Rational approaches to polypharmacy in the treatment of schizophrenia

S0099

Combination treatment with second generation antipsychotics other than clozapine

C. Schmidt-Kraepelin

Department Of Psychiatry And Psychotherapy, LVR-Clinic Düsseldorf - Medical Faculty Heinrich-Heine-University Düsseldorf, Düsseldorf, Germany
doi: 10.1192/j.eurpsy.2021.108

Background: Antipsychotic combination treatment without clozapine is common in the treatment of schizophrenia patients worldwide, despite clinical guidelines generally do not recommend such practice. This is potentially due to a high rate of non-response to monotherapies and a low-frequent adoption of Clozapine.
Aim: This presentation briefly summarizes rational combination strategies without second generation antipsychotics other than clozapine and presents new results of a multi-center randomized, double-blind controlled trial comparing monotherapy of oral amisulpride (400-800 mg/day), or olanzapine (10-20 mg/day) with amisulpride-olanzapine combination treatment.
Conclusions: Positive findings with small to medium effect sizes in favor of combination treatment with amisulpride and olanzapin have to be weight against a higher propensity to side effects since reduced sexual functions, weight gain and gain in waist circumference are higher in patients with combination treatment and olanzapine monotherapy than in patients with amisulpride monotherapy. Overall evidence in favor of combination treatment without clozapine is not strong when regarding its highly-frequent adoption in clinically practice. The strategy of combination treatment with amisulpride and olanzapine may be an alternative in certain clinical situations but should be carefully monitored and justified according to guideline recommendations for resistance to pharmacotherapy.
Comments: The adoption of clozapine should be considered, before other antipsychotic combination treatment is indicated in clinical non-response to various monotherapies. Other factors that may lead to non-response or therapy resistance such as non-adherence, substance-abuse or high metabolization have to be excluded, before such strategy is appropiate.

Disclosure: No significant relationships.
Keywords: Schizophrenia; Antipsychotics; Combination; Polypharmacy

S0098

Augmentation strategies for treatment-refractory clozapine patients

O. Freudenreich

Mgh Schizophrenia Clinical And Research Program, Massachusetts General Hospital, Boston, United States of America
doi: 10.1192/j.eurpsy.2021.109

Background: Clozapine can be a life-saving and course-altering treatment for patients with psychosis, particularly treatment-resistant schizophrenia. Unfortunately, clozapine monotherapy rarely leads to a full symptomatic remission.
Aims: This talk outlines key decision points in the use of clozapine: how to select patients for clozapine treatment and how to optimize clozapine's efficacy in patients with a poor response to an adequate clozapine monotherapy trial.
Conclusions: Clozapine's main indication is for treatment-resistant schizophrenia. Therapeutic drug monitoring (TDM) should be used to optimize clozapine dosing during a clozapine trial and to rule-out pseudo-resistance. Up to 50% of patients do not respond to clozapine monotherapy and augmentation strategies can be utilized in such cases. Pharmacological add-on treatments are selected based on the most prominent symptom cluster (refractory psychosis, negative symptoms, depression and suicidality, aggression). Electroconvulsive therapy is the most effective augmentation strategy for refractory psychosis and suicidality. Non-pharmacological interventions and a focus on quality of life become important considerations in clozapine non-responders.
Comments: Clozapine is an important and underutilized tool in the management of treatment-resistant schizophrenia. It should be offered timely, as soon as treatment-resistance becomes apparent. Clinicians can use personalized augmentation strategies as part of a comprehensive treatment plan in order to achieve improvements even in patients with a poor response to clozapine alone. However, polypharmacy should be used judiciously, keeping in mind medical morbidity and quality of life.

Disclosure: I have the following financial relationship with a commercial interest to disclose (recipient SELF; content area SCHIZOPHRENIA): Alkermes – Research grant (to institution), consultant honoraria (Advisory Board); Avanir – Research grant (to institution);
Keywords: treatment-resistant schizophrenia; Augmentation strategies; clozapine

S0099

Adjunctive antidepressive pharmacotherapy in schizophrenia patients

M. Zink

Department Of Psychiatry, Psychotherapy And Psychosomatics, District Hospital Mittelfranken Ansbach, Ansbach, Germany
doi: 10.1192/j.eurpsy.2021.110

Depressive symptoms during long-term course of schizophrenia constitute an important and frequent clinical problem. They may occur either as stand-alone major depressive episodes (MDEs) or as part of the schizophrenic negative syndrome. Teatment resistant schizophrenia due to affective deficits results in high subjective burden of disease and a marked subgroup of schizophrenia patients die from suicide. International treatment guidelines strongly suggest offering cognitive behavioural therapy to all patients with schizophrenia. Within pharmacological approaches evidence in favour of second generation antipsychotics exist. The application of mood stabilizers lacks evidence from clinical trials, but is often used in clinical practice. Several antidepressive agents have been administered to depressed patients with schizophrenia and were effective in alleviating both affective and negative symptoms. Treatment outcomes, however, were often limited by side effects and pharmacokinetic interactions, which constitutes the necessity of