Methods: e-STAR is a secure web-based, international, long-term (1 year retrospective and 2 year prospective) ongoing observational study of schizophrenia patients who initiate a new antipsychotic drug during their routine clinical management. Data reported here are for patients enrolled to date in B, S and A who had information available about the use of concomitant medication at baseline and at 6 months after the start of RLAI.

Results: Of 1,605 evaluable patients (B, n=180; S, n=919; A, n=506), 73.7% received concomitant non-antipsychotic medication at baseline. This proportion had reduced to 60.3% at 6 months after the start of RLAI (82.2% to 71.7% for B, p<0.001; 72.8% to 54.8% for S, p<0.001; 72.3% to 66.2% for A, p=0.01). Reductions between baseline and 6 months were overall: for anticholinergics 29.4% to 17.0% and for antidepressants 22.9% to 19.3% (each p<0.05 for B; p<0.001 for S); for mood stabilisers 17.6% to 15.8% (p=0.01 for S); for benzodiazepines 48.9% to 39.0% (p<0.001 for S; p=0.002 for A); for somatic medication 16.9% to 16.0%. Conclusions. Following the start of RLAI, the use of concomitant non-antipsychotic medication for the management of symptoms associated with schizophrenia or its treatment declined significantly at 6 months compared to baseline.

P058

Objectives: An interim analysis of 1 year outcomes in schizophrenia patients enrolled in e-STAR in Australia and treated with RLAI continuously for 12 months.

Methods: e-STAR is a secure web-based, international, long-term (1 year retrospective, 2 years prospective) observational study of schizophrenia patients who initiate a new antipsychotic drug during their routine clinical management.

Results: Currently, 315 patients have received RLAI continuously for 12 months; mean age 39.6 years, 68.9% male, mean duration of illness at baseline 11.8 years. Mean Clinical Global Impression Severity (CGI-S) scores at baseline (4.6) decreased significantly at 3, 6, and 12 months (n=284) (4.0, 3.7, 3.7, respectively; all p<0.001 vs baseline) indicating a reduction in illness severity from moderately-marked to mildly-moderate at month 3 and maintained to 1 year. The proportion of patients with CGI-S scores of 1–3 (not ill to mild severity) increased from 12.7% at baseline to 40.8% at 12 months (p<0.0001). Mean Global Assessment of Functioning (GAF) scale scores improved from 41.7 at baseline (serious impairment) to 56.7 (moderate impairment) at 12 months with improvements evident from month 3 after the start of RLAI (p<0.001 for both timepoints). Other significant improvements included fewer hospital stays (p<0.001) and rehospitalisations (p<0.001), reduced suicidal ideation (p=0.008) and violent behaviour (p=0.03), and decreased use of concomitant psychiatric medication.

Conclusions: These interim data show that a significant degree of clinical improvement and reduction in hospitalisation occurs early at 3 months in patients treated with RLAI and is maintained with continued treatment over 12 months.

P059

Objectives: To determine if there are differences in 6 month outcomes in schizophrenia patients with and without a history of SA treated with RLAI.

Methods: Spanish patients enrolled in e-STAR, a secure web-based, ongoing, international, long-term observational study of schizophrenia patients, who initiated RLAI have been followed up for 6 months.

Results: Of 1,107 patients enrolled to date 40.1% had a history of SA, including alcohol, prescription medication, and recreational drugs. More males in the SA group (82.2%) than the non-SA group (49.3%); mean age 35.7 and 40.4 years, mean duration of illness 11.7 vs 13.9 years, respectively. At 6 months 92.3% of SA and 94.7% of non-SA patients were continuing RLAI. Baseline mean Clinical Global Impression-Severity (CGI-S) scores were similar (SA 4.77, non-SA 4.63) and 59.0% of SA and 55.0% of non-SA patients had a baseline CGI-S score of 5–7 (marked–very severe illness). At 6 months CGI-S scores had reduced significantly in each group (SA 3.97, non-SA 3.83; both p<0.001 vs baseline) and the proportion with CGI-S scores of 5-7 fell to 27.3% of SA and 22.9% of non-SA patients. Mean Global Assessment of Functioning scale scores significantly improved between baseline and 6 months in each group; SA 46.6 to 56.5, non-SA 46.8 to 56.6 (both p<0.001). Significant reductions in use of concomitant medication in both groups (p<0.001) accompanied these clinical improvements.

Conclusion: Although a history of SA may predict poorer outcomes in schizophrenia, SA patients treated with RLAI are similarly compliant and improve equally well as non-SA patients.