P-1210 - COMPARATIVE STUDY OF THE EFFECTIVENESS OF LONG ACTING INJECTABLE RISPERIDONE IN FRONT OF ORAL ANTIPSYCHOTICS IN EARLY ONSET SCHIZOPHRENIA

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Introduction: Long-acting injectable antipsychotics in early-onset schizophrenia improve treatment adherence, and this may lead to decreased rates of hospital admission, better rates of clinical remission and better psychosocial adjustment.

Objectives: To compare clinical remission rates, number of hospital readmissions and personal and social functioning after two years between patients with early-onset schizophrenia (EOS;≤ 2 years), either in treatment with long-acting injectable risperidone (LAIR) or oral antipsychotics (OA).

Methods: This is a case-control study comparing patients with EOS who initiated LAIR between 2004-2008 (n=26 cases) with a control group with EOS matched for age and sex (n=26 controls) treated with OA. The PANSS was administered at baseline; after two years the PANSS, the Personal and Social Functioning Scale (PSP) and the Andreasen remission criteria were administered.

Results: The PANSS score comparison at baseline showed no significant differences between LAIR and OA groups (79.9 vs. 88.5, respectively; CI 95%: -21.6, 4.3; p=0.185). There were statistical significant differences after two years of treatment in the PANSS scores (47.7 vs. 66.2, respectively; CI 95%: -27.2, -9.8; p< 0.001), the PSP scores (72.4 vs. 59.7, respectively; CI 95%: 4.9, 20.7; p=0.002) and the clinical remission rates (65.4% vs. 38.5, respectively; p=0.05). Although no statistically significant, there were differences between hospital readmission rates (19,5% vs. 42.3%, respectively).

Conclusions: Despite case-control studies limitations, data suggest that treatment with LAIR instead of OA in EOS might improve clinical, remission and social functioning rates. This improved effectiveness might be due to a greater treatment adherence achieved with LAIR.