

Risk and Protective Factors for Relapse in Outpatients with Schizophrenia.

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We aim to determine risk and protective factors influencing relapse incidence in outpatient with schizophrenia.

A longitudinal, observational study was done with outpatients with schizophrenia (F20) or schizoaffective disorder (F25)(DMS-IV and ICD-10), without hospitalization during the previous 6 months. The patients were consecutively included into the study to received oral (O-A) or long-acting injectable (depot-A) antipsychotics. Clinical stage evolution, compliance, efficacy and safety assessments (including PANSS, CGI-SSI, hospitalization rates, and adverse events) were recorded before and after 6 and 12 months of treatment.

Results: 60 outpatients (aged 34.5±8.9, male 73%), 75% schizophrenia and 25% schizoaffective disorder diagnosis, 68.3% fewer than 15 years of schizophrenia evolution, 76.7% fewer than 5 times previous hospitalizations were treated with O-A (41.7%) or depot-A (58.3%) antipsychotics for at least one year. Depot-A treated patients showed a significant higher compliance compared to O-A patients during the all following time, lower PANSS (total, positive and negative) scores and CGI-SSI score ($p<0.01$), and a delayed relapse incidence and re-hospitalization to more than 1 year in the 48% of patients (relapse % depot/% oral) after 6 months 22.9%/52.0%, and after 12 months 48.6%/4.0%.

Conclusion: There were protective factors which delayed relapse incidence in schizophrenia: Use of sustained-release preparations, family support. There were risk factors for occurrence of relapse in schizophrenia: cocaine, heroin and alcohol consumption, absence of family support, greater severity of patients assessed through CGI-SI, male sex, age older than 25 years and long-term evolution of the disorder. Cannabis use did not affect the incidence of relapse.