EPV1204

Clozapine cessation

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Introduction: Approximately 30% of individuals diagnosed with schizophrenia suffer from treatment-resistant or refractory schizophrenia. The gold standard for treatment is clozapine. However, a significant number of patients discontinue clozapine treatment and this carries a poor prognosis.
Objectives: This study explores patients' motives for cessation of clozapine therapy and its prevalence.
Methods: A longitudinal, retrospective and descriptive study on a period of 20 years, at the psychiatry department A of the Razi hospital in Tunisia. Data was collected from the medical files of patients trated by clozapine using a pre-established sheet.
Results: The studied sample included 64 patient records. Treatment with clozapine was stopped spontaneously or following a medical decision in 37 patients (57.8%). The total number of clozapine stops in these 37 patients was 70. Indeed, each one of these patients had stopped treatment at least once. Clozapine was discontinued by some patients in the study sample for poor compliance(45.9%), for adverse side effects of treatment (16.2%) and by treating physicians for poor response treatment (8.1%). Clozapine was discontinued by 11 patients for hematological adverse reactions, representing 27.9% of the total number of clozapine discontinuations. Withdrawal of clozapine was indicated in 2 cases of agranulocytosis(18.2%), in 2 cases of moderate neutropenia (18.2%), in 3 cases of eosinophilia (27.2%), in 3 cases of thrombocytopenia (27.2%) and in 1 case of severe anemia (9.2%).
Conclusions: Clozapine discontinuation was essentially caused by poor patients' observation and hematological adverse reactions appearance.Future research should seek to further investigate clozapine cessation factors in order to better benefit from the medical virtues of this molecule.

Disclosure: No significant relationships.

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Drug-induced liver injury in association with antipsychotics

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Introduction: Drug-induced liver injury is one of the leading causes for acute liver failure and drug withdrawal after marketing approval. One important risk factor is the extent of exposure of the hepatocytes to a substance, either by high doses or by long-term medication. In many psychiatric diseases, like schizophrenia long-term use of drugs is common. However, systematic data on the hepatotoxic potential of antipsychotics is scarce.
Objectives: To perform an explorative analysis of pharmacovigilance data on the risk of hepatotoxicity related to the use of antipsychotics.
Methods: We conducted an explorative case/non-case study based on data from VigiBase for 30 antipsychotics marketed in the European Union. Reporting odds ratios were calculated for antipsychotics associated with the SMQ "Drug related hepatic disorders - comprehensive search" and the SMQ "Drug related hepatic disorders - severe events only".
Results: We found several associations of antipsychotics with drug-induced liver injury including associations with severe events. 17/30 antipsychotics were associated with "Drug related hepatic disorders - comprehensive search", and for 10/30 substances were associated with severe hepatic events.
Conclusions: Several antipsychotics are associated with the risk for hepatotoxic side effects, even severe ones. Further research is warranted on patient and substance-dependent risk factors.

Disclosure: No significant relationships.
Keywords: hepatotoxicity; Antipsychotics; pharmacovigilance; drug-induced liver injury

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Differences of use between paliperidone palmitate 3 month and paliperidone palmitate 1 month in real practice, with psychotic patients.

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Introduction: Paliperidone palmitate 1-month (PP1M) is a Long-acting injectable antipsychotic formulation, approved for the treatment of schizophrenia and schizoaffective disorder. Recently, paliperidone palmitate 3-months (PP3M) formulation was introduced, which maintains stability while offering a longer dosing interval for the maintenance treatment in patients previously treated with PP1M. Despite of this, many patients are treated with PP1M without transition to PP3M.
Objectives: To identify variables explaining maintenance of PP1M treatment instead of going to PP3M. We hypothesize that more severe patients are delayed in transition to PP3M because of expectation to complete stabilization.
Methods: A descriptive analysis of 123 patients, diagnosed with psychotic disorders, on treatment with paliperidone palmitate 1 month or 3 months, was performed. Age, sex, type of paliperidone treatment, hospitalizations after the initiaton of treatment, years since diagnosis, polytherapy and toxic habits were some of the variables measured and compared between both groups (PP1M and PP3M).
Results: Most of patients (63,41%) were on PP3M. Both groups shared characteristics like male sex predominance, schizophrenia as the most common diagnosis, having a recent onset diagnosis, same frequency of polypharmacy and same pattern of drug consumption. There was a slight difference between both groups regarding severity. PP1M and PP3M showed respectively 33% and 16,7% of admissions after initiation.
Conclusions: No clear pattern determines less transition to PP3M from PP1M. No statistical difference was found except form the difference found in admission after change of treatment (to PP1M