# Asenapine in older patients in two acute psychiatric hospitals in Barcelona

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## Introduction

Bipolar disorder (BD) in older adults has gained increasing attention due to the growing proportion of elderly individuals [1]. However, there are few treatment studies on late-life BD and the identification of agents that are well tolerated and effective in later BD seems to still be an unmet need. A novel treatment option for clinicians when treating older adults with BD is the atypical antipsychotic asenapine, which is rapidly acting, efficacious, and well tolerated and may be used either as monotherapy or adjunctive therapy to mood stabilizers (lithium or valproate) [2],[3]. It also presents several advantages over other antipsychotics, such as sublingual formulation, early efficacy and good metabolic tolerability [4].

## Aim

To describe the psychopharmacological treatment profile and clinical variables of a sample of patients treated with asenapine during a 2-year-period in two inpatient acute psychiatric units in Barcelona, particularly targeting those aged from 60 to 65 years and those older than 65 years.

As a secondary objective, we investigated a possible relationship between age and asenapine dose.

## Material and Methods

Bicentric, observational and descriptive study from January 2017 to December 2018 of a sample of 63 inpatients in two acute psychiatric hospitals in Barcelona.

The following variables were analyzed: age, sex, presence of axis I disorders, number of prior hospitalizations, prescription of psychopharmacological treatment and dose of asenapine.

All statistical procedures were carried out using IBM SPSS Statistics 23 (Armonk, NY: IBM Corp.) for Microsoft Office 2013.

## Results

All patients received asenapine as monotherapy or adjunctive therapy. On average, the mean age of the 63 patients was 45.1 ± 13.9 years. More than half of the sample were women (68.8%) and the majority had an axis I diagnosis of BD (72.1%). Eight patients were 60 or older, four of the patients aged 60-65 years (6.4%) and the remaining four were older than 65 (6.4%), and all were women. Table 1 shows the main clinical characteristics of the subgroup of patients 60 or older (n=8).

The mean dose of asenapine for patients 60 or older was 17.5mg/day. No statistically significant differences were found in the mean dose of asenapine between patients younger or older than 60 years (p>0.05).

| Variables | N (%) |
|---|---|
| **Ages** | |
| 60-65 years old | 4 (50%) |
| 65 years old | 4 (50%) |
| **Axis I diagnoses** | |
| BD I, manic episode | 4 (50%) |
| BD I, mixed episode | 1 (12.5%) |
| Schizoaffective disorder | 3 (37.5%) |
| **Prior hospitalizations** | |
| ≤ 5 | 1 (12.5%) |
| 6-10 | 3 (37.5%) |
| 11-15 | 2 (25%) |
| ≥ 16 | 2 (25%) |
| **Asenapine dose (mg)** | |
| 5 | None |
| 10 | 1 (12.5%) |
| 15 | 3 (37.5%) |
| 20 | 3 (37.5%) |
| 25 | 1 (12.5%) |
| **Adjunctive treatment with:** | |
| **Other antipsychotics** | |
| Yes | 4 (50%) |
| No | 4 (50%) |
| **Mood stabilizers** | |
| Yes | 7 (87.5%) |
| No | 1 (12.5%) |

**Table 1. Clinical characteristics of the subgroup of patients aged 60 or more. Percentages are shown with regard to this group. BD: Bipolar Disorder**

## Conclusions

In our sample, more than 10% of patients who received treatment with asenapine were older than 60 years, and most of them had history of multiple hospital admissions, identifying a group of patients with a severe disorder. The doses were similar to those used in previous investigations [4], [3] and we did not find differences in the mean doses according to age. In general, no dose adjustment appears to be necessary in older patients [5]. Another interesting fact is that all of the patients were women. However, we found no studies targeting sex differences regarding treatment and response to asenapine in older adults.

In conclusion, asenapine seems to be a valuable option for older adults which is already being frequently used in inpatient acute units. As there is growing interest in using atypical antipsychotics in this field [6], we believe that the findings in our study highlight the need for increasing knowledge on the treatment with asenapine in this subgroup of older adults.

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