EPV1024

Brexpiprazole augmentation in a clozapine-resistant young schizophrenic patient: a successful case report.

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Introduction: Although clozapine is considered the most effective drug for Treatment Resistant Schizophrenia (TRS), only 40% of patients treated will meet clinical response. Literature reviews and meta-analytic data offer no definite conclusions about the most effective clozapine augmentation strategies. Nevertheless, it has been suggested that the lack of evidence should not discourage clinicians from trying out new strategies in individual patients. Brexpiprazole is a novel 5-HT and DA modulator antipsychotic that exhibits partial agonism to D2/D3 and 5HT1A receptors, antagonism to 5HT2A and α-1B/2C receptors and represents a promising new drug in the pharmacotherapy of schizophrenia for both acute and maintenance treatment. In current literature there is no evidence of experiences in brexpiprazole augmentation for clozapine resistant patients.
Objectives: This case report describes a successful clinical experience of brexpiprazole augmentation in a complicated case of clozapine resistant paranoid schizophrenia with consistent negative symptoms, the clinical evolution and metabolic improvement consequent to this therapy combination.
Methods: In a 27 male TRS patient, sequentially treated with adequate doses of risperidone, cariprazine, aripiprazole and olanzapine monotherapy, prescribed for adequate time, clozapine treatment was started, with a gradual titration from 25 to 300 mg/day, without significant clinical response on both positive and negative symptoms. Successively was introduced fluoxetine, from 10 to 30 mg/day, with no relevant clinical improvement. After 2 months of pharmacological stabilization with clozapine and fluoxetine described dosages, brexpiprazole was introduced starting from 1 mg/day and rapidly increasing till 4 mg/day.
Results: After 6 weeks of treatment, PANSS positive and negative subscales showed a significant decrease, respectively from 28 to 17 and from 42 to 20, while general psychopathology subscale decreased from 66 to 34. Negative sub-items with major improvement were those regarding blunted affect, emotional withdrawal, poor rapport, and passive/apathetic social withdrawal. Brexpiprazole augmentation also allowed to slowly decrease (in 6 months) clozapine dose till actual 150 mg/day, with a significant improvement in general tolerability and a slow decline in metabolic parameters (BMI from 36.5 to 30.3; fasting glucose from 112 to 92 mg/dL; total cholesterol from 248 to 182 mg/dL; total triglycerides from 392 to 198 mg/dL).
Conclusions: In this case report brexpiprazole augmentation in a clozapine resistant young schizophrenic patient was an effective strategy with significant symptoms improvement, in particular in PANSS general psychopathology and PANSS negative subscales. The consequent clozapine dose reduction contribute to the slow decrease in metabolic parameters considered.

Disclosure of Interest: None Declared

EPV1025

Alternative initiations of three-monthly and six-monthly paliperidone palmitate in a psychiatric hospitalization unit. About two clinical cases.

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Introduction: Long acting injectable antipsychotics (LAIA) have been an important therapeutic advance. Due to poor adherence, in some patients the only way to ensure the continuity of outpatient care is to anticipate the use of a 3-monthly or 6-monthly LAIA. There is already experience of alternative initiations with 6-monthly and 3-monthly paliperidone palmitate with with an excellent tolerability and efficacy profile, following the same alternative initiation regimen used in these clinical cases.
Objectives: The aim of the present study is to describe the alternative initiations with 3-monthly paliperidone palmitate (PP3) and 6- monthly paliperidone palmitate (PP6) carried out at the brief hospitalization unit of psychiatry of Hospital Central de la Defensa Gómez Ulla, Centro Sanitario de Vida y de Esperanza
Methods: We report two clinical cases. With regard to two patients diagnosed with schizophrenia, with poor adherence to treatment previously prescribed with monthly LAIA, refusal to take oral medication and with serious behavioral changes due to psychotic relapses, the process of psychopathological stabilization is described with an alternative initiation of PP6 and PP3.
Results: Both patients had a diagnosis of schizophrenia, being men of 32 and 28 years of age admitted to the brief hospitalization unit of psychiatry, who presented important behavioral alterations due to sensory-perceptive alterations and the delusional ideas they presented. Initially, psychopathological stability was achieved, remission of all symptoms, with oral paliperidone 12 mg in both patients. Subsequently, the alternative initiation scheme was followed, consisting of administering on the same day (day 1) 150 mg of 1-monthly paliperidone palmitate (PP1) together with 1000 mg of 6-monthly paliperidone palmitate in one of the patients, and in the other patient, on the same day (day 1) 150 mg of 1-monthly paliperidone palmitate and 525 mg of 3-monthly paliperidone palmitate. Both patients maintained psychopathological stability, allowing early hospital discharge and no decompensation occurring during the following 6 months of follow-up.
Conclusions: There is an important group of patients with severe mental disorder that could benefit from an alternative initiation with 3/6-monthly paliperidone palmitate, rather than the standard initiation with monthly paliperidone palmitate. We present two patients who have greatly benefited from an alternative initiation, with the structure of PP1 150 mg + PP3 525 mg (both administered on day 1) and PP1 150 mg + PP6 1000 mg (both administered on day 1). The use of these alternative starts with PP3 and PP6 may be an important clinical tool for less adherent patients. More studies are needed to confirm these results.

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