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DIFFERENCES IN ANTIPSYCHOTIC COMBINATION (MONOTHERAPY VERSUS POLYTHERAPY) BETWEEN PATIENTS WITH SCHIZOPHRENIA AND PATIENTS WITH OTHER PSYCHOSES

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Introduction: Antipsychotic therapy is the cornerstone of the treatment of schizophrenia and other psychoses. Although clinical guidelines tend to recommend the use of antipsychotics in monotherapy, combination of two or more antipsychotics (that is, polytherapy) is a common habit in clinical practice.

Objectives: To assess differences in antipsychotic combination profile between patients with schizophrenia and patients with other psychoses.

Methods: A total of 241 patients (40.2% females, mean age 39.7+/-13.0 years) consecutively admitted during 2009 to a psychiatric inpatient ward with diagnosis of schizophrenia and other psychoses were assessed.

Results: 145 (60.2%) patients were diagnosed with schizophrenia while 96 patients (39.8%) were diagnosed with other psychoses (schizoaffective disorder n=35, delusional disorder n=8, schizophreniform disorder n=8, brief psychotic disorder n=13, psychotic disorder not otherwise specified n=27, and other psychoses n=5). Out of the total sample, polytherapy was used in 150 (62.2%) patients. A total of 100 (69.0%) patients with schizophrenia were on polytherapy, compared to 52.1% of those with other psychoses (p=0.008). After controlling for age and gender, the association between a diagnosis of schizophrenia and being in polytherapy remained significant (p=0.046).

Conclusions: Patients diagnosed with schizophrenia are more prone to be in polytherapy than those with other psychoses.