

EFFECTIVENESS OF ANTIPSYCHOTIC TREATMENT IN OUTPATIENTS WITH SCHIZOPHRENIA: 36- MONTH RESULTS FROM THE SCHIZOPHRENIA OUTPATIENTS HEALTH OUTCOMES (SOHO) STUDY

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OBJECTIVES: To compare the relative effectiveness, in terms of treatment discontinuation, of olanzapine, risperidone, quetiapine, amisulpride, clozapine, oral and depot typical antipsychotic medications in outpatients with schizophrenia during 3 years follow-up.

METHODS: SOHO is a 3-year, prospective, observational study of health outcomes associated with antipsychotic treatment. 10, 972 patients were enrolled in SOHO. The analysis includes the 7728 patients that started antipsychotic monotherapy at baseline. Treatment discontinuation was defined as discontinuing, adding to or switching the medication prescribed at baseline. A Kaplan Meier estimation of the time to medication discontinuation by treatment was plotted. The percentages of patients that discontinued treatment before 36 months were calculated from the Kaplan Meier estimation. A Cox proportional – hazards regression model was used in order to adjust for baseline differences between treatments groups

RESULTS: Approximately 42% of the patients discontinued the medication initiated at baseline before three years: quetiapine (66%), typical antipsychotics (53%), depot typical (50%) amisulpride (50%) and risperidone (42%). Clozapine (33%) and olanzapine (36%) were associated to the lowest medication discontinuation

A Cox regression showed that patients taking quetiapine (Hazard ratio 2.21;95% CI: 1.95-2.5), amisulpride (1.63;1.33-1.99), oral typicals (1.70;1.46-1.96), depot typicals (1.42; 1.19-1.70) and risperidone (1.28;1.16-1.42), had an increased risk of discontinuing their baseline medication compared to patients taking olanzapine. There were no statistically significant differences between the olanzapine and clozapine groups (0.82;0.65-1.02).

CONCLUSIONS: Treatment effectiveness varied among medications. Clozapine and olanzapine were the most effective in terms of the rates of discontinuation. Limitation: This is an observational not randomized study.