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REDUCED RISK OF HOSPITALISATION WITH RISPERIDONE LONG-ACTING INJECTABLE. RESULTS OF THE FRENCH COHORT FOR THE GENERAL STUDY OF SCHIZOPHRENIA (CGS)

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Introduction: Medication non-adherence is a significant risk factor for rehospitalisation in schizophrenia patients. Delayed release formulations like R-LAI may reduce rehospitalisation.

Objectives: To examine the association between R-LAI use and hospitalisation in schizophrenia patients.

Aims: To assess the effect of R-LAI, compared to non-use and use of other antipsychotic drugs, on the risk of hospitalization in real-life settings.

Method: The CGS study recruited schizophrenia patients from 177 public and private wards of psychiatric hospitals across France. Inclusion criteria were schizophrenia (DSM-IV), age 15-65 years, ambulatory/hospitalised for < 93 days at entry. Patients were followed up to 12 months for antipsychotic use and hospitalisation. The recruitment was stratified for long-acting second generation antipsychotic use. Multivariate Poisson regression adjusted for confounding with propensity scores and allowing for autocorrelation was used to estimate relative rates of hospitalisation.

Results: Of 2092 eligible patients, 1859 were included. Their mean age was 38.1±11.1 years, 68.6% were male and 37.8% were hospitalised for < 93 days at entry. A total of 1659 patients (89.2%) were followed up for 12 months, accumulating 933 hospital stays (53.0 per 100 person-years). Compared to other schizophrenia patients, patients on R-LAI were younger, had more often a history of previous hospitalisation for equivalent severity, living conditions and other characteristics. The adjusted relative rate of hospitalisation for R-LAI use against non-use was 0.66 [95% CI 0.46-0.96], and 0.53 [95% CI 0.32-0.88] against long-acting first generation antipsychotics.

Conclusions: Use of R-LAI was associated with lower rates of hospitalization compared to non-use of R-LAI.