

IMPORTANCE OF THE LONG-ACTING INJECTABLE NEUROLEPTICS IN THE EVOLUTIVE COURSE OF SCHIZOPHRENIA: CLINICAL AND NEUROCOGNITIVE ASSESSMENT

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Introduction: In spite that the patients with long-acting neuroleptics(LAN)can drop out and have relapses,its use allows a more long-lasting time and more stable plasmatic concentrations that supply clinical and neurocognitive advantages.

Objective: To analyze the symptomatology and neurocognitive differences(P300)among the patients that relapse after withdrawing from the previous treatment with oral antipsychotic as regards those treated with LAN.

Material and methods: 34 schizophrenic patients with a history of at least one admission in a acute adult psychiatric ward.All the patients have been assessed with the Positive and Negative Syndrome Scale(PANSS)and with potential auditory evocations(wave P300).

Results:

Clinical profile: 73.5% suffers from paranoid schizophrenia.Only 32.4% shows antipsychotic monotherapy;the 61.8% have been prescribed with long-acting Risperidone.

PANSS: The patients who had at least two admissions and who in the previous admission received long-acting Risperidone,showed a PANSS-N punctuation lower than the rest of the patients(21.64±4.6 vs. 25.4±3.2)at the end of the last admission(p=0.037).The same takes place with PANSS-PG at the end of the last admission(30.71 ± 3.8 vs. 3.61 ± 5.89(p=0.012).

P300: The latency measures of P300 are lower in those patients who in the previous admission received a long-acting Risperidone treatment(average of 314±34.65msec vs. 344.67±24.67msec),being the differences statistically relevant(p=0.012).The ranges are higher in the patients treated with long-acting Risperidone in the previous admission(average 5.3 ± 2.44vs.5±2.64 μV),though the differences are not statistically relevant.

Conclusions: At the end of the last admission,the patients who in the previous admission received long-acting Risperidone,showed a PANSS-N,a PANSS-PG and a latency of P300 lower than the rest of the patients but the range of P300 was higher.