

EVOLUTION OF ADDICTIVE COMORBIDITIES IN A GROUP OF PATIENTS DIAGNOSED WITH SCHIZOPHRENIA DURING ATYPICAL ANTIPSYCHOTIC TREATMENT

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Background: Drug-related disorders are observed in 30-50% of the patients diagnosed with schizophrenia and is therefore an important problem to be addressed in clinical practice. There are many reasons for the overlap between addictive disorders and schizophrenia: the tendency to alleviate antipsychotic-related side effects, the need to decrease anxiety or depression, to interfere with sensory gating deficits etc.

Objective: To assess the effects of atypical antipsychotic treatment in decreasing the drug of abuse consumption in a population of schizophrenia diagnosed patients.

Methods: A group of 23 patients, diagnosed with schizophrenia and a drug related disorder (dependence 52.1%, polysubstance dependence 17.4%, substance abuse 26%, other 4.5%), according to DSM IV TR criteria, were monitored for 6 months, while being treated with atypical antipsychotics (olanzapine 43.4%, risperidone 34.7%, aripiprazole 17.4%, amisulpride 4.5%), using Positive and Negative Syndrome Scale for Schizophrenia (PANSS), Clinical Global Impressions (CGI) and Inventory of Drug Taking Situations (IDTS) every 4 weeks.

Results: The evolution of IDTS scores were not parallel to the PANSS evaluations: while the psychotic symptoms decreased continuously during the 6 months of the study (-40.5% at week 12 and -67.5% at endpoint), the IDTS decreased initially (-33.2% at week 12) but increased slightly to the end of the study (-31.2% at endpoint). The CGI-I score has a decrease of 50.4% at week 12 and of 55.6% at week 24.

Conclusions: The evolution of drug related disorders during the atypical treatment of schizophrenia doesn't correlate with the severity of psychosis and necessitates a specific management.