Despite the benefit of AAs, there remains a risk of treatment-emergent adverse events (AEs), thereby warranting a need for more tolerable and efficacious antipsychotics.

Commonly occurring AEs associated with AAs include somnolence, anxiety, nervousness, skin discoloration, weight, diabetes, hypertension, and vomiting. However, the incidence of these events varies between AAs, with some AAs having a higher incidence. The incidence of these events is difficult to interpret without the direction of guidance provided by the International Conference on Harmonisation (ICH).

AAs are coded to terms in the Medical Dictionary for Regulatory Activities (MedDRA) terminology.

The methods section includes details on the datasets used, data extraction, and statistical methods. The results section presents the findings of the study, including the incidence of AEs across different AAs. The study concludes that AAs included aripiprazole, asenapine maleate, clozapine, iloperidone, lurasidone, quetiapine, and risperidone.

The limitations section highlights the challenges in reporting AEs, such as the potential for underreporting or overreporting, and the need for more robust methods to standardize AE reporting.

The conclusions section summarizes the findings, emphasizing the need for more efficacious and tolerable antipsychotics to reduce the incidence of AEs.

The references section lists the sources used in the study, including peer-reviewed articles and reports.