Article: 1046
Topic: 69 - Schizophrenia

SWITCHING TO LURASIDONE IN PATIENTS WITH SCHIZOPHRENIA: TOLERABILITY AND EFFECTIVENESS AT 6 WEEKS AND 6 MONTHS

J. McEvoy[1], *L. Citrome*[2], *J. Hsu*[3], ***P. Werner***[3], *A. Pikalov*[3], *J. Cucchiaro*[3], *A. Loebel*[3]

[1]Central Regional Hospital, Butner, NC, [2]New York Medical College, Valhalla, NY, [3]Sunovion Pharmaceuticals Inc., Fort Lee, NJ, USA

Introduction: Effectiveness studies of therapeutic switching of antipsychotics provide valuable clinical information.
Objectives: Assess effectiveness of switching patients to lurasidone.
Aims: To evaluate 3 dosing strategies when switching patients to lurasidone.
Methods: Patients were randomized to three open-label lurasidone dosing strategies: 40mg/day for 14 days (n=74); 40mg/day for 7 days then 80mg/day for 7 days (n=88); and 80mg/day for 14 days (n=82) and stratified by their previous treatment (sedating vs non-sedating). Prior antipsychotic was tapered (50% step-down, day 8, discontinued day 14), followed by 4 weeks of flexible dose treatment (40-120 mg/day). Primary outcome was time to treatment failure (TTF). Of the 198 subjects completing core 6-week study, 149 (75.3%) enrolled in a 6-month extension study.
Results: Switching to lurasidone was well tolerated; 198 (81.1%) of subjects completed core study, 19 (7.9%) subjects experienced treatment failure of which 16 (6.7%) discontinued due to an AE. No clinically relevant differences were noted among the 3 dosing strategies. TTF was earlier in patients previously receiving sedating antipsychotics vs. non-sedating (log rank p=0.101). Core study yielded LS mean (SE) within-group improvement on PANSS total score -5.3 (±0.7), LOCF with further improvement of -1.5 (±0.9), LOCF, at Month 6 from extension baseline. Ninety-eight subjects (65.8%) completed extension phase. Premature discontinuation causes included consent withdrawal (12.1%) and AEs (11.4%). Weight and lipid changes at 6 months were minimal.
Conclusion: Switching to lurasidone was safe and well tolerated regardless of initial dosing strategy. Switched patients maintained or improved symptom control during core and extension treatment.

https://doi.org/10.1016/S0924-9338(13)76169-8 Published online by Cambridge University Press