

Long Term Recovery Rates in Schizophrenia After Early Antipsychotic Dose Reduction

L. Wunderink¹, R. Nieboer², F. Nienhuis³, S. Sytema³, D. Wiersma³

¹Research and Education, FrieslandMHS/UMCG Groningen, Leeuwarden, Netherlands ; ²Research and Education, Friesland MHS, Leeuwarden, Netherlands ; ³Psychiatry, UMCG Groningen, Groningen, Netherlands

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Objective Comparing 7-year outcome of early antipsychotic dose-reduction/discontinuation (DR) with maintenance treatment (MT) on remission, relapse and recovery in remitted first episode psychosis (FEP).

Method FEP patients (N=128) symptomatically remitted for 6m during their first treatment year who completed an 18 months trial comparing MT and DR were followed-up at 7 years. Symptomatic remission criteria were adopted from Andreasen et al., functional remission criteria were based on a functioning scale. Recovery was defined as meeting both criteria sets. MT or DR strategy, and baseline parameters were entered in a logistic regression analysis with symptom and functional remission and recovery at 7-years follow-up as dependent variables.

Results 103 patients consented to participate. DR-patients showed twice the recovery-rate of MT-patients (40% against 18%), odds ratio 3.5 ($P=.014$). Symptomatic remission-rates were equal (69% and 67%). Better DR recovery-rates were attributable to higher functional remission-rates (46% vs. 20%) in DR. Predictors of recovery were DR, baseline living together and less severe negative symptoms. During the last 2 years of follow-up the mean daily dose in haloperidol equivalents was 2.20mg in DR vs. 3.60mg in MT ($P=.031$).

Relapse-rates were initially higher in DR but leveled at 3 years; 61.5% relapsed in DR and 68.6% in MT in 7 years.

Conclusion DR of antipsychotics during early stages of remitted FEP significantly improved 7-years outcome in terms of recovery and functional remission compared to maintenance treatment. Though initially relapse-rates in DR were higher, these equaled those in MT from 3 years to the end of the study.