Extrapyramidal symptoms in a group of patients treated with aripiprazole once-monthly long-acting injectable

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Introduction

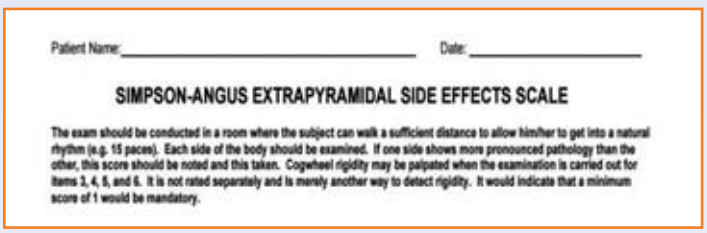
Extrapyramidal symptoms are well known as side effects in therapy with antipsychotics. The exploration of these side effects is mandatory because they can be a potential cause of treatment discontinuation. In schizophrenia, the side effect profile of aripiprazole once-monthly long-acting injectable (AOM) is similar to that of oral aripiprazole. Adverse events were typically mild or moderate and did not lead to discontinuation (1). A meta-analysis of randomized controlled trials in schizophrenia showed that the aripiprazole once-monthly long-acting injectable group was not superior to placebo regarding discontinuation due to adverse events (AEs) or death (2). Several studies have worked on this issue in schizophrenia but not many of them have studied it in other disorders.

Objectives

The aim of this study is to analyse the extrapyramidal symptoms on a group of patients treated with aripiprazole once-monthly long-acting injectable (AOM) follow-up in a mental health care centre in Santa Coloma de Gramanet, Barcelona, Spain.

Methods

To assess extrapyramidal symptoms we used the Simpson-Angus Scale (SAS) (3) in a descriptive study. Previous absence of extrapyramidal symptoms at the start of the treatment was confirmed by checking the clinic history. The assessment was in September 2015. Comorbid therapy with another antipsychotic, first OAM administration and dosage were collected.



Patient Name:_____ Date:_____

SIMPSON-ANGUS EXTRAPYRAMIDAL SIDE EFFECTS SCALE

The exam should be conducted in a room where the subject can walk a sufficient distance to allow him/her to get into a natural rhythm (e.g. 15 paces). Each side of the body should be examined. If one side shows more pronounced pathology than the other, this score should be noted and this taken. Cogwheel rigidity may be palpated when the examination is carried out for items 3, 4, 5, and 6. It is not rated separately and is merely another way to detect rigidity. It would indicate that a minimum score of 1 would be mandatory.

Results

Six patients were included in the study; two women (33.3%) and four men (66.7%). The mean age of the sample was 40 years old. The diagnoses of the group were four patients with psychotic disorder (66.7%; two schizophrenia, one schizoaffective disorder and one delusional chronic disorder) and the other two had an affective disorder diagnosis (33.3%; both bipolar disorder). All of them were with 400mg/month dose. 1/3 of patients (2/6) showed extrapyramidal symptoms at assessment. 2/3 of patients (4/6) were not in therapy with other antipsychotic at assessment. In the cases, the average score of the SAS was 1.5. One of the cases was with other antipsychotic (olanzapine 10 mg) at assessment.

Patient	Diagnosis	Gender	Age	Other antipsychotics	First OAM administration	OAM dosis	Extrapyramidal simptoms	SAS	Side effect
1	Schizophrenia	male	45	Yes	2015, June	400mg/month	Yes	1	Tremor
2	Schizophrenia	male	35	Yes	2015, May	400mg/month	No		
3	Delusional disorder	female	37	No	2015, May	400mg/month	No		
4	Schizoaffective disorder	male	34	No	2015, June	400mg/month	No		
5	Bipolar disorder	male	40	No	2015, August	400mg/month	No		
6	Bipolar disorder	female	49	No	2015, August	400mg/month	Yes	2	Tremor, rigidity

Conclusion

In our sample AOM treatment has been well tolerated regarding extrapyramidal effects in schizophrenia and other diagnoses.

These effects appeared in 1/3 of patients, one of them was in therapy with other antipsychotic at assessment. There were no cases of moderate or severe extrapyramidal side effects. Low ratio of comorbid antipsychotic therapy was shown. A larger sample would be needed to obtain more reliable results.

Bibliography

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