

PMH9

TREATMENT RETENTION WITH RISPERIDONE LONG ACTING INJECTION (RLAI) IN EUROPEAN PATIENTS WITH SCHIZOPHRENIA: 12-MONTH INTERIM RESULTS FROM ELECTRONIC SCHIZOPHRENIA TREATMENT ADHERENCE REGISTRY (E-STAR)Olivares JM¹, Peuskens J², Pecenek J³, Tuma I⁴, Van Kooten M⁵, Eriksson L⁶, Povey M⁷, Lam A⁸, Zhao Z⁹¹Servicio de Psiquiatria Hospital, Vigo, Spain, ²Universitair Psychiatrisch Centrum, KUL Leuven, Leuven, Belgium, ³FNPS Bratislava, Bratislava, Slovak Republic, ⁴FNPS Hradec Kralove, Hradec Kralove, Czech Republic, ⁵Ambulant ACT, Hoofddorp, The Netherlands, ⁶SU/Östra RPV, Hisings-Backa, Sweden, ⁷SGS Life Science Services Belgium, Wavre, Belgium, ⁸Johnson and Johnson Pharmaceutical Services, Toronto, ON, Canada, ⁹Johnson and Johnson Pharmaceutical Services, Raritan, NJ, USA**OBJECTIVES:** To determine the 12-month treatment retention rates with risperidone long-acting injection (RLAI) treatment in patients with schizophrenia enrolled in the electronic-Schizophrenia Treatment Adherence Registry (e-STAR). **METHODS:** E-STAR is a secure, web-based, international, long-term observational study of patients with schizophrenia. Patients were enrolled in the study when RLAI treatment was initiated. Data are collected both retrospectively (1 year) and prospectively (2 years). In this analysis, using the pooled data from Belgium, Czech Republic, The Netherlands, Slovakia, Spain, and Sweden, time on treatment was analyzed using Kaplan-Meier analysis and proportional hazards regression. **RESULTS:** Total of 1847 patients from six European countries who completed 12-month follow-up were included in this analysis. The majority of patients were male (62.9%), with a mean age of 38.8 ± 11.9 years old and a mean time since diagnosis of 11.9 ± 10.7 years. The most common reasons for initiating RLAI were compliance (33.6%) and insufficient response to previous treatment (29.7%). At 12-months, 89.6% (95% confidence interval: 88.2%–90.9%) of patients were still being remained on RLAI. Proportional hazards regression revealed that patients previously treated with oral atypicals ($p < 0.01$) were less likely to discontinue whereas patients previously treated with mood stabilizers ($p < 0.05$) or were on polypharmacy of antipsychotics were more like to discontinue treatment. There were modest differences in treatment retention among the six countries. **CONCLUSION:** In this pooled interim analysis, nearly 90% of patients from 6 European countries were still remained on RLAI treatment after 12 months. Further evaluation of treatment retention is ongoing as patient accrual in e-STAR continues.

PMH10

REDUCTION IN SUICIDAL IDEATION, VIOLENT BEHAVIOUR, AND SELF INJURY AFTER TREATMENT WITH RISPERIDONE LONG-ACTING INJECTION (RLAI): 12 MONTH PRELIMINARY RESULTS FROM E-STAR PROJECT IN CZECH REPUBLIC AND SLOVAKIATuma I¹, Pecenek J², Povey M³, Lam A⁴¹FNPS Hradec Kralove, Hradec Kralove, Czech Republic, ²FNPS Bratislava, Bratislava, Slovak Republic, ³SGS Life Science Services Belgium, Wavre, Belgium, ⁴Johnson and Johnson Pharmaceutical Services, Toronto, ON, Canada**OBJECTIVES:** To examine whether the incidence of suicidal ideation, violent behaviour, and deliberate self-harm changes in patients with schizophrenia after 12-months of treatment with Risperidone long-acting injection (RLAI) who are enrolled in the electronic-Schizophrenia Treatment Adherence Registry (e-STAR) in Czech Republic and Slovakia. **METHODS:** E-STAR,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). In this analysis data from Czech Republic and Slovakia were pooled. **RESULTS:** To date a combined total of 1068 patients have been enrolled into e-STAR in Czech Republic and Slovakia; 280 patients have been followed for at least 12-months (156 Czech Republic, 124 Slovakia). Of the 280 patients, the majority were male (57.9%) with a diagnosis of schizophrenia or schizoaffective disorder (85.7%, 14.3% respectively) with a mean age of 37 ± 12.1 years and a mean time since diagnosis of 9.2 ± 9 years. Compared to baseline, significant decreases were seen in the occurrence of suicidal ideation (18% to 1.1%, $p < 0.001$), violent behaviour (15.5% to 0.4%, $p = 0.001$), and self injury (8.6% to 0.4%, $p < 0.001$). Individual country results were consistent with the pooled results. **CONCLUSION:** Patients treated with RLAI for at least 12 months experienced significant decreases in the incidence of suicidal ideation, violent behaviour, and self injury. Follow-up is ongoing until 24 months.

PMH11

RISPERIDONE LONG-ACTING INJECTION (RLAI) IN THE TREATMENT OF SCHIZOPHRENIA: 12 MONTH PRELIMINARY RESULTS FROM E-STAR PROJECT IN CZECH REPUBLIC AND SLOVAKIAPecenek J¹, Tuma I², Povey M³, Lam A⁴¹FNPS Bratislava, Bratislava, Slovak Republic, ²FNPS Hradec Kralove, Hradec Kralove, Czech Republic, ³SGS Life Science Services Belgium, Wavre, Belgium, ⁴Johnson and Johnson Pharmaceutical Services, Toronto, ON, Canada**OBJECTIVES:** To assess the outcomes in patients initiated on risperidone long-acting injection (RLAI) enrolled in the electronic-Schizophrenia Treatment Adherence Registry (e-STAR) and were followed for 12-months in the Czech Republic and Slovakia. **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) including hospitalisations and reasons for treatment initiation; patients are prospectively evaluated every 3 months using the Clinical Global Impression Severity Scale (CGI-S) and Global Assessment of Functioning Scale (GAF). **RESULTS:** To date a combined total of 1068 patients have been enrolled into e-STAR in the Czech Republic and Slovakia; 280 patients have been followed for at least 12-months (156 Czech Republic, 124 Slovakia). Of the 280 patients, the majority were male (57.9%) with a diagnosis of schizophrenia or schizoaffective disorder (85.7%, 14.3% respectively) with a mean age of 37 ± 12.1 years and a mean time since diagnosis of 9.2 ± 9 years. At 12-months, 96.4% of patients remained on RLAI treatment. 85.4% of patients were initiated on 25 mg of RLAI at baseline and at 12-months 54.6% were still on 25 mg. Compared to the 12-month retrospective period, significant decreases were seen in the 12-month prospective period in the proportion of patients hospitalized (50% vs. 17.5%, respectively; $p < 0.001$), the mean number of hospitalizations per patient (0.65 vs. 0.23, $p < 0.001$), and the mean number of days in hospital (29.6 vs. 7.7, $p < 0.001$). Significant improvements from baseline to 12 months were seen in both the average CGI-S score (4.56 to 3.03, $p < 0.001$) and GAF score (48.7 to 71.3, $p < 0.001$). **CONCLUSION:** Significant improvement in disease severity and functioning and decrease in use of hospital services in patients with schizophrenia treated with RLAI were observed in this 12-month interim analysis. Follow-up is ongoing until 24 months.