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IMPROVEMENT OF POSITIVE AND NEGATIVE SYMPTOMS IN PATIENTS WITH SCHIZOPHRENIA, UNDER RISPERIDONE LONG ACTING INJECTION (RLAI) TREATMENT

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Introduction: Early treatment intervention and prevention may minimize the morbidity and persistent disability caused by schizophrenia that occurs over patients' lifetimes.

Atypical antipsychotics with improved tolerability and less likely to cause movement disorders and secondary negative symptoms, are generally used as first line therapy.

Risperidone long acting injection (RLAI) is currently the only available long acting atypical antipsychotic, combining the better tolerability of an atypical with the benefits of injectable delivery.

Objective: To assess the maintained efficacy and safety of risperidone long acting injection after a direct treatment change from any antipsychotic medication in patients with schizophrenia.

Methods: Adults with schizophrenia received injections of long acting risperidone 25, 37.5, 50 mg in 14 days interval for 6 months.

Efficacy was measured by:

- PANSS (Positive and negative symptoms scale)
- CGI-S (Clinical Global Impression- Severity)
- GAF (Global Assessment Functioning)

Tolerability was measured with TEAE (Treatments emergent adverse events)

Results: In this study, negative and positive symptoms were significantly improved. Clinical deterioration was substantially ameliorated between baseline and endpoint. Compared to baseline there were significant decreases in the occurrence of suicidal ideation and violent behaviour. Also, the treatment showed good safety and tolerability.

Conclusions: RLAI treatment was associated with a very good efficacy, tolerability, and an excellent improvement of functionality.