Background: Effectiveness of medication treatment is determined by three components: treatment efficacy (symptom reduction), tolerability/safety, and adherence. Compared with efficacy and safety, research into adherence has been lacking. Nevertheless, medication non-adherence is a risk factor for relapse and for aggressive behavior in association with substance abuse in schizophrenia patients. Non-adherence has been estimated to cause approximately 40% of relapses in patients with schizophrenia. High rates of treatment discontinuation in all arms of the CATIE study illustrate the widespread nature of non-adherence. Most of previous research has defined non-adherence as a complete discontinuation of medication. However, many schizophrenia patients show partial adherence: they do not completely discontinue their medication, but they do not take all that has been prescribed. Partial adherence is more difficult to define and study than complete non-adherence.

Methods: We had the opportunity to study partial adherence in the context of a randomized, double-blind, 8-week, fixed-dose study comparing olanzapine 10mg/d, 20 mg/d and 40 mg/d for patients with schizophrenia or schizoaffective disorder (N=599). Medication non-adherence was measured by pill counts. Baseline characteristics including demographics, illness history and symptom severity were investigated as potential risk factors for treatment non-adherence.

Results and conclusion: Approximately 1/3 of patients were non-adherent with their medication at least once during the 8-week study. These non-adherent patients had significantly less improvement compared to adherent patients. Adherent patients had greater weight gain than the non-adherent ones. Among the available baseline measures, greater baseline depression severity appeared to be a significant risk factor for non-adherence.

S34.02

Long-term outcomes of schizophrenia: Does psychosocial treatment make a difference?

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Successful schizophrenia management should concentrate on treatment non-adherence, lack of information about the disease, poor insight, depressive symptoms, cognitive decline and stressful family atmosphere. We introduce clinically-based 6-week structured comprehensive program for out-patients with schizophrenia-spectrum disorders in the stabilization phase of the treatment. The group program consists of individual and family psychoeducation, life style improvement intervention, social skills training, cognitive rehabilitation and information technology aided relapse prevention program (ITAREPS). To assess the feasibility and effectiveness we designed one-year prospective follow-up field study. Data on psychopathology (PANSS) and quality of life (Schwartz Outcomes Scale, WHO-QOL-BREF and Social Integration Survey) will be presented. Preliminary analyses (N=58) show statistically significant improvement in total PANSS scores and in quality of life (psychological domain, WHO-QOL-BREF). Patients and their relatives welcome the opportunity to participate in such a comprehensive program.

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S34.03

Large pragmatic long term clinical trials in schizophrenia

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Antipsychotics have for half a century been the mainstay for the pharmacological management of schizophrenia patients. While efficacy has been the primary outcome variable in short term clinical trials many additional variables need to be accounted for when judging the usefulness of these medications over longer periods of time. Classic continuation studies and relapse prevention trials have mostly focused on symptom control, while safety/tolerability and subjective acceptance of these medications have generally been seen as secondary outcome measures. The concept of effectiveness attempts to provide a comprehensive outcome variable which encompasses all the relevant issues that determine longer term treatment success. Lately a number of large scale effectiveness trials, sometimes called large pragmatic clinical trials, have been undertaken, especially in the context of the attempt to evaluate differential drug effects. CATIE and CUTLASS have already been published, CAFE data have been presented in rough outlines and EUFEST results are still pending. While the first two studies have included patients with chronic schizophrenia, first episode patients have been allocated to the latter two trials. Although the available results from these trials are discussed very controversially, they unquestionably present an important addition to the traditional randomized controlled clinical trial design. Information from all types of research will have to be amalgamated in order to allow a rational choice for the long term management of schizophrenia patients. Unfortunately, the results available so far do not allow generalizable statements with regard to differential efficacy/effectiveness of antipsychotic drugs in the long term management of schizophrenia.

S34.04

Real-world effectiveness of pharmacological treatments in schizophrenia

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Background: Guidelines for treating schizophrenia are mainly based on randomized controlled trials of highly selected patients and limited follow-up. It is unknown how well these data can be applied to representative community settings, nor how the choice of antipsychotic medication affects the long-term outcome.

Methods: We evaluated a nation-wide cohort of consecutive subjects (n=2230) hospitalized in Finland for the first time due to schizophrenia or schizoaffective disorder between January 1995 and December 2001. National central registers were used to study all-cause discontinuation rates, re-hospitalization rates, and mortality associated with monotherapy with the 10 most frequently used antipsychotic medications.

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