

LETTER TO THE EDITOR

Long acting injectable antipsychotics: Uninterrupted use during the COVID-19 pandemic

Long-acting injectable (LAI) antipsychotics are considered the gold standard treatment option for some patients diagnosed with schizophrenia who find it difficult to maintain treatment (Haddad et al., 2014; Nystazaki et al., 2018). Some patients diagnosed with a psychotic illness experience impaired insight and judgement which increases the risk for discontinuing pharmacotherapy (Haddad et al., 2014). At the same time, data show that people diagnosed with schizophrenia who are treated with LAI antipsychotics benefit in terms of reduced relapse risk and mortality (Correll & Lauriello, 2020).

When the coronavirus pandemic (COVID-19) first hits Europe, in the spring of 2020, mental health systems had to balance the COVID-19 risk of service users' visits to mental healthcare facilities against continuity of care and sustaining medication treatment (World Health Organization, 2020). In many European countries, national health organizations advised healthcare providers to limit non-urgent hospital visits and procedures and to employ telemedicine when applicable, as a series of actions to reduce the risk of vulnerable individuals contracting COVID-19 (European Centre for Disease Prevention & Control, 2020). Nevertheless, the majority of mental healthcare authorities decided to ensure the continuation of visits, especially at the depot clinics, since the administration of LAI antipsychotics is an essential clinical procedure towards limiting medication treatment discontinuation (Schnitzer et al., 2021). The above decision was supported by the recently published COVID-19 Pandemic Guidance "Document by the American Psychiatric Association. During this COVID-19 pandemic, the APA encourages hospitals and other facilities to include the ongoing use of LAI for patients with high-risk chronic illness as a necessary procedure" (p. 2, American Psychiatric Association, 2020).

Based on the above, it is proposed for the depot clinics to implement a guidance protocol for all service users who receive LAI antipsychotics to ensure continuity of care along with service users and staff safety during the pandemic. All involved staff are advised to jointly review the guidance protocol and ensure that service users and caregivers understand all aspects. A relevant protocol is suggested to include (a) guidance for service users on how to safely approach the depot clinic and be screened for COVID-19 symptoms before arrival by phone, and (b) guidance for both service users and nursing staff on the proper use of personal protective equipment against COVID-19. A printed copy of the protocol must be provided to all service users and caregivers. A strategy that would involve

postponing scheduled injections to later dates is suggested to be avoided, since administration outside the approved agreed timetable is an off-label practice that could jeopardize clinical efficacy, unless certain LAI antipsychotics had been specifically approved to be administered in flexible intervals (Gannon et al., 2020).

Moreover, such a protocol also needs to be available online on the sites of mental health services and healthcare organizations, to ensure accessibility not only to the service users of each clinic, but also to any other concerned person.

Since the end of summer 2020, there have been concerns about the accessibility of service users to the depot clinics, especially after entering the second lockdown in many European countries (MacLaurin et al., 2021).

Overall, numbers of visits to the depot clinics need to remain practically unchanged from the pre-pandemic period, and a series of measures are expected to be implemented, including guidance protocols, to ensure a sense of control and safety to both service users and clinicians (Schnitzer et al., 2021). The evidence-based decision of mental healthcare authorities to persevere with scheduled visits despite the pressure of the pandemic, as long as service users and nursing personnel follow strict personal protection protocols, is pivotal (Gannon et al., 2020).

Moreover, the healthcare team, and mainly nursing staff, most of the times has a long work experience and has established a robust therapeutic relationship with service users and their families (Besenius et al., 2010), providing person-centred care, even during the pandemic (American Psychiatric Association, 2020). This may be viewed as a vital element towards sustaining trust and supporting continuity of care through guidance protocols.

In conclusion, and based on our herein reported experience, we strongly support that maintaining an uninterrupted continuum of care based on protective protocols against COVID-19 contraction during uncertain times is particularly important for unchanged clinical outcomes (Gannon et al., 2020).

During this pandemic, we have the opportunity to further assess the importance of LAI antipsychotics safely and to further understand the benefits and implementation challenges associated with this mode of treatment.

CONFLICT OF INTEREST

None of the authors have any conflicts of interest or financial ties to disclosure.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this paper as no new data were created or analysed in this study.

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