

DECREASED INCIDENCE OF READMISSION IN FIRST EPISODE PSYCHOSIS IN TREATMENT WITH LONG – ACTING INJECTABLE ANTIPSYCHOTICS

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INTRODUCTION

A lot of studies have consistently shown that more than 40% of patients with first episode psychosis (FEP) are nonadherent and discontinue medication during the first nine months of treatment, at which point the chances of relapse increase dramatically [1].

So, the goal of treatment of FEP patients should be to increase compliance with antipsychotic therapy, thereby decreasing the negative effects of untreated psychosis and to minimize the amount of antipsychotic – induced side effects. This goal may, in part, be achieved by the use of long – acting antipsychotics (LAIs) [2] [3]. However, studies on efficacy of LAIs versus oral antipsychotics for preventing relapse among schizophrenia patients have produced conflicting results [4].

OBJECTIVES

With this study we want to assess if patients with FEP in treatment with LAIs have a decreased incidence of readmission compared with patients in treatment with oral antipsychotics over 6 month follow – up. We also assessed if there were any baseline sociodemographic differences between both groups.

METHODS

188 FEP patients were consecutively admitted to Hospital del Mar since January 2008 to September 2014 and entered the first episode programme of the institution. The included evaluation were, among others: sociodemographic data, duration of untreated psychosis (DUP), diagnosis, substance use, the Positive and Negative Symptoms Scale (PANSS), the global assessment functioning scale (GAF), Calgary Depression Scale and the Scale of Unawareness of Mental Disorder (SUMD) at baseline. Later, antipsychotic treatment and number of admissions and of emergencies over 6 months were also recorded.

We studied differences in readmission, number of emergencies between patients on LAI and oral treatment. We also assessed baseline differences in sociodemographic and clinical data between both groups. We used the Chi-Square test for categorical data and Mann-Whitney test to compare the means for continuous data.

RESULTS

In all, 11 patients were treated with LAIs and the others 177 were treated with oral antipsychotics. There were no significant differences in age and gender between the two groups of patients. Furthermore we did not find significant differences in the diagnosis, substance use, DUP, PANSS (total and subscales) scores, Calgary scores, SUMDT scores and GAF scores between two groups at baseline.

On the other hand, we found a significant decreased incidence of readmission ($p=0,000$) and a lower number of emergencies ($p=0,017$) in the group of FEP patients treated with LAIs versus the group treated with oral antipsychotics.

	LAIs	Oral antipsychotic	X2	U Mann - Whitney	p
Age (m, ds)	22,18 (3,573)	24,92 (4,991)		662,5	0,075
Gender (%men)	72,7	58,2	0,905		0,53
Tabacco per day (m, ds)	12,27 (15,71)	8,02 (9,53)		884,5	0,59
Cannabis per week (m, ds)	7,82 (7,587)	9,39 (21,558)		733	0,14
Alcohol (%use)	81,8	57,1	2,615		0,126
Cocaine (%use)	18,2	16,9	0,011		0,916
Heroin (%use)	0	0,6	0,062		0,803
Amphetamines (%use)	0	10,7	1,314		0,607
DUP (m, ds)	70,10 (65,375)	109,49 (199,778)		577	0,745
Diagnosis (%)			3,918		0,561
Schizophreniform	63,6	42,4			
Psychosis nos	18,2	30,5			
Schizophrenia	0	8,5			
Brief psychotic disorder	0	6,8			
Affective psychosis	18,2	10,7			
Induced psychosis	0	1,1			
GAF (m, ds)	58,64 (9,77)	57,82 (12,21)		932	0,805
Calgary (m, ds)	1,91 (1,758)	2,27 (2,758)		797	0,847
SUMDT (m, ds)	8 (5,079)	6,07 (4,315)		615,5	0,149
PANSSP (m, ds)	11,5 (4,143)	13,47 (7,021)		574	0,514
PANSSN (m, ds)	17,4 (6,899)	15,17 (5,683)		527	0,319
PANSSPG (m, ds)	31,5 (5,603)	30,62 (8,304)		584	0,593
PANSSST (m, ds)	60,5 (13,227)	59,24 (16,348)		592,5	0,642
Readmissions (m, ds)	0,73 (1,191)	2,41 (1,432)		312	0*
Emergencies (m, ds)	2,18 (2,75)	4,33 (3,379)		561	0,017*

CONCLUSIONS

In our sample, treatment with LAIs is associated with a reduced readmission rate and a lower number of emergencies in patients with FEP. These differences in readmission and number of emergencies between patients on LAI and patients on oral antipsychotic do not seem to be explained by baseline patient's characteristics. This finding are agree with the results of other studies that show a significantly reduced relapse and a lowest risk of rehospitalization in FEP patients treated with LAIs [4].

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