

INTERRUPTION OF ANTI PSYCHOTIC TREATMENT OF FIRST EPISODE PSYCHOSIS ASSOCIATED WITH A FIVE-FOLD INCREASED RISK OF RELAPSE

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Introduction: Discontinuation of antipsychotic medication occurs in 40-55% of patients following first episode psychosis. It is only recently that the impacts of short periods of nonadherence in first episode psychosis are being understood.

Aim: To study the impact of short periods of interruptions in antipsychotic treatment in first episode psychosis.

Method: 127 consecutive cases of first episode non-affective psychosis (F20-29 ICD-10) presenting to a specialist first episode psychosis service in South East London. Patients were interviewed at baseline by a researcher using the PANSS and other symptom scales at the start and at 18 months. Clinical notes were analysed using operational criteria set for recovery, exacerbation and relapse. Medication utilisation assessed using patient report and clinical notes to identify interruptions of ≥ 1 month in treatment.

Results: 58% (n=73) patients had a treatment break due to non-adherence in the follow up period. 18 patients had treatment break before first recovery and their time to recovery was significantly prolonged than those without a break (mean 210 days Vs 127 days, $t=2.9$, $P=0.01$). The odds of relapse was 5.4 for those with treatment break (≥ 1 month) compared to those without break ($p=0.0001$, CI 2.1-11). About 40% relapses occurred in first month of treatment break and mean time to relapse was 3 months.

Conclusion: Antipsychotic treatment should be uninterrupted in the early stages of psychosis and periods of even short breaks in treatment carries risk of adverse outcome like longer time to recover and high risk of immediate relapse.