

P03-321

ANTIPSYCHOTIC POLIPHARMACY IN SCHIZOPHRENIC INPATIENTS

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Objectives: Concomitant antipsychotic prescription is common in clinical psychiatry, although it is not an evidence-based practice. The aim of the study was to describe the prescription of antipsychotics in inpatients with schizophrenia and identify which are the factors associated with this tendency.

Methods: We reviewed retrospectively the psychotropic drugs prescribed at the time of discharge of 177 inpatients who met criteria for schizophrenia [DSM-IV-TR] on an acute psychiatry unit from 2007 to 2008.

Results: One hundred and two patients (57.6%) were male. Mean age (SD) was 38.1 (14.6) years. The percentage of patients discharged on treatment with two or more antipsychotics was 43.5%. Although in the strict sense we should not consider it as polipharmacy, the most frequent combination was long acting injectable risperidone with oral risperidone (21.5%), followed by long acting injectable typical antipsychotic with oral risperidone (3.4%). There was a significant association between the number of prescribed antipsychotics and the total number of previous hospitalizations and the number of hospitalizations during the previous year (ANOVA $p=0.001$ and $p<0.001$ respectively). No correlation was found between polypharmacy and age. There was a significant association between the number of antipsychotics prescribed and the use of anticholinergic treatment (t-test $p=0.005$).

Conclusions: Our polypharmacy rates are comparable with prior European data (30-76%). Despite of the clinical guidelines, antipsychotic polipharmacy is an extended therapeutic strategy not necessarily related with resistant schizophrenia. Most of the antipsychotic associations identified are not evidenced-based practice. More clinical trials are needed to determine the efficacy of different combinations.