

EXPERT ROUNDTABLE SUPPLEMENT

INPATIENT TO OUTPATIENT STATUS:

CLINICAL CONSIDERATIONS IN THE TRANSITIONAL TREATMENT OF SCHIZOPHRENIA

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ABSTRACT

Treatment of schizophrenia differs dramatically between the inpatient and outpatient stages. Inpatient treatment often involves the hospitalization of a patient during or following an acute episode, when the clinician's goal is to achieve episode remission and short-term stability. Dosing in the inpatient unit is therefore typically very high and more likely to result in polypharmacy. Antipsychotic polypharmacy is a predictor of persistently high antipsychotic doses, and patients prescribed high antipsychotic doses at discharge are less likely to have subsequent dosage reductions. Polypharmacy can result in adverse drug-drug interactions (DDIs). High antipsychotic doses increase liability for side effects such as hypertension, dystonia, and akathisia. Both DDIs and side effects can cause long-term morbidity or treatment noncompliance. DDI liability varies among antipsychotics and patients, depending on the drug's metabolic pathways and the patient's metabolizing abilities. Clinicians must be knowledgeable of the mechanisms of commonly used drugs and of the common metabolic limitations of certain patients in order to avoid drug-induced morbidity. Clinicians must also strive to improve communication with patients' other healthcare providers to reduce needless polypharmacy, and should attempt lower-risk antipsychotic treatments whenever possible.

In this Expert Roundtable Supplement, David C. Henderson, MD, discusses the differences between inpatient and outpatient treatment. Jonathan Meyer, MD, reviews the DDI liability of antipsychotic agents according to their metabolic clearance. Christoph U. Correll, MD, provides an overview of the potential adverse effects of antipsychotics. Finally, Dan W. Haupt, MD, discusses the impact of medical comorbidity on the outpatient management of schizophrenia.

Accreditation Statement

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This activity has been peer reviewed and approved by Eric Hollander, MD, Chair and Professor of Psychiatry at the Mount Sinai School of Medicine. Review Date: November 15, 2007

Statement of Need and Purpose

Schizophrenia is among the world's top 10 causes of long-term disability, affecting ~1% of the United States population, with similar rates across countries, cultures, and sexes. Selecting and maintaining effective treatment is vital, as nonadherence is extremely prevalent among patients with schizophrenia. Schizophrenia has several phases of illness, each of which requires careful execution of treatment interventions. During the acute treatment phase, the priority is preventing harm, controlling violent or aggressive behavior, reducing severity of symptoms, and building a therapeutic alliance with the patient. The maintenance phase involves improving patients' level of function and quality of life, ensuring symptom remission, managing comorbid conditions, minimizing the risk of relapse, and circumventing adverse effects associated with medication. Maintenance treatment with antipsychotics can dramatically reduce the rate of relapse for patients with schizophrenia and helps to improve treatment compliance. Factors contributing to the rate of noncompliance include medication side effects, severity of psychotic symptoms, impaired cognition, and an inadequate understanding of the role of medication for preventing relapse. Strategies for managing partial compliance include treatment of side effects, educating patients about their illness, and use of long-acting antipsychotic formulations. Innovative programs that integrate early intervention, psychosocial treatments, and atypical antipsychotics show promise in improving outcomes. The different effects and potential risks of each atypical antipsychotic should be considered to tailor treatments to patients. Clinicians must be aware of potential drug interactions when determining drug selection to minimize possible side effects.

Target Audience

This activity is designed to meet the educational needs of psychiatrists.

Learning Objectives

- Evaluate the pharmacologic treatment options for schizophrenia in acute care and in the stabilization phase.
- Discuss the role of side effects and compliance and their impact on the course of illness in schizophrenia.
- Compare the available treatments options to individualize treatment for patients.

Faculty Disclosures

Christoph U. Correll, MD, is a consultant to, and serves on the advisory board and/or speakers bureaus of AstraZeneca, Bristol-Myers Squibb, Eli Lilly, Intra-Cellular Therapeutics, Janssen, Organon, Otsuka, Pfizer, Solvay, Supernus, Vanda, and Wyeth; and receives grant support from the American Academy of Child and Adolescent Psychiatry, the Feinstein Institute for Medical Research, the National Alliance for Research on Schizophrenia and Depression, and the National Institute of Mental Health.

Dan W. Haupt, MD, is a consultant to Abbott, Bristol-Myers Squibb, Compact Clinicals, Pfizer, Solvay, and Wyeth; and receives research support from Abbott.

David C. Henderson, MD, receives research support from Bristol-Myers Squibb, Eli Lilly, Pfizer, Solvay, and Takeda; receives honoraria from Bristol-Myers Squibb, Janssen, Otsuka, Pfizer, Solvay, and Wyeth; and serves on the advisory boards of Janssen, Solvay, and Wyeth.

Jonathan Meyer, MD, is a consultant to Bristol-Myers Squibb; is on the advisory boards of Vanda and Wyeth; and receives research support and honoraria from Bristol-Myers Squibb and Pfizer.

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Peer Reviewers

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