

Impact of the COVID-19 Pandemic on Medication Adherence and Maintenance Treatment for Schizophrenia: A Reconsideration [Letter]

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Dear editor

I read with interest Zhdanava et al's article titled: "Impact of COVID-19 pandemic on prescribing of long-acting injectable antipsychotics for schizophrenia: Results from a United States prescriber survey",¹ in which the authors stated that, of 401 long-acting injectable (LAI) prescribers in their study, 64.6% reported no change to their LAI prescriptions during the COVID-19 pandemic. Moreover, 50% of LAI prescribers reported no change in adherence rates to oral antipsychotic medications. The authors concluded that 68.1% of prescribers did not switch to less frequently administered LAI. The findings of this interesting study raise the following issues.

First, in terms of the LAI prescribers' demographics, 79.8% were physicians, whereas the remainder were paramedical staff. While 50.4% of the physicians had >15 years of practice experience, the rest appeared to be less experienced. It would be worthwhile to examine LAI prescribing trends among occupations and among physicians according to years of experience.

Second, 50.1% of LAI prescribers in the United States reported no change in medication adherence among patients with schizophrenia during the COVID-19 pandemic, whereas a recent meta-analysis concluded that adequate adherence was not achieved.² Did no change mean that medication adherence did not deteriorate further but remained at a low level? Further, it is also likely that the group of respondents in Figure 4 who reported "high medication adherence" and the group in Figure 5 who reported a "low relapse" formed only part of the total sample.

Third, questions can be raised concerning the finding that 68.1% of prescribers did not switch to less frequently administered LAI. The main reason given to explain this finding was "no medical need for switching"; however, was this reasoning influenced by reports of "no change in medication adherence among patients with schizophrenia during the COVID-19 pandemic"? In our survey, 70% of Japanese psychiatrists reported that relapses increased during the COVID-19 pandemic. While there were more opportunities for online treatment, doubts remain concerning its effectiveness.³ The present study and that of Ifteni et al also raised concerns regarding online medical care.^{1,4} In terms of LAI treatment, Ifteni et al showed that extending the frequency of administration as much as possible during the COVID-19 pandemic was desirable.⁴ Our study also showed higher expectations for longer formulation of atypical antipsychotics.³ Indeed, the difference was clear, as the time from treatment interruption to relapse, which tended to occur during the COVID-19 pandemic, was approximately 6 months for the 1-month formulation versus approximately 13 months for the 3-month formulation.⁵

Several questions have been raised in response to this interesting study and further research is warranted.

Disclosure

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