HAL-treated patients that had responded to therapy at each of the three thresholds defined. Six-week response-curves were compared using log-rank tests.
RESULTS: As the threshold for classifying a patient as a responder increased, the relative divergence between drug-response curves increased with the OLZ treatment group consistently attaining higher proportions of responders than the HAL treatment group. At a minimal threshold for response (≥20%), 77% of OLZ versus 70% of HAL-treated patients responded by week 6 ($p = 0.002$). At a high bar threshold for response (≥65%), 25.9% of OLZ versus 15.6% of HAL-treated patients responded by week 6 ($p < .001$). Furthermore, a separation of response rates in favor of OLZ could be seen as early as week 2.
CONCLUSION: Rigorously as compared to minimally defined thresholds for response clearly differentiate the greater likelihood of patients achieving superior improvement on the novel antipsychotic OLZ as compared to HAL.

PMH2

IMPROVEMENT IN QUALITY OF LIFE AND DEPRESSIVE SYMPTOMS IN SCHIZOPHRENIC PATIENTS IS ASSOCIATED WITH ROBUST ACUTE TREATMENT RESPONSE OF OLANZAPINE VERSUS HALOPERIDOL

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OBJECTIVE: The objective of this analysis was to explore the association of improvement in QoL and depressive symptoms with robust acute treatment response of olanzapine (OLZ) versus haloperidol (HAL).
METHODS: Data was analyzed post-hoc from a double-blind, randomized (OLZ versus HAL), trial of 1996 patients with schizophrenia or a related disorder. The treatment response was classified into four groups based on improvement of the Brief Psychiatric Rating Scale (BPRS) total scores at 6 weeks: <20%, 20–40%, 40–65% and >65% improvement. Mean percent changes of Quality of Life Scale (QLS) scores and Montgomery-Asberg Depression Rating Scale (MADRS) were determined.
RESULTS: There was a significant positive association between the more robust level of response (i.e., >65%) and improvements in depressive symptoms and QLS across treatment groups. Patients treated with OLZ started to access moderate improvement (>10% improvement) in QLS once they attained a 20% or greater improvement in BPRS while for the HAL-treated patients, only those who had a 65% or greater response in BPRS could exceed moderate QLS improvement. The mean percent change in QLS in the 20–40% BPRS response group was 13.4% for OLZ versus 1% for HAL ($p = 0.031$) and in the 65% or greater BPRS response group was 41.8% for OLZ versus 32.8% for HAL ($p = 0.45$). Similar observations were demonstrated in improvement on the MADRS. For patients with a 40–65% BPRS response, the improvement in MADRS was 34.9% for OLZ versus 6.7% for HAL ($p = 0.027$).
CONCLUSION: A more robust categorical acute treatment response resulted in greater improvement in QoL and depressive symptoms across treatment groups. For patients attaining the same level of acute treatment response though, there may be significantly greater improvements in QoL and depressive symptoms enjoyed by OLZ-treated patients compared to those treated with HAL.

PMH3

PATIENT MEDICATION ATTITUDE AFTER SWITCHING TO ZIPRASIDONE FROM OTHER ANTIPSYCHOTICS

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OBJECTIVE: Patients with schizophrenia switched from conventional antipsychotics, olanzapine, or risperidone, to ziprasidone show significant improvements in weight, prolactin levels, and lipid profile. Since such benefits may affect patient behavior and resource use, Drug Attitude Inventory (DAI) was administered to assess attitudes/feelings about antipsychotic therapy.
METHODS: Three six-week multi-center, open-label, parallel-group trials of similar design were undertaken in stable schizophrenic outpatients switched from conventional antipsychotics (n = 108), olanzapine (n = 104), or risperidone (n = 58) because of poor tolerability or insufficient efficacy. Each trial randomized patients to 1 of 3 switch strategies—"slow" taper, "fast" taper, or "abrupt discontinuation" of prior medication before initiating ziprasidone (80 mg/day for 2 days; 40–160 mg/day thereafter). The 10-question true/false DAI was administered at baseline and week six. The primary summary measure was total score (sum of responses to all questions). Data were combined from all switch subsets for each study because there was no significant difference in mean change from baseline to week six among strategies. Positive total score indicated likely compliance, whereas negative total score, likely noncompliance. A categorical linear model was used to analyze marginal probabilities of favorable responses over total, attitudinal, and subjective question sets.
RESULTS: Total DAI scores improved significantly in patients switched to ziprasidone from conventionals ($P = .003$) or risperidone ($P = .008$). Categorical analysis identified significant improvements in patients switched to ziprasidone from conventionals ($P = .05$ all items, $P = .02$ subjective) and a trend toward improved scores in those switched from olanzapine ($P = .06$ for both). DAI improvement from baseline to week six was consistently driven by positive change in subjective feelings. Ziprasidone was safe, well-tolerated, and effective, regardless of dose or switch strategy.