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EXTENDED-RELEASE QUETIAPINE FUMARATE (QUETIAPINE XR) VERSUS RISPERIDONE IN THE TREATMENT OF DEPRESSIVE SYMPTOMS IN SCHIZOPHRENIC OR SCHIZOAFFECTIVE PATIENTS

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Introduction: Depressive symptoms are associated with poor outcomes, increased risk of relapse and high suicide rates in patients with schizophrenia and schizoaffective disorder (1, 2).

Objective: Assess the efficacy of quetiapine XR (QTP-XR) versus risperidone on depressive symptoms in schizophrenia and schizoaffective disorder.

Methods: A randomised, open-label, parallel-group, flexible-dose study (NCT00640562).

Primary endpoint: LSM change from baseline to Week 12 in Calgary Depression Scale for Schizophrenia (CDSS) (3) score. Secondary endpoints: change in HAM-D and PANSS scores, and adverse events (AEs). No correction for multiplicity was done for the secondary endpoints.

Results: 216 patients received QTP-XR (n=109; 400-800mg/day) or risperidone (n=107; 4-6mg/day). From baseline, QTP-XR significantly reduced CDSS, HAM-D and PANSS negative total scores compared with risperidone (QTP-XR vs risperidone: -7.31 versus -5.53, p=0.0107; -14.68 versus -11.53, p=0.0005; -8.23 versus -5.45, p=0.0008, respectively). No major differences in AEs were observed between QTP-XR and risperidone. Four serious AEs were experienced with QTP-XR and 5 with risperidone. Two patients receiving QTP-XR died (unrelated to study drug). Prolactin levels were significantly reduced from baseline with QTP-XR versus risperidone (-9.15ng/mL and +22.18ng/mL respectively; p< 0.0001). No important differences were seen in other laboratory parameters.

Conclusions: In this study, QTP-XR was superior to risperidone at reducing depressive symptoms in schizophrenia or schizoaffective disorder according to CDSS, HAM-D and PANSS negative scores.

References:

1) Siris SG. 1995; 128-145.

2) Kasper S, Papadimitriou G (ed). Schizophrenia: Biopsychosocial Approaches and Current Challenges. Informa Healthcare UK Ltd London, 2009.

3) Addington et al. Schizophr. Res, 1990; 3(4):247-251

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