Evaluation of Concurrent Medications Pre- and Post Initiation of Long-Acting Injectable Antipsychotic Therapy

Lindsay Pokallus PharmD  
Lehigh Valley Health Network, Lindsay.Pokallus@lvhn.org

Laurence Karper MD  
Lehigh Valley Health Network, Laurence.Karper@lvhn.org

Jessica Price PharmD, BCPS  
Lehigh Valley Health Network, Jessica_B.Price@lvhn.org

Follow this and additional works at: http://scholarlyworks.lvhn.org/pharmacy

Part of the Medical Specialties Commons, Mental and Social Health Commons, Pharmacy and Pharmaceutical Sciences Commons, and the Psychiatry and Psychology Commons

Published In/Presented At
Presented at: The Buxmont Meeting, Conshohocken, PA. (April 2011)  
Presented at: The Eastern States Residency Conference, Hershey, PA. (May 2011)

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.
EVALUATION OF CONCURRENT MEDICATIONS PRE- AND POST INITIATION OF LONG-ACTING INJECTABLE ANTIPSYCHOTIC THERAPY

Lindsay Pokallus, PharmD; Laurence Karper, MD; Jessica Price, PharmD, BCPS • LEHIGH VALLEY HEALTH NETWORK • ALLENTOWN AND BETHLEHEM, PA

PURPOSE
Retrospectively evaluate concurrent psychotropic medications in schizophrenic patients prior to- and during long-acting injectable (LAI) antipsychotic therapy

BACKGROUND
- Approximately one percent (1%) of the adult population (2.4 million) has schizophrenia¹
- Schizophrenic patients oftentimes have multiple comorbid mental and substance-abuse issues, and other health-related comorbidities²
- Medication compliance is of immense importance in these patients³,⁴,⁵
  – Non-adherence or partial medication compliance occurs in >50% of schizophrenic patients⁶
- Primary goals of therapy: minimize or eliminate the symptoms of schizophrenia, maximize the patients’ quality of life and social functioning, maintain a level of mental stability⁷
- Meta-analysis reviewed 613 outpatient ‘mirror-image’ studies⁸
  – Assessed evidence of efficacy for oral versus LAI antipsychotic medications⁹
  – Hospitalization days for patients taking LAI antipsychotic medications versus oral preparations: 17,860 versus 75,492 days⁴
  – Relapse rates for patients using LAI antipsychotics compared to oral preparations: 30% versus 47.1% patients, statistically significant⁹

STUDY DESIGN
- Retrospective chart review

Inclusion criteria:
- Patients prescribed LAI antipsychotic (fluphenazine decanoate, haloperidol decanoate, paliperidone palmitate, and long-acting risperidone) for a minimum period of 180 days for schizophrenia
- Patients who received LAI antipsychotic between January 2004 and July 2010
- Primary outcome of the study will be the number of concurrent psychotropic medications prior to- and during LAI antipsychotic therapy
- The secondary outcome will be patient relapse rates prior to LAI antipsychotic therapy, and during LAI antipsychotic treatment

METHODOLOGY
- Chart review evaluating number of concurrent psychotropic medications and relapse rates prior to- and during LAI antipsychotic treatment
  – Number of concurrent psychotropic medications will be tallied for 180 days prior to- and 180 days during LAI antipsychotic treatment
  – Relapse rate will be examined, as indicated by number of emergency room visits, hospitalizations and admissions for a schizophrenic episode
  – Psychotropic medications: any medication used to treat symptoms of a mental disorder, including schizophrenia, depression, bipolar disorder, anxiety disorders, and attention deficit/hyperactivity disorder (ADHD)
- Other patient data to be collected includes:
  – Age, gender, weight, renal function
  – Patient comorbidities, age and date of schizophrenia diagnosis, previously documented failed medications
  – Dates and durations of admissions for schizophrenia exacerbations
  – Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) information for diagnosis, Positive and Negative Syndrome Scale (PANSS) symptoms
  – Factors that may have contributed to acute episodes or mental/mood status changes (including acute illness, trauma, illicit drug use)
- Following data collection, the number of concurrent psychotropic medications and relapse rates will be compared

REFERENCES