

PW01-178 - EFFECTIVENESS, TOLERABILITY AND COMPLIANCE OF SCHIZOPHRENIC PATIENTS UNDER TREATMENT WITH ORAL ATYPICAL ANTIPSYCHOTICS OR LONG-ACTING INJECTABLE RISPERIDONE IN DAILY ROUTINE

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Introduction: This study assessed treatment compliance, effectiveness, tolerability and safety of oral second generation antipsychotics (oSGA) versus long-acting injectable risperidone (RLAI).

Methods: Non-interventional, 24-month study (RIS-SCH-4057) in schizophrenic patients (ICD-10 F20.x; CGI \leq 5) with monotherapy of oSGA (amisulpride, aripiprazole, olanzapine, quetiapine, ziprasidone, or risperidone) or RLAI.

Results: Interim analysis after 12 months including 300 RLAI and 159 oSGA patients (ITT; m/f 48%/52%; age 42.1 \pm 11.5 years; mean disease duration 8.8 \pm 8.1 years). PANSS, CGI-C and SWN-K significantly improved in both groups ($p < 0.001$; no between-group differences). Compliance to study medication was 75-100% in >70% of both groups. In RLAI vs. oSGA patients retention rates were higher (54.0% vs. 43.3%; $p=0.0542$), retention time was 277 \pm 11 vs. 254 \pm 13 days ($p=0.0995$), relapse rate/patient/year was 0.15 vs. 0.21 and time to first relapse was 309 \pm 7 vs. 290 \pm 10 days ($p=0.0485$). Adverse events (AEs) were reported in 69.0% RLAI vs. 76.1% oSGA patients, serious AEs in 19.7% vs. 19.5%. One RLAI patient died with no causal relationship to study medication. Most common AEs at least possibly related to the study medication in RLAI vs. oSGA patients were fatigue (12.7% vs. 16.4%), disturbance in attention (12.7% vs. 13.8%), dry mouth (13.0% vs. 13.2%), weight increase (11.0% vs. 10.1%), and EPS (3.0% vs. 2.5%). 6.0% RLAI and 6.9% oSGA patients had serious AEs at least possibly related to the study medication.

Conclusions: The trend of these data towards lower relapse rates and longer retention with RLAI vs. oSGA indicates that RLAI therapy may help patients effectively to achieve better long-term outcomes.