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Objectives: Assess clinical and functioning treatment outcomes of risperidone long-acting injection (RLAI) versus oral antipsychotics for patients participating in the electronic Schizophrenia Treatment Adherence Registry (e-STAR) in Spain.

Methods: e-STAR is a 2-year, multi-national, prospective, observational study of patients with schizophrenia who were initiated on RLAI or an oral antipsychotic. Data were collected retrospectively (1-year) and prospectively every three months (2 years). Outcomes included clinical effectiveness measured by Clinical Global Impression of Illness Severity (CGI-S) and patient functioning assessed by Global Assessment of Functioning (GAF) scale. Clinical and functional outcomes are analyzed using a linear mixed model controlling for age, gender, disease duration, baseline hospitalization status and antipsychotic treatment patterns. Results presented are based on the complete e-STAR data from Spain.

Results: 1,622 patients (63.6% male, mean age 38.4±11.2 years) participated in e-STAR from Spain, 1,345 were initiated on RLAI and 277 on oral antipsychotics. RLAI treated patients had significantly longer disease duration (12.6±9.5 years vs. 10.9±9.7, $p<0.01$) than those treated with oral antipsychotics. During the 2-year study, clinical symptoms and functioning improved in both groups. As revealed by the mixed-model regression, RLAI patients, compared to oral patients, had significantly greater improvement on CGI-S scores (-1.10 vs. -0.88, $p<0.02$) and GAF scores (16.4 vs. 14.6, $p<0.03$). Baseline hospitalization status and disease duration were significant explanatory variables in the mixed model regression.

Conclusions: This 2-year, prospective, observational study showed that compared to oral antipsychotics, RLAI treatment was associated with greater improvement in clinical symptoms and functioning in patients with schizophrenia.

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Clinical and functional improvements with risperidone long-acting injection treatment: 6-month results from the electronic schizophrenia treatment adherence registry in Sweden

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Objectives: Evaluate clinical and functional treatment outcomes in patients initiated on risperidone long-acting injection (RLAI) during routine clinical practice and followed up for at least 6-months.

Methods: e-STAR is a multi-national, prospective, observational study of patients with schizophrenia who have been initiated with RLAI. Data are collected both retrospectively (1 year) and prospectively (2 years). Clinical outcome measured by Clinical Global Impression-Severity (CGI-S) scale and functioning measured by Global Assessment of Functioning (GAF) scale were assessed at baseline and every 3 months. Results presented are based on data from patients enrolled in e-STAR in Sweden and have at least 6-months of follow-up data available.

Results: To date 102 patients have been enrolled in e-STAR in Sweden, of which 83 had at least 6-months of follow-up data available and were included in this analysis. Majority were male (63.9%) with mean age of 46.3±13.2 years. 71.1% had diagnosis of schizophrenia, 13.3% schizoaffective and 15.7 related psychosis and mean time since diagnosis of 12.5±10.1 years. Most important reasons for switching to RLAI were lack of efficacy (31.3%) and lack of compliance (27.7%) with previous therapy. At 6 months, 92.8% of patients were still on RLAI treatment. Mean CGI-S score significantly decreased from 4.21±1.08 at baseline to 3.60±1.13 at 6 months ($p<0.001$). Additionally, the mean GAF score significantly improved from 40.7±11.9 at baseline to 51.8±12.8 at 6 months ($p=0.006$).

Conclusion: These 6-month interim results showed that treatment with risperidone long-acting injection was associated with significant reduction in disease severity and improvement in patient functioning.

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Reduction in suicidal ideation and violent behavior after treatment with risperidone long-acting injection from the e-star project in The Netherlands

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Objectives: To assess the incidence of suicidal ideation, violent behaviour, and deliberate self-harm in patients with schizophrenia 12-months after initiating treatment with risperidone long-acting injection (RLAI) who are enrolled in the electronic-Schizophrenia Treatment Adherence Registry (e-STAR) in the Netherlands.

Methods: e-STAR is an international, prospective, observational study of patients with schizophrenia who have been initiated with RLAI. Data are collected retrospectively (1 year) and prospectively (2 years). The incidence of suicidal ideation, violent behaviour, and self-injury was evaluated by the treating physician based on the presence or absence of these events at baseline and prospectively every 3 months. Patients with at least 12 months of available follow-up data from the Netherlands were included in this analysis.

Results: To date a total of 190 patients have been enrolled in the Netherlands and 118 patients with 12 months of available data were analyzed. The majority were male (62.7%) with a mean age of 37.7±11.5 years and a mean time since schizophrenia diagnosis of 11.1±21.5 years. Compared to baseline, statistically significant decreases were observed in the occurrence of suicidal ideation (15.1% to 4.3%, $p=0.006$) and violent behaviour (12.9% to 2.2%, $p=0.006$) at 12 months. The incidence of self-injury also decreased from 4.3% to 3.2%, but the reduction was not statistically significant.

Conclusion: These 12-month interim results showed significant decrease in the incidence of suicidal ideation and violent behaviour was observed in patients with schizophrenia after initiating treatment with risperidone long-acting injection.