Objective: To compare the risk of rehospitalization and discontinuation of initial treatment between different antipsychotics after first hospital episode of schizophrenia.

Methods: A register-based case-control linkage study utilizing data on hospitalizations, mortality, and antipsychotic prescriptions in a cohort of 5588 patients hospitalized for the first time due to schizophrenia in Finland between 2000 and 2007. Adjusted hazard ratios with 95% confidence intervals (CI) were calculated.

Results: About 58% of patients collected a prescription for an antipsychotic within 30 days after discharge from hospital and 46% continued their initial treatment for at least 30 days. Among oral antipsychotic clozapine and risperidone were associated with more favourable outcomes. Depot injections were associated with a 59% (95% CI 39-87%) lower risk for rehospitalization than oral antipsychotics. Use of any antipsychotic vs. no antipsychotic was associated with a 55% (95% CI 33-69%) lower mortality.

Conclusions: Adherence to the antipsychotic treatment after hospitalization is low. Use of depot antipsychotics was associated with a significantly lower risk of treatment discontinuation and rehospitalization than use of oral formulations of the same compounds. Use of any antipsychotic was associated with lower mortality.

Key words: register-based study, schizophrenia, antipsychotics, delayed action preparations, effectiveness.

RATIONAL

Schizophrenia is a chronic, severe and disabling mental disorder. The disorder is characterized by a variety of clinical manifestations, including symptoms that are both positive and negative, reduced social function and community participation, and cognitive impairment. Medication adherence rates are low in schizophrenia, as they are in many chronic medical conditions. Currently there is a dearth of long-term data comparing the use and effectiveness of depot and oral antipsychotics after first episode psychosis.

AIM OF THE STUDY

1) To evaluate the discontinuation of the initial antipsychotic treatment after the first hospital episode of schizophrenia, and 2) the risk of rehospitalization due to schizophrenia between different antipsychotics after the first hospital episode of schizophrenia.

METHODS

The study was conducted as a register-based case linkage study utilizing data on hospitalization, mortality and antipsychotic prescriptions. Hazard ratios (HR) with 95% confidence intervals (CI) were calculated adjusting for the effects of sociodemographic and clinical variables, the temporal sequence of the antipsychotics used, and the choice of the initial antipsychotic.

The primary outcome measures were:

1) all-cause discontinuation of the initial antipsychotic medication; 2) rehospitalization due to schizophrenia, and 3) death from any cause.

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REHOSPITALIZATION RISK AND DISCONTINUATION OF INITIAL ANTIPSYCHOTIC TREATMENT AFTER FIRST HOSPITAL EPISODE OF SCHIZOPHRENIA

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ABSTRACT

The primary outcome measures were:

1) To evaluate the discontinuation of the initial antipsychotic treatment at all.

2) Rehospitalization due to schizophrenia, and

3) Mortality.

Results:

The observed higher discontinuation rates in our study in a real-world setting compared to observational studies are the only way to investigate treatment discontinuation and rehospitalization.

Conclusions:

The findings are not attributable to selection bias since nonadherent patients cannot be forced to participate in randomized trials, observational studies are the only way to investigate this issue.

Oral olanzapine and clozapine were associated with more favorable outcomes regarding all-cause treatment discontinuation and rehospitalization, similarly as in the CATE and EUEFS studies [2-4].

The study was conducted as a register-based case linkage study utilizing data on hospitalization, mortality and antipsychotic prescriptions. Hazard ratios (HR) with 95% confidence intervals (CI) were calculated adjusting for the effects of sociodemographic and clinical variables, the temporal sequence of the antipsychotics used, and the choice of the initial antipsychotic.

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