



# SIMPLIFYING THE MANAGEMENT OF PATIENTS WITH BIPOLAR DISORDERS AND/OR SCHIZOPHRENIA WITH EXTENDED-RELEASE QUETIAPINE AS ADJUNCT TREATMENT

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## BACKGROUND

Lack of adherence leads to frequent emergency visits and increased number of hospital readmissions. Several studies have shown administration once a day (simplification of treatment (ST)) may improve adherence.

## PURPOSE

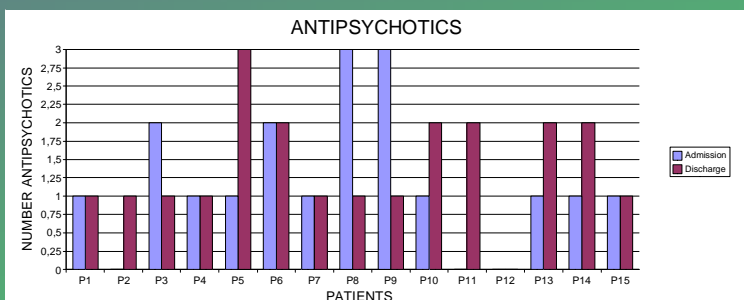
To assess the ST at discharge, with onset or change to extended release quetiapine (QXR) in patients admitted to a psychiatric unit diagnosed with bipolar disorders (BD) and/or schizophrenia (SCH)

## RESULTS

18 patients (8 men) aged 25-67 years (mean 44 years ± 12) in 19 admissions (16 BD, 3 SCH). 4 were excluded, all with BD, because of QXR discontinuation.

Mean Data (Range)	Admission	Discharge
Number tablets	5 (1-11)	9 (4-15)
Number dose	5(1-11)	8 (5-12)
Number different drugs	3 (1-6)	5 (3-8)
Dosage (mg) at discharge	-	624 (200-1200)

## ADJUVANT DRUGS TYPES:



93% had another antipsychotic than QXR (mainly clozapine), 80% had more than 2 and 40% over 3. 20% reduced the number of antipsychotic drugs.

## METHODS

Retrospective study (February 2010-April 2011) of QXR prescription in BD and/or SCH reviewing the admission and discharge reports.

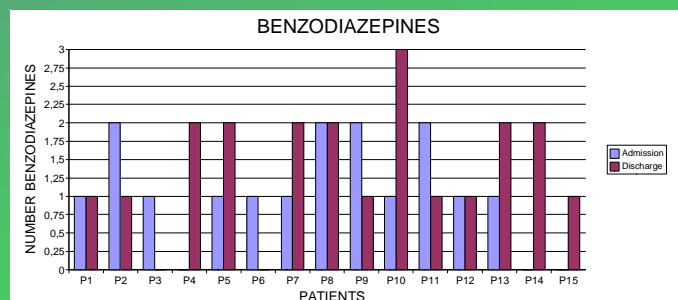
ST: reduction of one or more drugs and/or two or more tablets/times a day.

Each drop's administration was equivalent to one tablet.

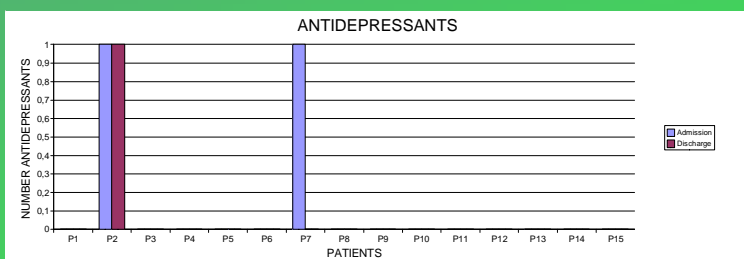
Data were measured at admission and discharge:

\* number and types of drugs, doses and tablets.

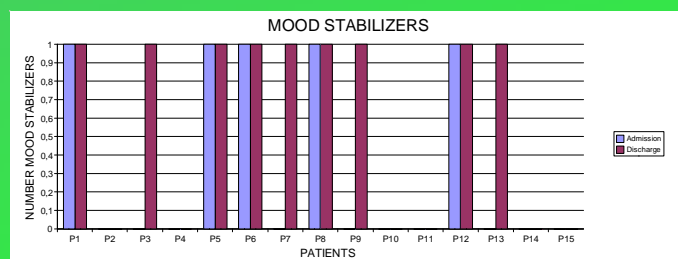
\* QXR dosage at discharge.



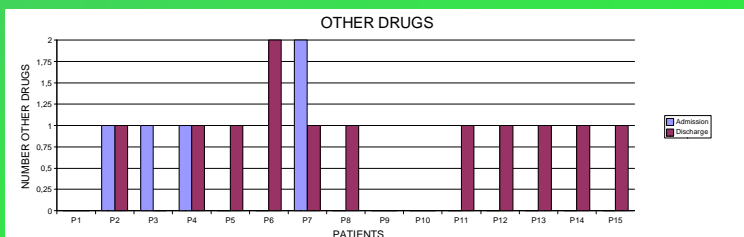
47% increased the number of different benzodiazepines and 13% decreased.



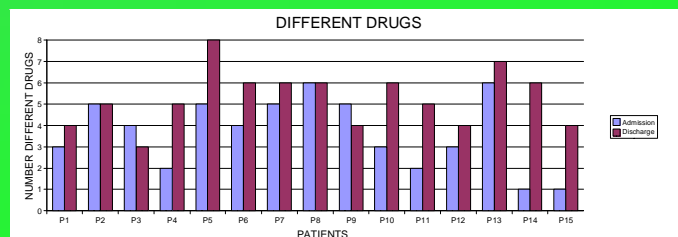
Only 1 patient had antidepressants, related to a reduction of antipsychotics



33% had at least one mood stabilizers at admission, and 60% more than one.



60% increased others medications number at discharge, 78% due to onset of lithium.



The treatment was simplified in 20% of patients: 1 patient reduced drugs number and tablets, 1 dose number and 1 drugs number.

## CONCLUSION

Simplification of treatment to improve patient adherence is very low in our series. ST with QXR in patients with BD/SCH is not affordable economically by our national health systems.

It would require more studies in routine clinical practice with QXR in monotherapy or as adjuvant to clarify what type of treatment patients would be manageable.