Descriptive study about the use of Asenapine in an acute psychiatric unit along 2017

Poster number: P.273

I. González[1], R. Sánchez[1], O. Ferrandez[2], A.M. Rodriguez[1], M. Roldán[1], J. J. Fuentes[1], M.P. Frings[1], M.T. Campillo[1], G. Hurtado[1]

[1]Department of psychiatry. Institut de Neuropsiquiatria i Addiccions. Hospital del Mar. Barcelona. Spain.
[2]Pharmacology service. Centre Assistencial Emili Mira. Barcelona. Spain.

Email: 62890@parcdesalutmar.cat

INTRODUCTION

Asenapine is a second-generation antipsychotic with demonstrated efficacy in the treatment of mania and mixed states associated with bipolar I disorder [1]. Clinicians tend to use Asenapine as adjunctive antipsychotic in the treatment of manic episodes that are less severe in terms of manic and psychotic symptoms, but more complex regarding the clinical profile [2]. Some studies also show efficacy of Asenapine over placebo in schizophrenia and schizoaffective disorder [3]. Nevertheless, there´re still few data of its use in clinical practice to provide more accurate information about its indication in acute psychiatric inpatients.

OBJECTIVES

To assess the prescribing pattern and the clinical profile of a sample (n= 34) of inpatients treated with Asenapine at discharge in an acute psychiatric unit over one year (2017).

METHODS

Retrospective descriptive study analyzing the following variables: age, gender, psychiatric diagnosis according to ICD-10 criteria, psychiatric comorbidities, number of prior hospitalizations, Asenapine dose and add-on therapy. SPSS Program was used for the statistical analysis.

RESULTS

Data from 34 patients were analyzed. On average, the patients of the sample were aged 45.9 years (SD ± 13.5) and the age range most frequently observed was between 41-50 years (29.4%). There were 28 women (82.4%) and 6 men (17.6%). The mean dose of Asenapine was 15.9 mg/day (SD ± 6.2) with a range between 5-30 mg/day and being 10mg/day the dose most often prescribed at discharge (35.3%), followed by 20mg/day (29.4%). The mean of previous hospitalizations was 2.9 (SD ± 4) but almost half of the sample (47%) had had either none or one prior hospitalization. Regarding the add-on therapy, 85.3% of the sample was treated concomitantly with mood stabilizers whereas only 32.4% and 20.6% of the patients received a second antipsychotic o an antidepressant, respectively. The diagnostic features of the sample are described in Table 1.

Primary mental disorder:	
● Bipolar disorder I (type of episode):	
❍ Manic	8 (23.5%)
❍ Mixed	6 (17.6%)
❍ Depressive	6 (17.6%)
❍ Non-specific	3 (8.8%)
● Schizoaffective disorder	8 (23.5%)
● Others	3 (8.8%)
Psychiatric comorbidities	
● Yes	8 (23.5%)
● No	26 (76.5%)

Table 1: Diagnostic features of the sample (n = 34).

CONCLUSIONS

Patients of the sample were mainly middle aged women with less than 3 prior hospitalizations (70.6%). The average dose of Asenapine at discharge was lower than the maximum dose proposed by the FDA and the EMA. The majority used Asenapine as an adjunctive treatment to mood stabilizers. In only 4 cases (in 3 bipolar and 1 schizoaffective diagnosed patients) it was used in monotherapy. 32.3% of the sample had no bipolar disorder diagnosis and therefore Asenapine was used out off-label. Due to the size of the sample, no statistical inferences were made.
In a future study, it would be interesting to collect the reasons included in the discharge reports that motivated the choice of Asenapine, as well as those that led to the discontinuation of it in the inpatients in which it was started during admission.

REFERENCES

[1] Vieta, E., Montes, J.M., A Review of Asenapine in the Treatment of Bipolar Disorder. Clin Drug Investig. 2017. Oct 24. doi: 10.1007/s40261-017-0592-2
[2] Grande, I., Hidalgo-Mazzei, D., Nieto, E., Mur, M., Sàez, C., Forcada, I., Vieta, E. Asenapine prescribing patterns in the treatment of manic in- and outpatients: Results from the MANACOR study. Eur Psychiatry. 2015; 30(4): 528–34.
[3] Plosker, G.L., Deeks, E.D. Asenapine: A Review in Schizophrenia. CNS Drugs- 2016; 30 (7), 655–66.

Acknowledgments: No conflicts of interest were reported..