

Mirror-image study of aripiprazole long-acting injectable for the treatment of psychiatric patients attended in community mental health team

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Introduction

Schizophrenia is a severe and debilitating psychiatric disorder. Functional impairment in schizophrenia has been correlated with several clinical factors including positive and negative symptoms, cognitive deficits and other factors such as nonadherence to treatment [1]. Despite the established efficacy of antipsychotic medication, compliance to treatment is poor, particularly with oral formulation [2]. Meta-analyses demonstrate that antipsychotic treatments clearly prevent relapse and rehospitalization in patients with schizophrenia and related disorders [3]. The emergence of long acting injectable (LAI) antipsychotic formulations in recent years has aimed to counteract the poor compliance rates observed, optimise long term patient outcomes and prevent rehospitalization [4].

Aim of the study

The aim of the study is to analyze if there is a difference in the number of hospitalizations, days of hospitalization and visits to psychiatric emergencies in psychiatric patients attended in community mental health after switching oral antipsychotic to aripiprazole long acting injection.

Methods

We performed a mirror-image study which included psychiatric patients attended in community mental health team who have been switched from oral antipsychotic to aripiprazole long acting injection. In each patient included we seek for the number of hospitalization at acute psychiatric unit, days of hospitalization at this unit and number of visits to psychiatric emergencies in the six months before the switching of antipsychotic and the same data for the six months after it. Statistical analysis has been done with SPSS software (paired sample T-Test).

Results

Fourteen patients were included. Demographic and clinical characteristics of the patients are shown in [table 1](#). In the six months before treatment switching to aripiprazole long acting there were a total of 10 hospitalizations at acute psychiatric unit, while there was only one hospitalization in the same period of time after the switch (mean 0.71 vs 0.07, $p=0.007$). Total days of hospitalization were 256 in the previous six months of switching to aripiprazole long acting, along the six months after the switch the total days of hospitalization were 14 (mean 18.28 vs 1.00, $p=0.004$). Throughout the six months before initiating aripiprazole long acting there were 10 visits to psychiatric emergencies, while there were 2 visits in the same period of time after the antipsychotic switch (mean 0.92 vs 0.15, $p=0.001$). Results are shown in [table 2](#).

Table 1. Demographic and clinical characteristics of patients

	TOTAL
Age (Mean)	39.8
Gender	
Male	11
Female	3
Main diagnostic	
Schizophrenia	5
Delusional Disorder	2
Unspecified psychosis	3
Bipolar Disorder	4

Table 2

	N	Switch to aripiprazole LAI	Total	Mean	Standard Deviation	P
Number of Hospitalizations	14	6 months before	10	0.71	0.61	0.007
		6 months after	1	0.07	0.26	
Days of Hospitalizations	14	6 months before	256	18.28	16.80	0.004
		6 months after	14	1.00	3.74	
Number of visits to psyhiatric emergencies	14	6 months before	10	0.92	0.86	0.001
		6 months after	2	0.15	0.37	

Conclusion

The evidence for the specific advantages for long acting injectable antipsychotics over oral medication remains unclear [5]. One possible explanation is that randomized clinical trials do not reflect the reality of clinical practice, since patients who consent to participate are willing to be more involved in the care process and have better adherence. In our study we conduct a mirror-image study, so we evaluated the same patients before and after receiving aripiprazole long acting injectable. We found that after switching to long acting injectable antipsychotic there were a reduction in number of hospitalizations at acute psychitric unit, decress in the total days of hospitalization at this unit and also less visits at psychiatric emergencies.

References

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DISCLOSURE

No potential conflict of interest.