

Schizophrenia - Market Insights, Epidemiology and Market Forecast - 2030

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Abstracts

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DelveInsight's 'Schizophrenia—Market Insights, Epidemiology, and Market Forecast–2030' report deliver an in-depth understanding of the Schizophrenia, historical and forecasted epidemiology as well as the Schizophrenia market trends in the United States, EU5(Germany, France, Italy, Spain, and the United Kingdom) and Japan.

The Schizophrenia market report provides current treatment practices, emerging drugs, and market share of the individual therapies, current and forecasted 7MM Schizophrenia market size from 2017 to 2030. The report also covers current Schizophrenia treatment practice/algorithm, market drivers, market barriers, and unmet medical needs to curate the best of the opportunities and assesses the underlying potential of the market.

Geography Covered

The United States

EU5 (Germany, France, Italy, Spain, and the United Kingdom)

Japan

Study Period: 2017–2030

Schizophrenia Disease Understanding and Treatment Algorithm

Overview

Schizophrenia is a severe mental disorder in which people interpret reality abnormally. It may result in some combination of hallucinations, delusions, and extremely disordered thinking and behavior that impairs daily functioning, and can be disabling. Contrary to public perception, schizophrenia is not split personality or multiple personalities. Besides, it is not caused by childhood experiences, poor parenting, or lack of willpower, nor the symptoms are identical in each patient. In addition, the vast majority of people with schizophrenia are not violent and do not pose a danger to others. The most common form is paranoid Schizophrenia or Schizophrenia with paranoia. People with paranoid schizophrenia have an altered perception of reality. They may see or hear things that do not exist, speak in strange or confusing ways, believe that others are trying to harm them or feel like they are being watched continuously. This can cause relationship problems, disrupt normal daily activities like bathing, eating, or running errands, and lead to alcohol and drug abuse in an attempt to self-medicate.

Experts believe illness results from a combination of genetic and environmental causes. The chance of having Schizophrenia is 10% if an immediate family member (a parent or sibling) has the illness. The risk is as high as 65% for those who have an identical twin with Schizophrenia.

Schizophrenia Diagnosis

Diagnosing Schizophrenia is not easy. Sometimes using drugs, such as methamphetamines or LSD, can cause a person to have Schizophrenia-like symptoms. The difficulty of diagnosing this illness is compounded by the fact that many people who are diagnosed do not believe they have it. Lack of awareness is a common symptom of people diagnosed with Schizophrenia and greatly complicates treatment.

While there are no single physical or lab tests that can diagnose Schizophrenia, a health care provider who evaluates the symptoms and the course of a person's illness over 6 months can help ensure a correct diagnosis. The health care provider must rule out other factors such as brain tumors, possible medical conditions, and other psychiatric diagnoses, such as bipolar disorder. To be diagnosed with Schizophrenia, a person must have two or more of the following symptoms occurring persistently in the context of reduced functioning:

Delusions

Hallucinations

Disorganized speech

Disorganized or catatonic behavior

Negative symptoms

Delusions or hallucinations alone can often be enough to lead to a diagnosis of Schizophrenia. Identifying it as early as possible improves greatly a person's chances of managing the illness, reducing psychotic episodes, and recovering. People who receive good care during their first psychotic episode are admitted to the hospital less often and may require less time to control symptoms than those who don't receive immediate help. The literature on the role of medicines early in treatment is evolving, but it is known that psychotherapy is essential.

The doctor or therapist bases his or her diagnosis on the person's report of symptoms and his or her observation of the person's attitude and behavior.

The doctor or therapist then determines if the person's symptoms point to a specific disorder as outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which is published by the American Psychiatric Association and is the standard reference book for recognized mental illnesses. According to the DSM-5, a diagnosis of Schizophrenia is made if a person has two or more core symptoms, one of which must be hallucinations, delusions, or disorganized speech for at least one month. The other core symptoms are gross disorganization and diminished emotional expression. Other DSM-5 criteria for a diagnosis of Schizophrenia include:

The level of work, interpersonal relations, or self-care is significantly below what it was before the start of symptoms.

Signs of disturbance that have lasted at least 6 month

Schizoaffective disorder and depressive or bipolar disorders with psychotic symptoms have been ruled out.

The disturbance is not caused by substance abuse or another medical condition (Cleveland Clinic, 2018).

Schizophrenia, like most psychiatric diagnoses, remains a syndromic concept. The use of operational criteria, such as those embodied in DSM-510 or the WHO International Classification of Diseases (ICD), has provided a reliable approach to psychiatric diagnoses in the clinic. However, the assumption that the clinical syndromes defined in this way represent valid disease entities with distinct underlying causes and pathogenesis is increasingly being seen as having impeded research. Indeed, psychiatric diagnoses have the unusual feature of being simultaneously too broad and too narrow.

Schizophrenia Treatment

Schizophrenia is a lifelong condition, but effective treatment can help a person manage the symptoms, prevent relapses, and avoid hospitalization. It requires lifelong treatment, even when symptoms have subsided. The illness requires a combination of treatments, including medication (antipsychotics), psychological counseling and social support, cognitive behavioral therapy, and electroconvulsive therapy (ECT). Currently approved pharmacologic agents focus mainly on modulating dopamine, leaving patients with Schizophrenia to cope with considerable residual symptoms. Suboptimal treatment, significant AEs, and challenges related to nonadherence create a need for new agents to manage Schizophrenia better. The focus of treatment in Schizophrenia changes as individuals enter different phases of the illness. Antipsychotic medications are commonly used for the treatment and is grouped into two categories, one is “second-generation” (or “atypical”) that is applied to clozapine—all antipsychotics first marketed after clozapine was approved in 1989—, and other is “first-generation” which is applied to antipsychotics marketed previously. Recent clinical research, however, has strongly suggested that the distinction between first- and second-generation antipsychotics has questionable validity and is confusing. The pharmacologic properties, therapeutic effects, and adverse effects are not distinguished between and are heterogeneous within the groups. According to the American Psychiatric Association, second-generation (atypical) antipsychotics (SGAs)—except for clozapine—are the agents of choice for first-line treatment of Schizophrenia. Some antipsychotics may be given as an intramuscular or subcutaneous injection and are also known as long-acting injectable antipsychotics. They are usually given every 2–4 weeks, depending on the medication. Various therapies like Psychotherapy and psychosocial therapy are given to cope up with the symptoms.

Schizophrenia Epidemiology

The disease epidemiology covered in the report provides historical as well as forecasted epidemiology segmented by Prevalent Cases of schizophrenia, Diagnosed Prevalent cases of schizophrenia, Gender-specific Diagnosed Prevalent cases of schizophrenia, Age-specific Diagnosed Prevalent cases of schizophrenia, Severity-specific Diagnosed Prevalent cases of schizophrenia scenario in the 7MM covering the United States, EU5 countries (Germany, France, Italy, Spain, and United Kingdom) and Japan from 2017 to 2030.

Key Findings

This section provides glimpses of the Schizophrenia epidemiology in the 7MM.

Total prevalent population of schizophrenia in the 7MM was 5,616,463 in 2017. These cases of schizophrenia in the 7MM is expected to increase throughout the study period, i.e., 2017–2030.

Total diagnosed prevalent population of schizophrenia in the 7MM was observed to be 3,811,974 in 2017.

Country Wise-Schizophrenia Epidemiology

The epidemiology segment also provides the Schizophrenia epidemiology data and findings across the United States, EU5 (Germany, France, Italy, Spain, and the United Kingdom), and Japan.

Schizophrenia Drug Chapters

This segment of the Schizophrenia report encloses the detailed analysis of the mid- and late-stage (Phase-III and Phase-II) pipeline drugs. It also helps to understand the clinical trial details, expressive pharmacological action, agreements and collaborations, approval, and patent details of each included drug and the latest news and press releases.

Schizophrenia Emerging Technique

Doria (risperidone ISM): Rovi Pharmaceuticals Laboratories

Doria is a monthly intramuscular injection that does not require loading doses or concurrent oral risperidone. It is a new long-acting injectable (LAI) intramuscular formulation of risperidone, for monthly administration without oral supplementation. As compared to all the other emerging therapies that are expected to be launched in the forecasted period, Doria is the only that is expected to be launched as an intramuscular ROA. As reaches suggest that the intramuscular route of administration is more effective compared to oral, hence Doria is expected to generate a highest market share compared to other therapies.

SEP-363856: Sunovion/PsychoGenics

SEP-363856 is an orally active, novel trace amine-associated receptor 1 (TAAR1) agonist with serotonin 1A (5-HT_{1A}) agonist activity that is under investigation for the treatment of schizophrenia and other psychiatric conditions. SEP-363856 was discovered utilizing a high throughput, high content, mouse-behavior phenotyping platform, in combination with in vitro screening, aimed at developing non-D2 (anti-target) compounds that could nevertheless retain efficacy across multiple animal models sensitive to D2-based pharmacological mechanisms. SEP-856 demonstrated broad efficacy in putative rodent models relating to aspects of Schizophrenia, including phencyclidine (PCP)-induced hyperactivity, prepulse inhibition, and PCP-induced deficits in social interaction. In addition to its favorable pharmacokinetic properties, lack of D2 receptor occupancy, and the absence of catalepsy, SEP-856's broad profile was further highlighted by its robust suppression of rapid eye movement sleep in rats. Preclinical models suggest that SEP-363856 has the potential to treat the positive and negative symptoms of Schizophrenia. SEP-363856 is being studied in a global phase III development program for Schizophrenia

Roluperidone (MIN-101): Minerva Neurosciences

Roluperidone is meant to block a specific subtype of serotonin receptor called 5-HT_{2A}. When 5-HT_{2A} is blocked, certain symptoms of schizophrenia, such as hallucinations, delusions, agitation, thought, and movement disorders, as well as the side effects associated with antipsychotic treatments, can be minimized. Additionally, blocking 5-HT_{2A} promotes slow-wave sleep, a sleep stage often disrupted in patients with Schizophrenia. The drug is also meant to block a specific subtype of sigma receptor called sigma₂, which is involved in movement control, psychotic symptom control, learning, and memory. Blocking sigma₂ also modulates other neurotransmitters in the

brain, in particular dopamine, which is important as individuals with Schizophrenia often have elevated levels of dopamine in their brains. Blocking sigma2 also increases calcium levels in neurons in the brain, which can improve memory. In December 2017, the company announced the screening of the first patient in the pivotal Phase III clinical trial of Roluperidone (Study MIN-101C07) as monotherapy for negative symptoms in patients diagnosed with Schizophrenia. However, the trial did not meet the primary and key secondary endpoints

Dexmedetomidine (BXCL501): BioXcel Therapeutics

BXCL501 is a potential first-in-class, a proprietary sublingual thin film of dexmedetomidine, and a selective alpha-2a receptor agonist for the treatment of acute agitation. The drug directly targets a causal agitation mechanism and has observed anti-agitation effects in multiple clinical studies across multiple neuropsychiatric indications. The drug is the company's most advanced neuroscience clinical program, being developed initially for the treatment of acute agitation in patients with schizophrenia and bipolar disorders. BXCL501 is designed to be easy to administer and has shown a rapid onset of action in clinical studies. It has the potential to generate a calming effect without producing excessive sedation

More products and detail in the report

List to be continued in the report

Schizophrenia Market Outlook

With no cure for schizophrenia, the main goals of schizophrenia treatment include symptom targeting and prevention of relapsed cases. Pharmacological therapy plays a vital role in the treatment of this disease, where many mono and combination pharmacological therapies are available for treating schizophrenia symptoms. Antipsychotics are the first choice among psychotropic agents used to treat schizophrenia. For some patient groups, treatment strategies include the combination of neuroleptics and antiepileptics. As the prevalence of depressive symptoms in patients with schizophrenia is relatively high, antidepressants are also often prescribed. Moreover, some evidence supports the use of combination therapy with antipsychotics and benzodiazepines. Finally, the use of certain anticholinergic drugs in conjunction with antipsychotics has been identified as an essential milestone in the treatment of schizophrenia.

The treatment options for schizophrenia include medication (antipsychotics), psychological counseling and social support, cognitive behavioral therapy, and electroconvulsive therapy (ECT). Currently available antipsychotics, which are thought to work primarily via modulation of dopamine, largely target positive symptoms. As a result, many patients are left with residual negative and cognitive symptoms. New research combined with an increased understanding of the etiology and pathophysiology of schizophrenia is leading to the development of novel agents to improve schizophrenia management and to address the above-mentioned gaps.

Antipsychotic (AP) medications are recommended as first-line treatment for schizophrenia and are classified as first-generation antipsychotics (FGA; or typical APs) and second-generation antipsychotics (SGA; or atypical APs). For each generation, both oral antipsychotics (OAP) and long-acting injectable therapies (LAI) are available.

There are several FDA approved products for schizophrenia treatment, including Rexulti (brexpiprazole, Otsuka America Pharmaceutical/ Lundbeck), Caplyta (lumateperone/ ITI-007, Intra-Cellular Therapies), Latuda (lurasidone hydrochloride, Sunovion Pharmaceuticals/Sumitomo Dainippon Pharma), Vraylar (cariprazine, Gedeon Richter/AbbVie), Saphris (asenapine, Merck/AbbVie/Schering-Plough Corporation/Allergan), Abilify MyCite (aripiprazole tablets with the sensor, Otsuka Pharmaceutical), Caplyta (lumateperone, Intra-Cellular Therapies), Secuado (asenapine/HP-3070, Noven Pharmaceuticals/Hisamitsu Pharmaceutical), Invega Sustenna (paliperidone palmitate, Janssen Pharmaceuticals), Adasuve (loxapine, Alexza Pharmaceuticals/Teva Pharmaceuticals), Invega Trinza (Janssen Pharmaceuticals), and several others.

Recently in December 2019, the USFDA approved Caplyta (lumateperone/ ITI-007), a new oral medicine for the treatment of schizophrenia of adults. The mechanism of action of caplyta in the treatment of schizophrenia is unknown. However, the efficacy of caplyta could be mediated through a combination of antagonist activity at central serotonin 5-HT_{2A} receptors and postsynaptic antagonist activity at central dopamine D₂ receptors. In November 2017, Intra-Cellular Therapies received FDA Fast Track Designation for lumateperone for the treatment of schizophrenia.

Moreover, in October 2019, the US FDA approved the Secuado (asenapine/HP-3070) transdermal system—the first-and-only transdermal patch formulation—for the treatment of adults with schizophrenia. Asenapine is a second-generation atypical antipsychotic, currently available as a sublingual formulation for the treatment of schizophrenia in adults.

Key Findings

The market size of Schizophrenia in the 7MM was USD 6,066.97 million in 2017.

Among the EU-5 countries, Germany, has the highest market size followed by the UK, and France. The lowest market size was estimated in Spain in 2017.

The current management of Schizophrenia is categorized into first-generation antipsychotics and second-generation antipsychotics. These are further categorized based on the route of administration, as oral, injectables, and other (sublingual, and transdermal patches). Due to more efficacy and comparative high cost, injectables occupy majority of the market share.

The market share developed by first-generation antipsychotics and second-generation antipsychotics in the year 2017 was USD 516.78 million, and USD 5,336.18 million, respectively in the 7MM.

The market size of injectables and orals of second-generation antipsychotics class, was estimated to be USD 3,191.83 million, and USD 2,065.91 million, respectively in 2017, in the 7MM.

Market Outlook for Seven Major Markets

This section provides the total Schizophrenia market size and market size by therapies in the United States, Germany, France, Italy, Spain, the United Kingdom, and Japan.

Schizophrenia Drugs Uptake

This section focusses on the rate of uptake of the potential drugs that are expected to get launched in the market during the study period 2017–2030. The analysis covers Schizophrenia market uptake by drugs; patient uptake by therapies; and sales of each drug.

This helps in understanding the drugs with the most rapid uptake, reasons behind the maximal use of new drugs, and allow the comparison of the drugs on the basis of market share and size which again will be useful in investigating factors important in market uptake and in making financial and regulatory decisions.

Schizophrenia Development Activities

The report provides insights into different therapeutic candidates in phase II, and phase III stage. It also analyzes key players involved in developing targeted therapeutics.

Pipeline Development Activities

The report covers the detailed information of collaborations, acquisition, and merger, licensing, and patent details for Schizophrenia emerging therapies.

Competitive Intelligence Analysis

We perform competitive and market intelligence analysis of the Schizophrenia market by using various competitive intelligence tools that include–SWOT analysis, PESTLE analysis, Porter's five forces, BCG Matrix, Market entry strategies, etc. The inclusion of the analysis entirely depends upon the data availability.

Scope of the Report

The report covers the descriptive overview of Schizophrenia, explaining its causes, signs and symptoms, pathogenesis, and currently available therapies.

Comprehensive insight has been provided into the Schizophrenia epidemiology and treatment.

Additionally, an all-inclusive account of both the current and emerging therapies for Schizophrenia is provided, along with the assessment of new therapies, which will have an impact on the current treatment landscape.

A detailed review of the Schizophrenia market; historical and forecasted is included in the report, covering the 7MM drug outreach.

The report provides an edge while developing business strategies by understanding trends shaping and driving the 7MM Schizophrenia market.

Report Highlights

The Schizophrenia market is anticipated to increase for the study period 2017–2030.

Perseris (risperidone) projected to lead the market with the largest market share in 2030.

In the coming years, Schizophrenia market is set to change due to the rising awareness of the disease, and incremental healthcare spending across the world; which would expand the size of the market to enable the drug manufacturers to penetrate more into the market.

The companies and academics are working to assess challenges and seek opportunities that could influence Schizophrenia R&D. The therapies under development are focused on novel approaches to treat/improve the disease condition.

Major players are involved in developing therapies for Schizophrenia. Launch of emerging therapies will significantly impact the Schizophrenia market.

Our in-depth analysis of the pipeline assets across different stages of development (phase III and phase II), different emerging trends and comparative analysis of pipeline products with detailed clinical profiles, key competitors, launch date along with product development activities will support the clients in the decision-making process regarding their therapeutic portfolio by identifying the overall scenario of the research and development activities.

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Market Insights:

What was the Schizophrenia market share (%) distribution in 2017 and how it would look like in 2030?

What would be the Schizophrenia total market size as well as market size by

therapies across the 7MM during the forecast period (2020–2030)?

What are the key findings pertaining to the market across the 7MM and which country will have the largest Schizophrenia market size during the forecast period (2020–2030)?

At what CAGR, the Schizophrenia market is expected to grow at the 7MM level during the forecast period (2020–2030)?

What would be the Schizophrenia market outlook across the 7MM during the forecast period (2020–2030)?

What would be the Schizophrenia market growth until 2030, and what will be the resultant market size in the year 2030?

How would the market drivers, barriers, and future opportunities affect the market dynamics and subsequent analysis of the associated trends?

Epidemiology Insights:

What are the disease risk, burden, and unmet needs of Schizophrenia?

What is the historical Schizophrenia patient pool in the United States, EU5 (Germany, France, Italy, Spain, and the United Kingdom) and Japan?

What would be the forecasted patient pool of Schizophrenia at the 7MM level?

What will be the growth opportunities across the 7MM with respect to the patient population pertaining to Schizophrenia?

Out of the countries mentioned above, which country would have the highest number of Schizophrenia cases during the forecast period (2020–2030)?

At what CAGR the population is expected to grow across the 7MM during the forecast period (2020–2030)?

Current Treatment Scenario, Marketed Drugs and Emerging Therapies:

What are the current options for the treatment of Schizophrenia along with the approved therapy?

What are the current treatment guidelines for the treatment of Schizophrenia in the US and Europe?

What are the Schizophrenia marketed drugs and their MOA, regulatory milestones, product development activities, advantages, disadvantages, safety, and efficacy, etc.?

How many companies are developing therapies for the treatment of Schizophrenia?

How many therapies are developed by each company for the treatment of Schizophrenia?

How many emerging therapies are in the mid-stage and late stage of development for the treatment of Schizophrenia?

What are the key collaborations (Industry–Industry, Industry–Academia), Mergers and acquisitions, licensing activities related to the Schizophrenia therapies?

What are the recent novel therapies, targets, mechanisms of action, and technologies developed to overcome the limitation of existing therapies?

What are the clinical studies going on for Schizophrenia and their status?

What are the key designations that have been granted for the emerging therapies for Schizophrenia?

What are the 7MM historical and forecasted market of Schizophrenia?

Reasons to buy

The report will help in developing business strategies by understanding trends shaping and driving the Schizophrenia.

To understand the future market competition in the Schizophrenia market and Insightful review of the key market drivers and barriers.

Organize sales and marketing efforts by identifying the best opportunities for Schizophrenia in the US, Europe (Germany, Spain, Italy, France, and the United Kingdom) and Japan.

Identification of strong upcoming players in the market will help in devising strategies that will help in getting ahead of competitors.

Organize sales and marketing efforts by identifying the best opportunities for the Schizophrenia market.

To understand the future market competition in the Schizophrenia market.

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