FUNCTIONAL OUTCOMES WITH ONCE-MONTHLY PALIPERIDONE PALMITATE IN ACUTE AND IN NON-ACUTE PATIENTS WITH SCHIZOPHRENIA PREVIOUSLY UNSUCCESSFULLY TREATED WITH ORAL ANTIPSYCHOTICS

L. Hargarter[1], P. Bergmans[2], P. Cherubin[3], A. Bjˆrner[4], R. Knegtering[5], E. Parellada[6], B. Carpiniello[7], P. Vidailhet[8], C. Mertens[9], A. Schreiner[1]

[1]EMEA MAF, Janssen-Cilag GmbH, Neuss, Germany ; [2]Biostatistics & Programming, Janssen Cilag Benelux, Tilburg, Netherlands ; [3]EMEA MAF, Janssen Cilag France, Issy-les-Moulineaux, France ; [4]Psychiatry, Psykosmottagningen, Mölndal, Sweden ; [5]Psychiatry, University Medical Center of Groningen, Groningen, Netherlands ; [6]Psychiatry, Hospital Clinic de Barcelona, Barcelona, Spain ; [7]Psychiatry, Clininca Psichiatrica Università di Cagliari, Cagliari, Italy ; [8]Psychiatry, Centre Hospitalier Régional Universitaire Strasbourg, Strasbourg, France ; [9]Psychiatry, Neuro-Psychiatrische Kliniek St-Camillu, Sint Denijs Westrem, Belgium

INTRODUCTION: Effective antipsychotic treatment of schizophrenia should, beyond symptom control, translate into meaningful functional improvements. This study explored functional outcomes in patients with schizophrenia switched from previous unsuccessful treatment with oral antipsychotics to flexible doses of paliperidone palmitate (PP).

METHODS: Two groups of acute (N=212) and non-acute (N=593) patients from an international prospective open-label 6-month study. Outcomes were change in Positive and Negative Syndrome Scale (PANSS) total score, Personal and Psychosocial Performance scale (PSP) and Mini International Classification of Functionality, Disability and Health Rating for Activity and Participation Disorders in Psychological Illnesses (Mini-ICF-APP).

RESULTS: Both groups significantly improved from baseline to endpoint in mean PANSS total score from 98.5±20.1 to 67.4±24.0 (mean change -31.0±29.0) in acute and from 71.5±14.6 to 59.7±18.1 (mean change -11.7±15.9) in non-acute patients (all p<0.0001). Patient functioning in PSP total score increased from 43.9±15.0 at baseline to 62.9±17.1 at endpoint (mean change 19.0±18.7; 95% confidence interval [CI] 16.4;21.6) in the acute and from 58.1±13.4 at baseline to 66.1±15.7 at endpoint (mean change 8.0±14.0; 95%CI 6.8;9.1) in the non-acute group (both groups p<0.0001). Illness-related disabilities of activity and participation within groups improved significantly in Mini-ICF-APP global score decreasing from 26.8±8.5 to 18.5±9.8 (mean change -8.0±10.4; 95%CI -9.5;-6.5) in acute and from 19.8±7.9 to 15.9±8.8 (mean change: -4.0±7.5; 95%CI -4.6;-3.3) from baseline to endpoint in non-acute patients (both groups p<0.0001).

CONCLUSIONS: Symptom reduction in acute and non-acute patients with schizophrenia treated with PP after previous unsuccessful treatment with oral antipsychotics was associated with clinically meaningful functional improvements.