QUALITY: A NON-INTERVENTIONAL STUDY EVALUATING QUALITY OF LIFE IN SCHIZOPHRENIC PATIENTS TREATED WITH ATYPICAL ANTI Psychotics, IN THE AMBULATORY SETTING. A 8 MONTH, OBSERVATIONAL, MULTICENTRIC PROSPECTIVE STUDY

OBJECTIVES: The QUALITY study evaluated Quality-of-Life in schizophrenic patients treated with atypical antipsychotics (AAPs) in the ambulatory setting. METHODS: Patients (18–65 years-old) diagnosed with schizophrenia and had started treatment with one AAP before visit-1 (minimum: 4-weeks, maximum: 8-weeks) were enrolled into this Belgian study. At visit-1 patients demographics and medical history were recorded with follow-up visits after 3-, 6- and 9-months. At each visit, patients completed the Subjective Well-being under Neuroleptic treatment short form (SWN-K), while investigators assessed the Positive and Negative Symptom Scale (PANSS-8) and Clinical Global Assessment of Functioning (GAF). RESULTS: A total of 121 patients (mean age 36.7 ± 10.8, 75.2% male) were enrolled with the main AAP treatments (mean age 36.7 ± 10.8, 75.2% male) were enrolled with the main AAP treatments, risperidone (31.4%), apirizoprole (23.1%), quetiapine (20.7%). At baseline, the associations between the SWN-K subscales and age, gender, positively/negatively PANSS-scores, Schizophrenia-subtype or treatment-subgroups were small. Mental-functioning and physical-functioning subscales were significantly correlated with negative PANSS-scores, as was the emotional-regulation subscale with gender. The majority of changes from baseline in the SWN-K subscale scores were between -0.3 and 0.5 (range: -1.8 to 1.6). Most mean changes were positive, suggesting that patients felt better compared to baseline. PANSS-8-score changes were slightly negative, suggesting decreases in symptom severity. 57.5% of patients showed symptom remission (PANSS-8-score ≤ 3 after 6-months of treatment); GAF scores increased (study end: 8.2 ± 16.0) indicating improvement in the patient’s global functioning. By the study end, the number of hospitalizations and addictive substance use had decreased. Patients with more severe negative symptoms considered their mental- and physical-functioning better and men were more satisfied than women with their emotional-regulation. Few patients had sufficient disease insights; most patients had a vague notion or did not see that they were ill. CONCLUSIONS: The patients’ well-being seemed to improve slightly during the study without differences between the treatments. Patients having more severe negative symptoms considered their mental and physical functioning better at the study end. At the same time, verbal cognitive function was assessed with the California Verbal Learning Test (CVLT) and the Verbal Fluency test (VF). The Clinical Global Impression-Severity (CGI-S) was assessed as well at the same visits. Statistical analysis was done using SAS 9.2 with the PROC MIXED module for mixed effects repeated measures analysis. RESULTS: A mixed models analysis on the QLEPQ showed significant effects for CGI-S in all subscores but “ school ” (p = 0.0148) and for the verbal cognitive measures only in subscores “ leisure “ for CVLT-LTR (p = 0.0002). CONCLUSIONS: The observed difference over time in QLEPQ values is dependent on the CGI-S subscores which contribute mostly to the prediction of the QLEPQ outcome. Verbal cognitive outcome was not predictive. These findings are not in agreement with other publications reporting an independent contribution of both measures on quality of life. As the study was open-label, interpretation of the results should be approached with some caution.

CONCLUSIONS: The objective of this study is to analyze antipsychotics and antidepressants usage (ATC groups: N06A and N05B) in two mid European, neighbouring countries, Croatia and Slovenia, for the 9-year period, from 2000 to 2008. Further, the aim was to identify the generic drugs usage in each country, the price for DDD for original and generic drugs, and to identify the most prescribed drugs in each drug group. METHODS: The data have been obtained from the International Medical Statistics database for Croatia and Slovenia. Drugs usage is presented in defined daily doses per 1000 inhabitants per day (DDD/1000) according to the WHO Methodology. Financial expenditure data are presented in Euros. An average cost per DDD was calculated for each drug group. RESULTS: In 2008, the total usage of antidepressants was higher in Slovenia (42.7 DDD/1000 inhabitants/day) than in Croatia (22.2 DDD/1000 inhabitants/day), and it increased in both countries during the investigated period. The total usage of anxiolytics is more than 3 times higher in Croatia (74.7 DDD/1000 inhabitants/day) than in Slovenia (22.2 DDD/1000/1000inhabitants/day). The total usage of anxiolytics decreased in Slovenia in 2008 in comparison with prescriptions in 2000, while it increased in Croatia for 44.3% during the same period. The rate of generic prescriptions among antipsychotics during the investigated period was higher in Croatia, i.e. in Croatia 73.6% of all prescribed antipsychotics were generics in 2008, while in Slovenia 33.5%. CONCLUSIONS: Drugs prescription patterns are different comparing Croatia and Slovenia, a possible reason for relatively higher usage of anxiolytics and lower usage of antidepressants in Croatia could be depression treatment with anxiolytics. This indicates the need for a more thorough analysis and the introduction of national drugs guidelines for rational prescribing, monitoring and evaluation especially anxiolytics. Although the generic drugs usage in the mentioned groups is relatively high, it should be further supported and promoted.