REASONS FOR CONTINUING OR DISCONTINUING OLANZAPINE IN THE TREATMENT OF SCHIZOPHRENIA FROM PATIENTS’ AND CLINICIANS’ PERSPECTIVES

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OBJECTIVES: To identify the reasons for continuation or discontinuation of olanzapine in the treatment of schizophrenia from the patients’ and their clinicians’ perspectives. METHODS: Two measures were previously developed to assess the Reasons for Antipsychotic Discontinuation/Continuation (RAD), one from the patient’s perspective (RAD-I) and the other from the patient’s clinician’s perspective (RAD-Q). These measures were administered to 199 outpatients with schizophrenia and their clinicians, participants in a 22-week open-label study of olanzapine. Reasons for continuation and for discontinuation of olanzapine were rated on a 5-point scale from “primarily reasons” to “not a reason.” The top “primary reasons” for continuation and for discontinuation of olanzapine were identified. Levels of concordance between patients’ and clinicians’ reasons were assessed. RESULTS: Patients and clinicians have identified several primary reasons for continuation or discontinuation of olanzapine (2.3 to 8.1 reasons, on average). The top “primary reasons” for continuation for olanzapine were patient’s perception of improvement, improvement of positive symptoms, and improved functioning. Study discontinuation rate was relatively low, and only a few of the discontinued participants reported reasons for medication discontinuation. The top “primary reasons” for discontinuation of olanzapine were increasing of positive symptoms, adverse events, and insufficient improvement or worsening of negative symptoms. A high level of concordance was observed between patients’ and clinicians’ ratings. CONCLUSIONS: Medication efficacy, especially for positive symptoms, appears to be the core driver of continuation on olanzapine and of its infrequent discontinuation. Reasons for medication discontinuation differ somewhat from reasons for continuation, with a high level of concordance between patients’ and clinicians’ perspectives.

OPIOID RELAPSE RATES AMONG A SAMPLE OF OPIOID DEPENDENCE PATIENTS: ONE YEAR FOLLOW-UP

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OBJECTIVES: Buprenorphine-medication assisted treatment (B-MAT) is clinically effective for opioid dependence (OD); however, participation in ancillary treatment activities may enhance medication compliance, thereby improving treatment outcomes. The purpose of the present study was to investigate the effect of a telephonic patient compliance-enhancement program on B-MAT compliance in a sample of OD patients. METHODS: OD patients new to B-MAT (N = 1426) were randomized to receive B-MAT plus the telephonic patient support program (intervention group) or B-MAT alone (standard care group). Patients completed the Addiction Severity Index (ASI) at the time of enrollment and at 5 follow-up periods over the course of one year. The ASI is a semi-structured interview designed to collect information on problem severity in 7 functional areas known to be affected by alcohol and drug dependence. RESULTS: One year follow-up data were presented in the poster; however, only 6 month data were available at the time of submission. The intervention group was significantly more compliant with B-MAT than the standard care group (χ²(2, n = 439) = 25.24, p < 0.001). Furthermore, greater involvement in the intervention led to a reduction in the use of injection and prescription opioids (p < 0.05). CONCLUSIONS: The compliance-enhancement intervention improved adherence to B-MAT and patient treatment including adherence to B-MAT with a structured, telephonic compliance-enhancement program is an effective way to improve compliance with medication as well as patient outcomes.

OPIOID RELAPSE RATES AMONG A SAMPLE OF OPIOID DEPENDENCE MEDICATION ASSISTED TREATMENT PATIENTS: RELATIONSHIP TO MEDICATION COMPLIANCE AT ONE YEAR

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OBJECTIVES: Studies consistently show high relapse rates (25%–35%) among chemically dependent patients. Relapse is especially problematic for patients diagnosed with opioid dependence. The purpose of the present study was to examine the effect of compliance with buprenorphine-medication assisted treatment (B-MAT) on relapse among a sample of opioid dependent patients. METHODS: OD patients new to B-MAT (N = 554) completed the Addiction Severity Index (ASI) at baseline, 1, 2, 3, and 6 months post-enrollment. The ASI is a semi-structured interview designed to collect information on problem severity in 7 functional areas known to be affected by alcohol and drug dependence. The top “primary reasons” for discontinuation of olanzapine were patient’s perception of improvement, improvement of positive symptoms, and improved functioning. Study discontinuation rate was relatively low, and only a few of the discontinued participants reported reasons for medication discontinuation. The top “primary reasons” for discontinuation of olanzapine were increasing of positive symptoms, adverse events, and insufficient improvement or worsening of negative symptoms. A high level of concordance was observed between patients’ and clinicians’ ratings. CONCLUSIONS: Medication efficacy, especially for positive symptoms, appears to be the core driver of continuation on olanzapine and of its infrequent discontinuation. Reasons for medication discontinuation differ somewhat from reasons for continuation, with a high level of concordance between patients’ and clinicians’ perspectives.

A LONGTIDUAL ANALYSIS OF THE EFFECT OF BUPRENORPHINE-MEDICATION ASSISTED TREATMENT (B-MAT) AND A STRUCTURED PATIENT SUPPORT PROGRAM ON B-MAT ADHERENCE IN A NATIONAL SAMPLE OF OPIOID DEPENDENT PATIENTS

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OBJECTIVES: The purpose of this study was to examine the longitudinal effect of buprenorphine-medication assisted treatment (B-MAT), combined with a patient support program, on medication adherence in a sample of opioid dependent patients. Its effect on drug abuse will also be explored. METHODS: OD patients new to B-MAT (N = 1426) were randomized to receive B-MAT plus a patient support program (experimental group, n = 249) or B-MAT alone (standard care, n = 161). All patients completed the Addiction Severity Index (ASI) at baseline, 1, 2, 3, and 6 months post-enrollment. The ASI is a semi-structured interview designed to collect information on problem severity in 7 functional areas known to be affected by alcohol and drug dependence. A repeated measures ANOVA was used to detect group, time and interaction effects for compliance with B-MAT. RESULTS: One year follow-up data will be presented in the poster; however, only 6 month data were available at the time of submission. The intervention group reported taking their medication on more days than controls (F(1408) = 4.48, p < 0.05). A significant time effect was also observed (F(12, 224) = 6.49, p < 0.001), with subjects as a whole taking their medication on less days the study progressed. The significant time x group interaction indicated that subjects in the control group took their medication on less days over the course of the study compared to the intervention group (F(13, 224) = 2.34, p < 0.10). Greater involvement in the intervention also led to reductions in opioid abuse (p < 0.05). CONCLUSIONS: The patient support program seemed to improve the number of days OD patients took their medication and reduced the likelihood of abusing drugs. Supplementing B-MAT with a structured compliance-enhancement program may be an effective way to improve adherence with medication in a sample of OD patients.