6 different arms (placebo; DXT-40 mg/day; DXT-60 mg/day; DXT-80 mg/day; DXT-120 mg/day; and paroxetine [PXT]-20 mg/day), were extracted and further combined by using 3 different random effects models (logistic regression with random intercepts [LR-RE(1)], logistic regression with random intercepts and slopes [LR-RE(2)], and fully random Bayesian models [Bayes]).

RESULTS: The remission rates for DXT-40 and DXT-60 were not significantly different to those of placebo (upper estimates DXT-40 odds ratio [OR] = 1.27 [95% CI = 0.84 to 1.92, LR-RE(2) model]; DXT-60 OR = 1.49 [95% CI = 0.83 to 2.79, Bayes model]). The remission rates for DXT-80, DXT-120, and PXT-20 were significantly superior to placebo (upper estimates DXT-80 OR = 1.95 [95% CI = 1.45 to 2.64, LR-RE(2) model]; DXT-120 OR = 2.15 [95% CI = 1.46 to 3.18, LR-RE(2) model]; and PXT-20 OR = 1.84 [95% CI = 1.34 to 2.32, LR-RE(2) model]).

CONCLUSION: It is likely that higher doses of duloxetine than those currently recommended for the treatment of MD in the information package would be needed to attain effective symptomatic remission. Since all the RCTs followed a common protocol but the tested dosage, there appears an important exchangeability among the studies, and a close overlap among the estimates obtained from the random effects models, and the estimates yielded by simpler fixed effects models (non reported here). In fact, a modelling approach would support the results obtained by the fixed effects models as the most parsimonious in this case.

TREATMENT DURATION WITH ORAL AND LONG ACTING INJECTABLE FORMULATIONS OF TYPICAL ANTIPISYCHOTICS IN THE TREATMENT OF SCHIZOPHRENIA: RESULTS ACROSS WORLD GEOGRAPHIES

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OBJECTIVES: To compare the time to all-cause discontinuation of first-generation antipsychotics—in oral versus long acting injectable (“depot”) formulation—in the usual care of schizophrenia patients across three different countries: United States, UK, and Australia. METHODS: We used pooled data from a large prospective observational non-interventional study of patients treated for schizophrenia and related disorder in the U.S., U.K., and Australia, conducted between July 1997–September 2003 (The Schizophrenia Care and Assessment Program, SCAP). The analytical sample included outpatients who initiated haloperidol, fluphenazine, or zuclopenthixol in oral or long-acting injectable formulations (N = 477). Time to medication discontinuation for any cause during the 1-year post initiation was compared between the oral and long-acting injectable formulation groups using Kaplan Meier survival analysis and Cox proportional hazard model adjusted for available patient characteristics. RESULTS: During the 1-year following medication initiation, patients treated with first-generation long-acting injectable antipsychotics were twice as likely to stay on the medication compared to patients treated with oral formulations (Hazard Ratio = 2.1, 95% Confidence Interval 1.5, 2.8, p < 0.001), driven mainly by the differences between the oral and the long-acting injectable formulations of haloperidol and zuclopenthixol. No significant differences were observed between the oral and the long-acting injectable formulations of fluphenazine. Overall, a greater proportion of depot-treated patients have continued on their medication compared to patients treated with only oral formulations (e.g., 61.7% vs. 49.8% at 6 months; 48.4% vs. 35.6% at 12 months). Sensitivity analyses indicated that findings were robust. CONCLUSION: Treatment duration—often considered a measure reflecting a medication’s efficacy, safety, and tolerability—appears significantly longer for patients treated with long-acting injectable formulations than oral formulation of the same first-generation antipsychotic, suggesting that long-acting injectable formulations offer a meaningful adherence advantage in the treatment of patients at high risk of medication nonadherence.

RISPERIDONE LONG-ACTING INJECTION (RLAI) IN THE TREATMENT OF SCHIZOPHRENIA: 3 MONTH PRELIMINARY RESULTS FROM E-STAR PROJECT IN CANADA

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OBJECTIVES: To assess the outcome in the Canadian patients in the electronic-Schizophrenia Treatment Adherence Registry (e-STAR) who have been followed for at least 3-months, with particular focus on changes in hospitalization, disease severity and functioning after initiating risperidone long-acting injection (RLAI). METHODS: E-STAR, is a secure web-based, international, observational study of patients with schizophrenia who have been initiated with RLAI. Data are collected both retrospectively (1 year) and prospectively (2 years) and include hospitalisations and reasons for treatment initiation and discontinuation; patients are evaluated using the Clinical Global Impression Severity Scale (CGI-S) and Global Assessment of Functioning Scale (GAF). RESULTS: A total of 123 patients have been enrolled and 51 patients have been followed for 3 months. Of the 51 patients, the majority were male (66.7%) diagnosed with schizophrenia or schizoaffective disorder (76.5%, 15.7% respectively), mean age of 40.3 ± 13.1 years, and mean time since diagnosis of 11 ± 11.1 years. The most important reasons for switching to RLAI were poor compliance (31.4%), maintenance (23.5%) and mean time since diagnosis of 11 ± 11.1 years. The most important reasons for switching to RLAI were poor compliance (31.4%), maintenance (23.5%) and insufficient response to previous medication (17.6%). At 3-months, 98% of patients were still on RLAI treatment. Comparing this initial 3-month prospective period for these 51 patients to the 3-month retrospective period prior to the initiation of RLAI, significant decreases were seen in the proportion of patients hospitalization (33.3% vs. 15.7%, p = 0.013) and the mean number of hospitalizations per patient (0.41 vs 0.16, p = 0.006). The mean number of days in hospital decreased (6 vs. 4 days), but did not reach statistical significance (p = 0.30). By 3-months, there were improvements in the average CGI-S score (4.00 to 3.86, p = 0.418) and significant improvements in GAF score (46.9 to 51.6, p = 0.008) compared to baseline.

CONCLUSION: Based on 3-month interim results, treatment with RLAI was associated with a decrease in hospitalizations, and improvements in disease severity and functioning in patients with schizophrenia.