

EVALUATION OF QUALITY OF LIFE, PSYCHOSOCIAL FUNCTIONING, AND MEDICATION ADHERENCE AMONG PATIENTS SWITCHED TO LURASIDONE FROM OTHER ANTIPSYCHOTICS

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Introduction: Patient reported outcomes (PROs), i.e. quality of life (QoL), psychosocial functioning and medication adherence are vital assessments of results in schizophrenia treatment.

Objectives: Quality of life, psychosocial functioning and adherence attitude were evaluated among adult patients with schizophrenia switched from current antipsychotics to lurasidone, using the Personal Evaluation of Transitions in Treatment (PETiT) scale, a PRO measure.

Aims: Evaluate PROs after switching to lurasidone.

Methods: Stable but symptomatic adult outpatients with schizophrenia were switched from their previous antipsychotics to lurasidone, in a 6-week, open-label trial. Subjective responses to antipsychotic therapy were evaluated at baseline and study endpoint using PETiT (Higher scores=better outcomes). Score change was obtained for all patients and those switched from "sedating" (olanzapine, quetiapine) or "non-sedating" (risperidone, aripiprazole, ziprasidone, others) agents. Change from baseline to endpoint in total (overall QoL) and subscale scores (psychosocial functioning, adherence attitude) were compared using ANCOVA.

Results: Of the 244 patients switched to lurasidone, 213 had available data. Changes from baseline in mean total PETiT score (3.2, $P < 0.0001$) and subscale scores of psychosocial functioning (2.5) and adherence attitude (0.7) were reported in all patient groups ($p < 0.001$). Improvement in mean total PETiT score was observed in patients switched from non-sedating (3.5, $n=139$) and sedating (2.7, $n=74$) antipsychotics and was statistically significant ($P < 0.0001$) in the non-sedating group. Differences in statistical significance (sedating vs non-sedating) may arise from smaller changes, not sample size.

Conclusions: In this study, patients switching to lurasidone experienced improvement in QoL, psychosocial functioning and adherence attitude.