Risperidone Long Acting Injection (RLAI) in the Treatment of Early Versus Late Diagnosis Patients with Schizophrenia: Interim Results from Observational Studies Conducted in Spain, Australia, and Belgium

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OBJECTIVES: To compare 12-month psychiatric-related hospitalization pre and post-RLAI therapy and clinical outcomes in early (<5-years) versus late (>5-years) diagnosis outpatients with schizophrenia from eSTAR in Spain (SP), Australia (AU), and Belgium (BE). METHODS: E-STAR is a secure, web-based, international, long-term observational study of patients with schizophrenia who commence RLAI treatment. Data are collected both retrospectively and prospectively and include hospitalisations and clinical outcomes that were evaluated using the Clinical Global Impression Severity Scale (CGI-S) and Global Assessment of Functioning Scale (GAF). RESULTS: Overall, 714 patients (SP = 393, AU = 249, BE = 72) were included. Twenty-two percent were classified as early diagnosis. Average time since diagnosis was 2 and 15.9 years in the early and late diagnosis group, respectively. Patients in the early diagnosis group were significantly younger than those in the late diagnosis group (32.2 vs. 41.7, p < 0.001). Both groups experienced a significant decrease in the number of hospitalizations per patient in the 12-month post versus the 12-month pre-RLAI period (early = 0.77 to 0.36, p < 0.001; late = 0.54 to 0.43, p = 0.004). Reduction in hospitalization rates per patient from the pre and post-RLAI period was significantly greater in the early diagnosis group (early = −0.4, late = −0.11, p = 0.006). The average length of stay (in days) decreased for both groups but it was only statistically significant in the early diagnosis group (early = 21.2 to 12.4, p = 0.041; late = 15.6 to 13.6, p = 0.40). Both groups experienced significant improvements in GAF and CGI-S scores. However, the early diagnosis group experienced greater improvements in GAF and significantly greater improvements in CGI (GAF: early = +14.1, late = +12.5, p = 0.30; CGI: early = −1.04, late = −0.76, p = 0.017). CONCLUSION: This interim analysis suggests that treatment with RLAI treatment result in better outcomes in patients with schizophrenia who have been diagnosed for less than five-years than those diagnosed for five or more years.

Switching of Antipsychotics Among Stable and Unstable Schizophrenia Patients

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OBJECTIVES: To assess switching of atypical and typical antipsychotics among stable and unstable patients and the relationship between switching and hospitalization. METHODS: We used data from the first year of a large (N = 2327), 3-year non-interventional observational study of schizophrenia patients in the U.S., conducted between 7/1997 and 9/2003. Participants with at least one prescription for any antipsychotic were included in this analysis. Participants were defined as “stable” if they had PANSS total scores below 70 at enrollment and no psychiatric hospitalization, psychiatric emergency services, suicide attempt, or arrest in the 1–6 months prior to enrollment. All other participants were defined “unstable.” Systematic medical record abstraction provided antipsychotic prescription information. The stable and unstable patient groups were compared on antipsychotic switching rates (switch from the antipsychotic used at enrollment) and on antipsychotic augmentation. Group comparisons were performed using t-tests for continuous variables and Chi-square tests for categorical variables. RESULTS: Of 2158 participants, 59.6% were deemed unstable and 40.4% were considered stable. Unstable patients were more likely to experience switching and augmentation of antipsychotics. Typical antipsychotics were more likely to be used as augmentors (58.7%, p < 0.001), whereas atypical antipsychotics, especially olanzapine, were more likely the medications to be switched to (61.9%, p < 0.001). A significantly higher proportion of switchers (44.6%) than non-switchers (17.9%, p < 0.001) were hospitalized for psychiatric purposes during the 1-year observation period. Among switchers who were hospitalized at any time during the 1-year period, 52.4% switched medication during hospitalization, 29.8% switched prior to hospitalization, and 17.8% switched post hospitalization. CONCLUSION: Switching of antipsychotics appears to be significantly associated with unstable, more severe illness profile and with psychiatric hospitalizations. Atypical antipsychotics are more likely the medications to be switched to. Finding an effective treatment option...