Introduction: Lurasidone is a second-generation antipsychotic shown to have a lower risk of weight gain and a lower incidence of metabolic adverse events compared with some medications in the same class.

Objectives: To describe treatment patterns, clinical outcomes and adverse drug reactions (ADRs) over 12 months following lurasidone initiation in patients with schizophrenia.

Methods: This was a multi-centre observational study involving data collection from patients’ medical records, conducted in seven mental health centres in the United Kingdom (UK) and Switzerland. The study included patients aged ≥18 years who initiated lurasidone after 1 January 2016 for the treatment of schizophrenia. Data were collected from medical records both retrospectively and prospectively using a standardised data collection form. Data collected included patient characteristics, treatment history, lurasidone regimen, clinical outcomes and ADRs.

Results: Forty-eight patients participated in the study. The median (interquartile range [IQR]) age at lurasidone initiation was 33.5 (25.5–50.3) years and 31 (65%) patients were male. The median (range) lurasidone starting dose was 37 mg daily (9.3–148 mg). Thirty-eight (79%) patients continued lurasidone for the entire 12-month follow-up period. Among the 14 (29%) patients with documented relapse, the median (IQR) time to relapse was 3.4 (1.5–7.9) months. Five ADRs were recorded in patient notes judged as related to lurasidone: agitation, nausea, akathisia, somnolence and vomiting (one patient each).

Conclusions: In this real-world study of patients with schizophrenia in the UK and Switzerland, 79% of patients continued lurasidone for at least 12 months, and ADRs were reported rarely in patient notes.

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