## Quetiapine For the Treatment of Schizophrenia—Selected Posters

Schizophrenia accounts for a significant portion of the global burden of neuropsychiatric disorders. It is often refractory to treatment and relapse due to poor adherence is also common. In addition, treatments for schizophrenia are frequently associated with side effects that can cause serious medical problems, such as cardiovascular disease. Quetiapine is approved for the treatment of schizophrenia and impacts a broad range of symptoms that affect quality of life.

Peuskens J et al. (NR4-054) reported that patients with stable schizophrenia who were treated with quetiapine ER (400-800 mg/day) had lower relapse rates (11.7% vs 48.5%) and significantly longer time to relapse versus placebo after 1 year of treatment (HR 0.13; 95% CI 07, 0.26; p<0.001). Loss of symptomatic remission, as defined by the Andreasen Remission Criteria [Andreasen NC et al. *Am J Psychiatry* 2005], occurred in 16.4% of quetiapine versus 29.9% of placebo patients. Time to loss was significantly shorter with placebo versus quetiapine ER (HR 0.3; (95% CI 0.19, 0.81); p<0.001).

In a similar patient population, Kalai A et al. (NR4-002) reported that quetiapine XR (400, 600, and 800 mg) and IR (400 mg) daily significantly reduced mean PANSS total score from baseline to Week 6 (p<0.01). Quetiapine XR (all doses) also produced a significant reduction in PANSS aggression and hostility scores. These improvements were not dependent on illness severity.

Falkai P et al. (NR4-027) reported that after 12 weeks of quetiapine (median 600 mg/day) treatment, 58.3% of patients with acute schizophrenia achieved resolution (defined as ≤3 on each of the 8 items of the PANSS). Significant baseline predictors of resolution included: younger age, having a first episode and shorter duration of episode, paranoid subtype of schizophrenia, lower PANSS-8 total score, and lower severity of CGI-S. A high number of previous hospitalizations, residuum subtype of schizophrenia, alcohol abuse, and concomitant disease predicted non-resolution.

Järbink K et al. (NR4-058) reported the results of a 12-week cost-utility analysis in patients who switched from another antipsychotic to quetiapine (66% for lack of efficacy; 34% for tolerability), which showed significant QALY gains, irrespective of the reason for the switch. QALY gains were measured using PANSS score, the presence of adverse events, and methods established by Lenert et al. [*Schizophr Res* 2004; *Health Qual Life Outcomes* 2005].

## Paliperidone Palmitate for the Treatment of Schizophrenia—Selected Posters

Adherence to the use of oral forms of antipsychotic therapy, which usually require daily administration, is a major problem when treating patients with schizophrenia. Poor adherence is common and can lead to recurrence of symptoms and hospitalization. Paliperidone palmitate is a long-acting injectable formulation that may simplify the medication regimen for both patients and caregivers. During the APA annual meeting, 3 double-blind, placebo-controlled randomized studies in patients with schizophrenia reported the efficacy and safety of 25, 50, or 100 mg equivalent paliperidone palmitate injected IM every 4 weeks.

Nasrallah HA et al. (NR4=036) noted that at the end of a 92-day trial, all doses of paliperidone significantly improved PANSS total (p<0.001) and CGI-S scores (p<0.01) versus placebo treatment in a patient population that consisted of mostly males who were diagnosed with paranoid schizophrenia.

Kramer M et al. (NR4-072) reported study completion rates of 32% for placebo, 59% for 50 mg, and 61% for 100 mg doses of IM paliperidone in a 36-day trial. More discontinuations due to efficacy and tolerability issues occurred in the placebo treatment group. PANSS total (p=0.001) and 4 factor scores (p<0.01), including positive, negative, anxiety/depression, and disorganized thought, were significantly improved versus placebo at study endpoint.

In a time-to-recurrence study, Hough D et al. (NR4-029) reported that paliperidone 25, 50, 100 mg equivalent administered IM every 4 weeks for 24 weeks significantly (p<0.0001) prolonged time to symptom recurrence versus placebo. Fewer paliperidone-treated patients (10%; 53/156) versus placebo-treated patients (34%; 53/156) experienced symptom recurrence during the study.

The authors reported similar rates and types of adverse events in both placebo and paliperidone treatment groups, except for weight gain, increased prolactin levels, and increased parkinsonism-related EPS events, which occurred more often in the paliperidone-treated patients.

The authors concluded that injectable paliperidone palmitate was an efficacious, safe, and well-tolerated alternative for schizophrenia treatment. A monthly dosing schedule may improve adherence and thus delay symptom recurrence.