

EPP1214

Perceived stigma and burden in natural caregivers of patients with schizophrenia

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Introduction: Natural caregivers of patients with schizophrenia are often subjected to stigma by virtue of their association with patients. Affiliate stigma expose caregivers to community rejection, isolation and may have a negative impact on their psychological wellbeing.

Objectives: This study aimed to assess perceived stigma and burden in a Tunisian population of natural caregivers of patients with schizophrenia and to identify risk factors for developing such disorders.

Methods: We conducted a cross-sectional, descriptive and analytical study, including 80 natural caregivers of patients with schizophrenia. We used the Stigma Devaluation Scale (SDS) to assess stigma and the Zarit Burden Interview (ZBI) to evaluate burden.

Results: The average age of natural caregivers was 55.7 years. The sex ratio (M/F) was 0.86. The mean score of perceived stigma in patients was 24.7. That of perceived stigma in caregivers was 15.34. Assessing the burden on caregivers estimated an average score of 58, corresponding to a severe burden. Medium to high burden was found in 78% of participants. Perceived stigma scores were significantly higher among illiterate caregivers, those linking schizophrenia to hereditary causes, among parents, and in case of daily contact with the patient. Scores of perceived stigma in caregivers were also significantly correlated with burden score.

Conclusions: Natural caregivers of patients with schizophrenia are exposed to affiliate stigma and experience an important level of burden. Our findings emphasize the need to support natural caregivers of persons with schizophrenia and to develop strategies to combat stigmatization among patients as well as their natural caregivers.

Keywords: schizophrénia; Natural caregiver; Stigma; Burden

EPP1213

The effect of cariprazine on patient engagement: Post-hoc analysis of a phase 3 study in patients with predominant negative symptoms of schizophrenia

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Introduction: Motivation deficit is a significant aspect of lack of improvement in patients with schizophrenia especially with predominant negative symptoms (PNS). Therefore, improvement depends not only on symptoms reduction and better social functioning but also on patient engagement which is a key but less investigated aspect of successful treatment.

Objectives: To investigate and compare patient engagement in PNS patients after cariprazine and risperidone treatment characterized

by the 11 items of the Positive and Negative Syndrome Scale (PANSS-11).

Methods: In this phase 3 study patients suffering from PNS of schizophrenia (PANSS-FSNS \geq 24) were randomized to 26 weeks of treatment with either cariprazine or risperidone (target dose 4.5 and 4 mg/day, respectively). To compare the effects of the two drugs on patient engagement the PANSS-11 scale was used. Change from baseline (CfB) on the selected items and PANSS-11 total score were analyzed using mixed model of repeated measures approach without correction for multiplicity.

Results: PANSS-11 total score mean CfB were -11.20 (SD=0.43) for cariprazine-, and -9.44 (SD=0.45) for risperidone-treated patients with a -1.79 (95% CI=-3.01, -0.56) mean difference (p=0.004) in favor of cariprazine. Most item differences were statistically significant (N1, N2, N3, N4, N5, G16) or numerically higher (N6, G7, G13) for cariprazine versus risperidone.

Conclusions: Cariprazine significantly improved patient engagement in patients with PNS of schizophrenia compared to risperidone based on the PANSS-11 post-hoc analysis. These results suggest that cariprazine treatment may improve not only the symptoms and everyday functioning of PNS patients but their engagement with life.

Conflict of interest: Studies were funded by Gedeon Richter Plc. and Allergan Plc (prior to its acquisition by AbbVie). Dr. Laszlovszky, Dombi, Balogh, Dr Barabassy, Dr Vass, Dr. Szatmári and Dr. Németh are employees of Gedeon Richter Plc.

Keywords: Cariprazine; schizophrénia; patient engagement; negative symptoms

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Safety during polypharmacy: A post-hoc analysis examining the safety profile of cariprazine with other antipsychotics in the cross-titration phase

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Introduction: Although monotherapy is preferable, in every day clinical practice polypharmacy is often unavoidable due to the need of treatment enhancement or cross-titration phases with shorter or longer overlaps of two or more drugs. However, administration of more than one drug treatment is often associated with more side effects.

Objectives: The aim of the present post-hoc analysis was to examine treatment emergent adverse events (TEAEs) during co-administration of cariprazine with other antipsychotics.

Methods: Treatment emergent adverse event data (TEAE) from a randomized, double-blind, parallel-group, active-controlled study (EudraCT Number: 2012-005485-36) in adult patients with schizophrenia having predominant negative symptoms was examined in the first two weeks of the double-blind treatment period, where gradual cross-titration occurred between cariprazine (3-6 mg/day) and other antipsychotics (including amisulpride, aripiprazole, fluphenazine, haloperidol, olanzapine, paliperidone, quetiapine, and sertindole). Thereafter, 24 weeks of cariprazine monotherapy followed.

Results: During the cross-titration period, 17.83% of patients experienced at least one TEAE. The TEAEs were in line with the well-established safety data: nausea (2.61%), insomnia (2.17%),