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SYMPTOMATIC REMISSION AMONGST ELDERLY SCHIZOPHRENIA PATIENTS TREATED WITH LONG-ACTING RISPERIDONE

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Background: In elderly schizophrenia patients remission is difficult to determine due to long disease duration, exposure to differing treatments, long-standing side-effects, non-adherence, cognitive decline and physical co-morbidity.

Methods: Retrospective chart review of elderly (60+ years) schizophrenia patients admitted to a university affiliated tertiary psychiatric center. Patients were experiencing an exacerbation at admission. Remission criteria were as defined by the APA´s "Remission in Schizophrenia Working Group". Clinical status and improvement were quantified using the Clinical Global Impression scale.

Results: During 2006 forty-eight elderly schizophrenia patients were admitted to our center. Of these, 25 patients were treated with long-acting risperidone (LAR), 18 women and 7 men, mean age 72 years (range: 62-81), mean disease duration 30.4 years (range:14-42) and mean number of previous hospitalizations 8.9 (range:1-21). Co-morbid physical illness was present in 12 patients (hypertension, diabetes, CHF and hypothyroidism). Of 25 patients treated with LAR, 19 (76%) continued uninterrupted treatment for 6 months or longer. In 6 patients treatment was discontinued due to insufficient response. All patient´s (N=25) clinical severity ratings with the CGI-S were in the range of 5 to 7 prior to treatment. Following 6 months of LAR treatment, mean dose 36.0 mg/2 weeks (range: 25-50), 18 patients were rated as “improved” or “very much improved” on the CGI-I scale. In 15/25 patients (60%) symptomatic remission was achieved.

Conclusions: LAR may be effective in achieving remission among elderly schizophrenia patients. Tolerability was high and adherence rates improved. The inherent bias in a retrospective analysis need temper our observations.

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