Long-acting injectable risperidone improves quality of life in schizophrenic patients: a clinical case series

Melhora da qualidade de vida em pacientes esquizofrênicos tratados com risperidona de longa ação: uma série de casos

Dear Editor,

In the last decades, there has been an increased interest about the quality of life (QoL) in different psychiatric disorders,[1] including schizophrenia.[2] The presence of negative and depressive symptoms and the cognitive impairment is related with worse QoL in schizophrenic patients.[3] Compared to conventional antipsychotics, atypical ones are effective against those symptoms. However, both conventional and atypical antipsychotics have poor compliance in oral regimens.

In an outpatient clinic, 7 patients with DSM-IV schizophrenia disorder who were considered clinically stable and treated monthly with a long-acting typical agent for at least 6 months, were sequentially selected to be treated with long-acting injectable risperidone (LAIR) in a naturalistic, open-label study with a fixed dose of 25 mg every fourteen days per 12 weeks. LAIR was usually begun fourteen days after the last injection of haloperidol decanote (HD) and subsequently administered every fourteen days per 12 weeks.

Patients were evaluated using the Brazilian versions of the Brief Psychiatric Rating Scale-Anchored (BPRS-A) for efficacy. Quality of life was assessed by the Brazilian version of the Heinrichs' quality of life-rating scale (QLS). Those assessments were evaluated in face-to-face interviews via retrospective recall after every fourteen day-appointments. Interestingly, the statistical analysis was based on repeated measures analysis of variance (ANOVA-RM), which is a new approach to test the change of clinical data over time (at visit 1 to 7).

Patients clinical characteristics are summarized: mean age was 41.4 years (SD = 10.8), 57.1% were illiterate, while the remaining had < 4 years. In terms of previous HD dosage distribution, 14% percent were treated with 150 mg/monthly, while 57% and 28% of participants were treated with 100 mg and 50 mg/monthly, respectively. Regarding the duration of previous HD treatment, 85% of participants were treated for more than 12 months and 15% more than 72 months.

The mean BPRS-A total score was 42.0 (14.2) and 10.6 (4.9) ($F = 11.49$, $p < 0.001$), while the mean of QLS total score was 26.7 (11.1) and 52.8 (26.4) ($F = 2.14$, $p = 0.039$), in visit 1 and 7 respectively. Regarding the QLS, there was a statistically significant improvement in the total score and in three of the four subscales at the end of the study (Figure 1).

This is the first reported investigation of LAIR in schizophrenia patients performed in Brazil. Previous studies have argued that generic QoL scales (such as SF-36) might not be suitable for clinical trials in severely ill schizophrenia patients for not being sensitive to subtle differences in treatment. Therefore specific scales should be used and QLS is the gold standard in schizophrenia.[4] A significant improvement in the total score and in interpersonal relationships, intrapsychic foundations, and common objects and activities of QLS reproduced what was previously reported in clozapine-treated outpatients with chronic schizophrenia.[5] Likewise, the lack of improvement in the instrumental role subscale could be accounted for by either unemployment as suggested before[5] or very little schooling of our patients. Further placebo-controlled studies could be carried out assessing quality of life by both generic and specific instruments simultaneously and establishing its correlation with depressive and cognitive symptoms.

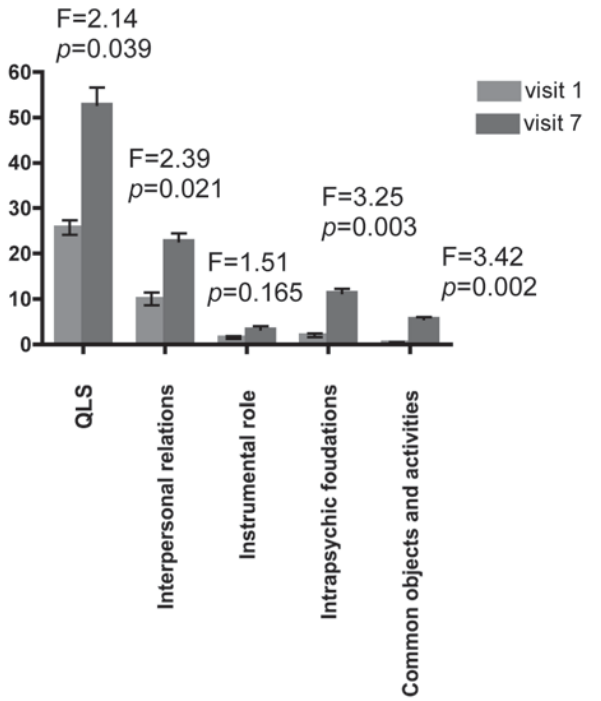

Figure 1 - Anova Repeated Measure for differences in QLS subscales between visit 1 and visit 7

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For more information, see Instructions for authors.

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