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FUNCTIONAL RECOVERY IN SCHIZOPHRENIA AND SCHIZOAFFECTIVE DISORDER: RESULTS FROM THE RISPERIDONE LONG-ACTING INJECTABLE VERSUS QUETIAPINE RELAPSE PREVENTION TRIAL (CONSTATRE)

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Objective: To report the functional recovery results from an open-label, randomized-controlled, relapse prevention trial (ConstaTRE) in stable patients with schizophrenia or schizoaffective disorder treated with risperidone long-acting injectable (RLAI) or the oral atypical antipsychotic quetiapine.

Methods: Clinically stable adults with schizophrenia or schizoaffective disorder previously treated with oral risperidone, olanzapine, or oral conventional antipsychotics were randomized to treatment with either RLAI (25 mg every-two-weeks) or quetiapine (300-400 mg/day) for 24 months. Functional recovery was assessed using the Social and Occupational Functioning Assessment Scale (SOFAS) and two quality-of-life (QoL) measures (Short -Form 12 [SF-12] and Schizophrenia Quality-of-Life Scale Revision 4 [SQLS-R4]).

Results: 710 subjects were randomized to treatment with RLAI or quetiapine (n=355 patients/group). Baseline demographics were similar between treatment groups. Relapse occurred in 16.5% RLAI and 31.3% quetiapine patients. A total of 105 RLAI and 107 quetiapine patients dropped out of the study for other reasons than relapse, most commonly due to withdrawal of consent. A significant improvement in SOFAS, SF-12, and SQLS-R4 scores was observed from baseline to month-24 with both RLAI and quetiapine. At months 6, 12, and endpoint, SOFAS had significantly increased more for RLAI than quetiapine ($p < 0.05$).

Conclusions: Among stable patients with schizophrenia or schizoaffective disorder, the likelihood of functional recovery appears to be higher in those switching to RLAI. Improvement in functional status and QoL from baseline was observed with both RLAI and quetiapine.