Atypical antipsychotics have a faster off-time than their typical counterparts. Though they maintain the necessary 60-70% drug occupancy (Howes et al., 2009), they bind and unbind much more quickly. It is posited that this also contributed to the reduced side effect profile of antipsychotics.

While extrapyramidal symptoms and tardive dyskinesia occur less frequently with atypical agents, these medications present a different set of adverse effects. Metabolic syndrome is the biggest concern with atypicals (Ucok & Gaebel, 2008). Atypicals affect the hypothalamus and simulate appetite and affect a person’s ability to feel satiated. This leads to weight gain and diabetes. Furthermore, cardiovascular issues arise due to the drug and secondarily to the weight gain.

Limitations of the Drugs

The US CATIE Trial (Lieberman et al., 2005), showed that 74% of patients were discontinued from their treatment over 18 months due to inefficacy of the drugs. The UK CUTLASS trial (Jones et al., 2006) showed that patients do not have a preference of 1st or 2nd generation medications—both were seen as plagued with side effects and ineffective for negative symptoms. While science has hailed atypical medications, the pharmacodynamics changes do not translate to a better quality of life for patients. This leaves a severe limitation for prescribers using the currently available