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REMISSION AND FUNCTIONING AFTER TWO YEARS UNDERGOING LONG-ACTING INJECTABLE RISPERIDONE (LAIR) IN RECENT-ONSET SCHIZOPHRENIA

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Introduction: Improving adherence in the early stages of illness by means of long-acting antipsychotics can lead to reduced number of readmissions and enhanced remission rates, which could lead to improved performance in the medium-long term.

Objectives: Assessing clinical remission, number of admissions and personal and social performance in recent-onset schizophrenic patients undergoing LAIR.

Methods: Longitudinal retrospective study of a cohort of thirty-one recent-onset schizophrenic patients (≤2 years) who started LAIR treatment between 2004-2008. Twenty-six (83.9%) were treated for two years. PANSS scale was assessed at baseline; PANSS, Personal and Social Performance scale (PSP) and remission criteria after two years.

Results: Twenty-six patients (83.9%), 61.5% male aged between 16-44 years old, completed two years of treatment. All patients met criteria for schizophrenia (DSM-IV) with an average duration of 0.8 year since diagnosis. The main reason to using LAIR was poor adherence (76.9%). The PANSS total and all its subscale scores improved significantly ($p < 0.005$) with 80.8% of patients showing a ≥50% improvement on the PANSS total. Seventeen patients (65.4%) achieved remission criteria. Five patients (19.2%) were admitted during the follow-up. The average on global functioning (PSP) was 72.4 (IC 95%, 66.4-78.4). LAIR doses at baseline were 25 mg (46.2%), 37.5 mg (30.8%) or 50 mg (23.1%); after two years, 25 mg (34.6%), 37.5 mg (34.6%), 50 mg (23.1%) or 75 mg (7.7%).

Conclusions: Despite the limitation of retrospective observational studies, our data, including the good adherence rate (83.9%), suggest that LAIR could be effective in the treatment of recent-onset schizophrenia.