, and 4 times more than for sulpiride. It is also able to antagonize stereotyped movements created by amphetamine.

New products of the same family are to-day in way of study. Some of them have better ability to get over bloody-brain-barrier. However, in spite of our trends to demonstrate their superiority, we have not yet reached to do it: sultopride remains, more than 10 years after the beginning of clinical trials, the most interesting and useful substitute benzamide drug, at least for in-patients in field of psychiatry.

Sultopride has been presented for the first time to clinicians in 1972. We got in this time, under direction of Professor SUTTER in la Timone, at Marseille, a first contact with in trough original work of DUFOUR and CASTELLI. It was a "pilot trial", upon 30 male patients, most of them 20 to 40 years-old, among whom 27 were treated for chronic schizophrenia (the others: 2 for acute schizophrenia, 1 for paraoIac delusion).
Only 3 chronic schizophrenic patients were in stabilized state: the other 24 were in evolution. Treatment has been surveyed with pluridisplinar approach including daily clinical observations, use of an original rating-scale just before, 8 days and 28 days after beginning of treatment, and a lot of psychological and biological tests before and after the same period of 28 days.

Conclusions have been as following:
1) psychototropic effects are strong and regular;
2) the main therapeutic action is, in the same time, antipsychotic and stimulating;
3) the antipsychotic action seems to be the most evident in chronic delusional schizophrenias;
4) the side effects, more important than for sulpiride, are of neuroleptic-type, but very inconstant, light, transitory and quite only in extrapyramidal field.

10 years more permit us to confirm these conclusions with a larger experience based upon, may be, about 200 to 300 cases.

Concerning the use of sultopride in long time treatment for chronic psychosis, we can insist upon the combination of action versus delusion and stimulating properties. It seems that the increasing of the activity could proceed mainly from the reducing effect upon delusion, effect particular enough to make us speak about "reintegration into reality" (in french "réintégration dans le réel") with, in the same time, recovering interest, pragmatism, initiative and, finally, activity. Acceptability, although it is less excellent than this of sulpiride, does not hamper this improvement, which is possible to be waited in more than 75 % of cases.

But the originality of sultopride comes from the fact that the same drug, given by intramuscular way at high doses to reduce agitation, demonstrates specific sedative potencies. In such circumstances, sultopride appears clearly like a strong classic neuroleptic, except of its acceptability is very much better than usual. Many authors have published results of sultopride in emergency cases whom common characteristic was agitation. Among them, I shall mention the large trial of Caroli in C.P.O.A of Ste Anne Hospital in Paris, presented in 1979: 100 agitated patients, more than half of them for psychotic illness (20 manic states), received 2 ou 3 ampoules of sultopride in a single intramuscular injection. Results were appreciated in the three following hours: in 16 patients only, agitation remained in the 3rd hour. For the other 84, quietness was obtained before the 3rd hour; among these 84, 66 were quiet since the first half-an-hour.

In fact, actually, sultopride is present in all emergency hand-bags, and used by most of french physicians as the most active and comfortable drug or reducing agitation.