

A MULTICENTRIC, RETROSPECTIVE DATA COLLECTION FROM PATIENTS DIAGNOSED WITH SCHIZOPHRENIA SWITCHED TO SOLIAN® IN ROMANIAN PRACTICE- SWITCH STUDY

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Objective: The primary objective was to assess the reasons for antipsychotics switch to amisulpride and to evaluate the outcome at 6±1 months following the switch from any antipsychotic drug(s) to amisulpride (Solian®).

Methods: This is an open, non-randomized, multicentric, retrospective, non-interventional study that included 1165 subjects who were already stabilized on amisulpride for at least 6±1 months. These patients were previously switched from other antipsychotic to Solian®. Data were collected retrospectively on the patients' status 6±1 months ago and their present status.

Results: Reasons for switching previous antipsychotic treatment: inadequate control of symptoms in 79.3% of the patients, relapse of the disease under treatment 54.5%, adverse reactions 61.9%, reduced compliance 49.1%, comorbidities 7.7%, patients request 28%, family request 24.5%, high cost 1.8%. Reasons for choosing Solian®: quality of life improvement 20.3%, cognitive function preservation 18.7%, better efficacy on positive symptoms 18.7%, better efficacy on negative symptoms 15.1%, low risk of extrapyramidal symptoms 12.3%, reduced weight gain 9.8%, minimal interactions with other drugs 4.2%. The compliance was significantly improved (61%), moderately improved (16%), unchanged (7.6%). Adverse reactions were significantly improved (53.5%), moderately improved (18.5%), unchanged (8.9%), minimum worsening (0.2%), medium worsening (0.1%). The efficacy was significantly improved (69.8%), moderately improved (19.2%), unchanged (2.2%), minimum worsening (0.1%).

Conclusions: The main reasons for antipsychotic switch were the inadequate control of symptoms, relapse of the disease under treatment and adverse reactions. Psychiatrists' evaluation of the switch outcome at 6±1 months following the switch underlined significant improvement of compliance, adverse reactions and treatment efficacy.