P0292

Identifying patients for treatment with long-acting injectable antipsychotics

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In clinical practice, it is not always clear which patients will benefit from which antipsychotic. As with other antipsychotics, risperidone long-acting injection (RLAI) has been shown to be effective and well-tolerated in clinical trials. This study examines reasons for discontinuation with RLAI and therefore may help to identify suitable patients in the future to improve treatment success.

Fifteen patients with schizophrenia or schizoaffective disorder were prescribed RLAI with a mean age of 42.7 years. The primary reason for initiating RLAI was non-compliance with previous treatment (n=14). At the time of the audit, 40% of patients (n=6) were continuing treatment. Of the patients who discontinued, five were switched to clozapine for treatment resistance after an average trial of at 11 months with RLAI. (RLAI is not licensed for treatment resistance.) The other four patients who discontinued did not like receiving injections after an average trial of four months.

The patients who continued treatment with RLAI have experienced improvements with a 38.6% decrease in CGI scores (5.7 at baseline to 3.5 at endpoint, n=6). The mean duration of treatment was 15.7 months.

Although retention rates are relatively low in this audit, there are clear reasons for discontinuation. Several patients did not like receiving injections and received only a short trial. Five patients were switched to clozapine from RLAI because of treatment resistance. The rationale for prescribing RLAI prior to clozapine is to eliminate non-compliance with oral medication. Patients who continued on RLAI long-term had good outcomes and RLAI was generally well tolerated.

P0293

Subjective attitude to risperidone long-acting injectable (RLAI): Results from a long-term Italian study in subjects with schizophrenia or schizoaffective disorder

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Introduction: Drug Attitude Inventory1 (DAI-30) is a valid and reliable tool, recently and largely used in clinical trials to investigate the patients' opinion towards therapy2. The questionnaire, covering two different constructs, attitude towards medication (AM) and subjective response (SR) has been used to get a valid measurement of attitude towards RLAI.

Methods: DAI-30 was administered to 347 subjects with schizophrenia or schizoaffective disorder treated for 52 weeks with RLAI, at baseline and at any protocol visit (month 1 and every 3 months). Clinical assessment by Positive and Negative Syndrome Scale (PANSS) and Global Assessment Scale (GAF) was also performed.

Results: The DAI-30 total score significantly improved from 3rd month after RLAI therapy, with a trend towards improvement for both the constructs (AM and SR). Delta DAI-30 (52nd week — baseline total score) significantly correlated either with Delta PANSS positive scores and Delta GAF score (Pearson r 0.28 and 0.35 respectively, p<0.01). In a regression model, Delta DAI-30 is a predictive factor

for the remission (17% of the explained variance, p<0.001) according to the Andreasen et al. criteria3.

Conclusion: A one year treatment with RLAI shows symptom and global functioning improvements with a positive attitude for the established and accepted antipsychotic therapy influencing the remission.

1Hogan TP et al. Psychological Med 1983, 13:177-183.

2Rossi A et al. Epidemiologia e Psichiatria Sociale 2001, 10: 107-113

3Andreasen N et al. Am J Psychiatry 2005, 162: 441-9

P0294

Remission in schizophrenia: 1 year Italian study with risperidone long-acting injectable (RLAI) in subjects with schizophrenia or schizoaffective disorder

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Introduction: Actual treatment outcomes are directed towards preventing relapses, instead of new perspective of functional recovery feasible with the achievement of a prolonged remission which is defined, according to Andreasen1, in severity criteria: PANSS items (P1, P2, P3, G5, G9, N1, N4, N6) scores <3 and duration criteria (maintenance of score for at least 26 weeks) here applied to 243 subjects with schizophrenia or schizoaffective disorder treated for 1 year with RLAI.

Results: Although subjects were stable, only 14% of them met the PANSS severity criterion for remission at baseline with an increase to 45% after 1 year. 63% of subjects who were in remission at baseline maintained the criterion at the end of the study, while the 26% of subjects not in remission at baseline reached the criterion after 1 year. In addition, 32% of subjects met both severity and duration criteria for remission at 12 months. The decrease in PANSS total score from baseline (88.4+22.0) to 12 months (69.6+22.9; p<0.001) is associated to the remission (Chi Square test, p<0.001). At baseline, the difference in CGI-S and GAF scores between remitted subjects and non remitted is significant (p<0.001). In remitted subjects, the improvement in PANSS cognitive factor is higher (p<0.001) than that observed in non remitted subjects.

Conclusions: This study shows that RLAI treatment up to 1 year warrants efficacy maintenance with a significant and sustained symptom improvement, enabling the subjects to achieve and maintain the remission criteria for schizophrenia.

1Andreasen et al. Am J Psychiatry 2005, 162: 441-9

P0295

Clinical maintenance response with risperidone long-acting injectable (rlai) in subjects with schizophrenia or schizoaffective disorder: A 52 weeks Italian study

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Introduction: Long term antipsychotic therapy is recognized as being important for preventing relapses and improving outcomes in patients with schizophrenia. In this respect the treatment with RLAI has