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NON-ADHERENCE TO ORAL ANTIPSYCHOTICS IN SCHIZOPHRENIA: RELAPSE AND THERAPEUTIC STRATEGIES IN A 12-MONTH OBSERVATIONAL STUDY

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Introduction: Non-adherence influences schizophrenia prognosis.

Objectives: To describe the clinical profiles, modifications of the therapeutic strategies and relapse rate of patients with schizophrenia who are at risk of non-adherence to oral antipsychotic (AP) medication.

Methods: A cohort of 597 outpatients whose therapy was modified because of risk of non-adherence to oral AP was followed during 12 months. Authors used Cox regression to analyse the time to relapse.

Results: Patients' mean (SD) age was 40.1 (11.1) and time since diagnosis was 15.2 (10.0) years; 64% were males. The clinical condition was at least moderate in most patients (CGI-S score ≥ 4 in 87%). Baseline AP medication was modified in 506 (85%) patients and non-pharmacological therapies in 190 (32%). In both cases, the main reason for modifications was insufficient efficacy. Concomitant medications were modified in 15%. The proportion of patients in AP monotherapy decreased in favour of polytherapy, and 15% started depot formulations.

During 12 months, 90 patients (15%) relapsed. Among relapsing patients, the proportion on monotherapy decreased to 42%, and the depot prescriptions rose to 28%. The risk of relapse was greater among patients with substance use disorder or familial psychiatric antecedents and lower in patients with poor attitude to AP medication or undergoing modifications of their non-pharmacological therapy at baseline.

Conclusions: Non-adherence management was focused on improving efficacy and consisted mainly of modifications of oral AP medication. The recognition and treatment, not necessarily pharmacological, of patients with a poor attitude to medication at baseline might explain their lower risk of relapse.