BRIEF ASSESMENT OF FUNCIONALITY IN PSYCOTIC PATIENTS TREATED WITH LONG- ACTING INJECTABLE ANTIPSYCOTIC.

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INTRODUCTION:

An early symptomatic response has been related with an early improvement in functionality, quality of life and subjective well-being.

The short version of the Social Functioning Scale (SFS) has been validated to get round the difficulty of lack of time in our clinical practice.

OBJECTIVES:

Evaluate functionality with SFS in a sample of schizophrenic outpatients treated with long-acting injectable antipsychotics.

METHODS

20 outpatients with schizophrenia according to ICD-10 criteria. These patients were in treatment with long-term antipsychotic monotherapy during the past three months. Two treatment groups were established: paliperidone palmitate treatment group and another with the other long-acting injectable antipsychotics marketed in our country (constant release risperidone, olanzapine pamoate, zuclopenthixol, fluphenazine decanoate).

The severity of the disease was assessed by the CGI-S and function was assessed using the SFS. Antipsychotic medication was computed in equivalent mg of chlorpromazine (CPZe). Socio-demographic data were also collected.

RESULTS

Mean scores of SFS were: 25.91(SD 5.66) in paliperidone palmitate group and 27 (SD 6.78) in the other antipsycotics group. Mean score of CGI-S were: 3.91 (SD 0.94) in paliperidone palmitate group and 3.33 (SD 1.41) in the other antipsycotics group. Mean score of CPZe was: 427.1 (SD 102,54) in paliperidone palmitate group and 580,59 (SD 332,54) in the other antipsycotics group.

CONCLUSIONS:

We don't find significant differences between the two groups. It should be noted observational design prevent us from make relevant inferences. It is likely that with a larger sample size these data can be modified.