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REMISSION IN SCHIZOPHRENIA: A NATIONAL SURVEY OF CLINICAL AND PSYCHOSOCIAL ASPECTS

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Background: Clinical and psychosocial remission amongst schizophrenia patients is nowadays a defined goal of treatment. This necessitates incorporating quantifiable psychosocial variables with traditional symptomatic data as both influence remission.

Objective: To assess psychosocial remission in schizophrenia (using the PSRS) along with the quantification of symptomatic remission in a large cohort of community dwelling schizophrenia patients.

Method: Psychiatrists, nurses and social workers endorsed the PSRS and the American Psychiatric Association symptomatic remission criteria (APA-SR) for schizophrenia patients they have been treating for 6 months or more. Data as to gender, age and pharmacological treatment of each patient were also collected.

Results: Of 445 participants who completed the survey, 268 (60%) were psychiatrists, 161 (36%) nurses and 16 (4%) social workers. Patients mean age was 43.4 ± 13.1 years; 61% were men and 39% were women. Antipsychotic treatments were as follows: Per-os (PO) 243 (55%), IM long-acting typical antipsychotics (LAT) 102 (23%) and IM long-acting risperidone (Consta) 100 (22%). Overall, 37% of patients achieved symptomatic remission and 31% achieved psychosocial remission. Rates of symptomatic remission were significantly higher in patients treated by LAT and Consta compared with PO (51% and 48% vs., 29% respectively, $p=0.0003$). Rates of psychosocial remission were also significantly higher in patients treated by LAT and Consta compared with PO (43% and 41% vs., 24% respectively, $p=0.003$).

Conclusion: About a third of schizophrenia patients in Israel were in remission. IM long acting preparations were associated with higher remission rates. Treatment choice may thus influence rates of remission.