

P-1223 - SCHIZOPHRENIA: SWITCHING FROM ANY ORAL ANTYPYCHOTICS TO RLAI, A GOOD SOLUTION TO AVOID RELAPSES

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Introduction: The long term treatment of schizophrenia must fulfill some medical and functional needs, like: good tolerability for a long time administration, maintaining and improving the patient's psychiatric condition obtained previously and keeping at good levels overall patient's functionality.

Objectives: Most atypical antipsychotics are effective in the acute phase of schizophrenia, but on long term, the compliance of the patient could get worse due to big amount of tablets, side effects, stigma, diminished ability to think or concentrate, sedation, increase of BMI or prolactin.

Aims: To improve patients' compliance by switching from oral treatment to RLAI (Risperidone Long Acting Injection) and keep them away from relapses.

Methods: We evaluated 2 patients: first, 26 years, stabilized with risperidone tablets, 8mg/day; second, 29 years, treated with amisulpride 800mg/day, both having previously relapses after refusing to take their tablets. We switched them on a treatment with RLAI 50mg/i.m., twice a month. Evaluations were made weekly during the 6 weeks of stabilization period and a follow-up for a period of 6 months. The well-being of the patient was evaluated by using the following scales: PANSS, CGI-S, CGI-I, the patients' satisfaction with PSMQ questionnaire and activity with WPAI-GH.

Results:

- 1) There was none relapse for both patients.
- 2) We did not use any corrective co-medication.
- 3) The patients' satisfaction was greater and the functionality was better, due to a good compliance and fewer side-effects.

Conclusions: Switching from another antipsychotic to RLAI is a good solution to improve the patients compliance, functionality and quality of life overall.