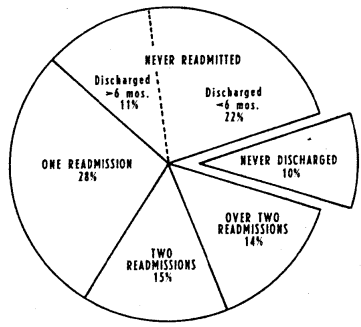
WHAT HAPPENS TO SCHIZOPHRENIC PATIENTS?

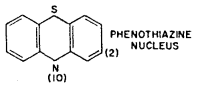
Nearly 600 of our patients from one study were followed for three years. Two out of three admitted to the study were released within nine months; almost a third were released in four months.

Ten percent are clearly therapeutic failures as they remained hospitalized continually over the three-year period.



THE MAJOR ANTIPSYCHOTIC DRUG CLASSES

PHENOTHIAZINE DERIVATIVES

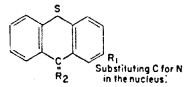


Chlorpromazine (Thorazine) (2) Cl (10) $CH_2-CH_2-CH_2-N-(CH_3)_2$

Thioridazine (Mellaril) (2) SCH_3 (10) CH_2-CH_2 N CH_3

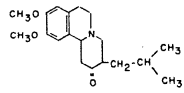
Fluphenazine (Prolixin) (2) CF_3 (10) $CH_2-CH_2-CH_2-N$ N $-CH_2-CH_2-OH$

THIOXANTHENE DERIVATIVE



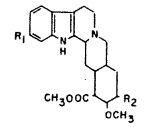
Chlorprothixene (Taractan) (1) Cl (2) $CHCH_2CH_2N(CH_3)_2$

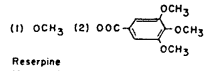
BENZOQUINOLIZINE DERIVATIVE



Tetrabenazine (Nitoman)

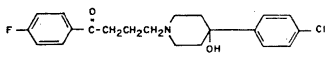
RAUWOLFIA ALKALOIDS





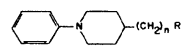
Reserpine (Serpasil)

BUTYROPHENONE DERIVATIVES



Haloperidol

PHENYLPIPERAZINE



Model Structure

The six drug groups represented may be called major tranquilizers because they are useful in major emotional disorders. Only three of many phenothiazine derivatives have been shown. Most of these drug classes have antipsychotic effects and produce extrapyramidal syndromes but have little else in common.