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EFFICACY, TOLERABILITY AND REMISSION IN SWITCHING ANTIPSYCHOTICS STUDY: NINETEEN YEARS OF SCHIZOPHRENIA

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Background: Despite their proven efficacy and tolerability, many patients are often switched among antipsychotics therapies due to the lack of therapeutic response. Many physicians begin to switching antipsychotics with the original intention to discontinue the drug, and, continue with another therapy. Several new antipsychotics available allow us to improve the long-term therapy.
Methods: Nineteen year open label study in '*real world*' setting in 121 inpatients with schizophrenia (DSM-III -> DSM-IV-TR) observed first time in 1992 in a neuropsychiatric centre and subsequently clinically evaluated until 2011; data collected and compared to switching between antipsychotics (from haloperidol to clozapine, risperidone, olanzapine, quetiapine, aripiprazole). At baseline: epidemiogical and biological parameters, PANSS, QLindex and, subsequently, with CGI-S scores during every clinical visit of control [T1 → T7]. The overall analysis carried out with EZAnalyze© ver.3.0.
Results: In the clozapine group remission rates were higher than other groups; Interrupted therapy: 27.62% of patients with risperidone, 34.85% with quetiapine. A consistent number of patients (8.04%), who have suspended the 'first' therapy with haloperidol, have assumed again the therapy with haloperidol toT7. Outcome was good in 28.4%,intermediate in 50,1% and poor in 21%. CGI-S T7 vs T0 (Severity of illness= p: 0,0066; Global improvement = p: 0,02844; Efficacy index =p: 0,00597)
Conclusion: Study suggested that most clinically stable outpatients with schizophrenia maintain remission states after being switched to atypical antipsychotics; a T7 (19 years) a consistent number of patients assumed again haloperidol with satisfactory rate of 51.18% then previous pharmacological treatments with a atypical antipsychotics.

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