



Schizophrenia Relapse Reduction Program



Medication Options for People With Schizophrenia

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Prevention of future relapse is a crucial goal of long-term therapy in schizophrenia.⁴

Medication Options for People With Schizophrenia

The Need for Treatment

Schizophrenia is a chronic, relapsing, and disabling disorder characterized by symptoms such as hallucinations and delusions, disorganized thinking, affective flattening, apathy, and social withdrawal.¹ The 1-year prevalence rate for adults is approximately 1.1% in the United States (includes both treated and untreated patients with schizophrenia) or 2.6 million adults.^{2,3}

Relapse in schizophrenia can be defined as worsening of symptoms or rehospitalization.^{5,6} The risk of relapse is high; the 1-year relapse rate is as high as 40–50%, and the 5-year relapse rate is as high as 80%.^{5,6} Following each relapse, patients may not return to previous levels of functioning.⁷ Prevention of future relapse is a crucial goal of long-term therapy, along with reducing the severity of residual symptoms and minimizing side effects of prescribed medications.⁴ If the patient has improved with a particular medication regimen, continuation of that regimen and monitoring are recommended for at least 6 months.⁴

Guidelines for Treatment

Treatment of schizophrenia can be complicated, with guidelines providing pharmacologic recommendations as well as psychological and social intervention options. Psychologic and/or social interventions are complementary treatment options to pharmacotherapy and typically involve family interventions, supported employment, assertive community treatment, social skills training, and cognitive behaviorally oriented psychotherapy.⁴

Medication is an important part of the treatment for schizophrenia. Schizophrenia treatment guidelines recommend indefinite maintenance antipsychotic medication for patients who have had multiple prior episodes or 2 episodes within 5 years.⁴ While many patients prefer oral medications, patients with recurrent relapses related to low adherence are candidates for a long-acting injectable (LAI) antipsychotic medication, as are patients who prefer this mode of administration.⁴



Psychopharmacologic Treatment

The basis of treatment for a patient with schizophrenia is antipsychotic medication. Treatment goals should focus on eliminating symptoms, maximizing quality of life and functioning, and maintaining recovery, though no current combination of pharmacologic and psychopharmacologic treatment achieves all of these objectives.⁴ Antipsychotic medications are categorized as either typical antipsychotics or atypical antipsychotics.

- Generally, typical antipsychotics (first-generation antipsychotics) are effective at reducing both positive and negative symptoms associated with schizophrenia.⁴ However, these agents have also been associated with a risk of extrapyramidal side effects (EPS) and dysphoria.⁴
- Atypical antipsychotic agents (second-generation antipsychotics) have a similar efficacy profile to typical antipsychotics. However, they may potentially have a decreased risk of EPS and the tolerability profile differs from agent to agent. Moreover, some of the atypical antipsychotics may have an associated risk of weight gain, diabetes, hyperlipidemia, and cardiovascular events.⁸

The second-generation antipsychotics are considered first-line treatment for schizophrenia.⁹ However, rates of low adherence to oral medications have been reported to be as high as 74%.¹⁰

There is an unmet medical need due to low adherence to oral medications.¹⁰

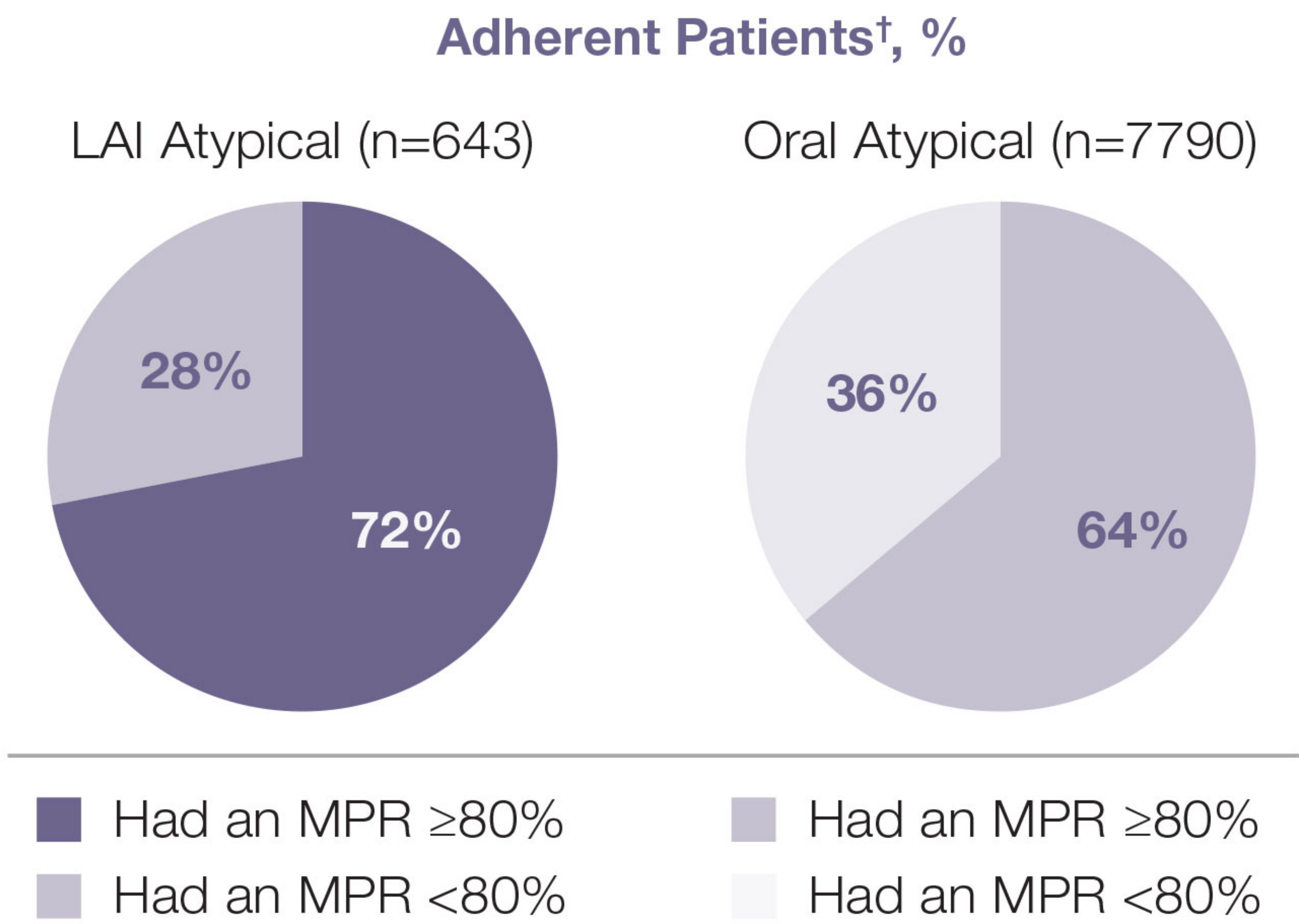
LAIs may reduce the risk of relapse. Even though the relapse criteria varied, a meta-analysis revealed that fewer patients taking LAIs relapsed as compared with those taking oral medications (22% vs. 33%).¹⁴

Long-acting Injectables

The development of LAI antipsychotic medications, designed to deliver continuous treatment to patients over an extended period of time, is an attempt to address low medication adherence in patients requiring maintenance treatment for schizophrenia.^{11,12} However, for patients who are adherent and responding well to oral treatment, LAIs may not be appropriate. The treatment team should take into consideration individual patient differences when prescribing antipsychotic treatment.

Improved Outcomes With LAIs

In a 1-year study of Florida Medicaid patients* with schizophrenia (N=12,032), patients taking atypical LAIs demonstrated better adherence (based on medication possession ratio [MPR]) than patients taking oral atypical antipsychotics.¹³

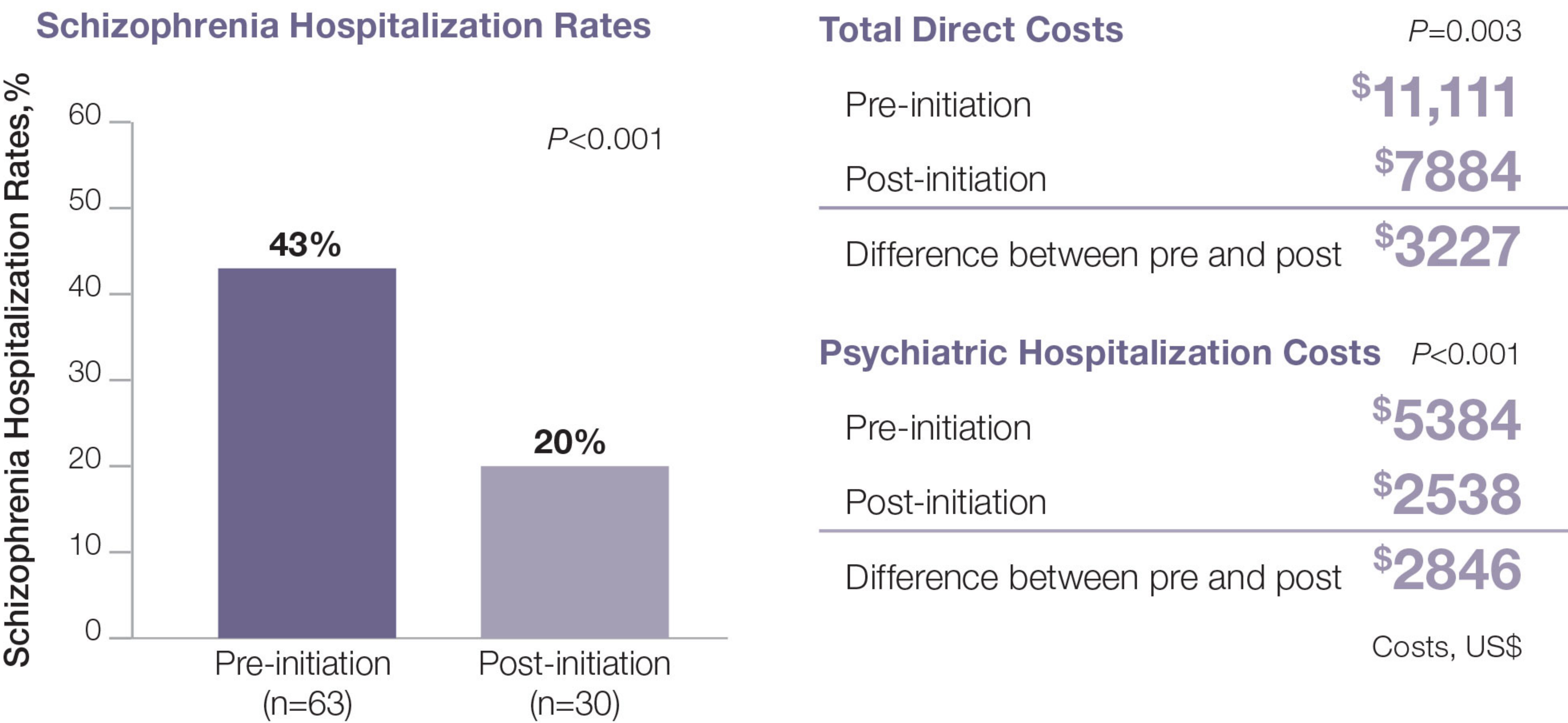


*Patients were identified using an ICD-9 diagnosis of schizophrenic disorders (295.xx) on administrative claims, which includes schizophrenia, schizophreniform disorder, and schizoaffective disorder.

†Adherence was defined as having an MPR ≥80%.

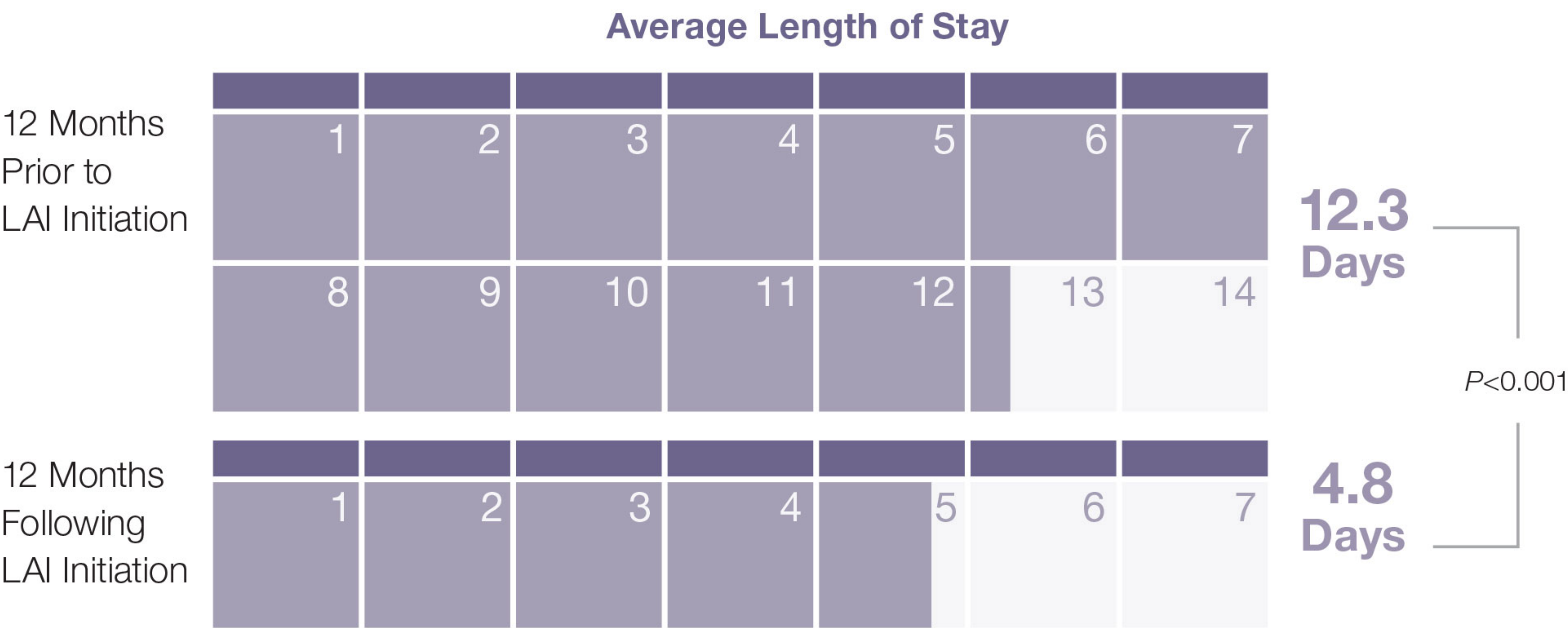
Reduction in Psychiatric Hospitalizations and Costs After LAI Initiation

Another study (N=147) indicated that LAIs may reduce the number and cost of psychiatric hospitalizations. The study compared health care utilization and costs 6 months before and after LAI initiation, finding a significant reduction in psychiatric hospitalization rates and associated costs.¹⁵



Reduction in Schizophrenia-related Hospitalizations and Length of Stay After LAI Initiation

A further study (N=394) of commercial claims data also found reduction in health care utilization 12 months before and after LAI initiation, with a significant reduction in schizophrenia-related hospital visits and length of stay. The mean schizophrenia-related hospitalizations 12 months prior to LAI initiation was 1.03 versus 0.43 for the 12 months following LAI initiation (P<0.001).¹⁶



Schizophrenia and Relapse Reduction

Managing Schizophrenia

■
Reducing Relapses

■
Addressing Medication Adherence

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Impacting Outcomes

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