

Poster presentation

Clinical and functional status, weight and sexual adverse events over the first six months of treatment: Greek results from the schizophrenia outpatient health outcomes (SOHO) study

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Background

The Schizophrenia Outpatient Health Outcomes (SOHO) study is a 3-year, prospective, outpatient, observational study of health outcomes associated with antipsychotic treatment. 10,972 patients were enrolled upon initiation of or change to a new antipsychotic in actual outpatient treatment settings.

Material and Methods

Response in positive, negative, cognitive, depressive and overall symptoms from baseline to 6 months, as measured using CGI (Clinical Global Impression) scales, was assessed for patients enrolled in SOHO. Mean change in weight and Body Mass Index (BMI) from baseline to 6 months was also assessed. Sexual adverse events were collected by the physician using a patient-reported questionnaire with three options (no problems, some problems and unable to perform).

Results

6-month data had been collected on 620 Greek patients with schizophrenia. 579 patients were eligible for the analyses of the outcomes. Substantial reductions in symptomatology from baseline to 6 months were seen in this sample across all antipsychotics. Mean change in positive symptoms on the CGI-S was less for risperidone-treated patients (-1.18 ± 1.30) than for patients treated with other antipsychotics (ranged from -1.21 ± 1.47 for patients taking quetiapine to -1.63 ± 1.96 for patients taking oral typical antipsychotics). Mean change in negative symptoms

was greater for olanzapine (-1.46 ± 1.22) and quetiapine (-1.24 ± 1.15) treated patients than for patients treated with oral typical (-0.78 ± 1.42) and patients taking risperidone (1.04 ± 1.08). Mean change in overall symptoms was less for patients treated with risperidone (-1.13 ± 1.06) and quetiapine (-1.17 ± 1.10) than for patients treated with olanzapine and oral typical antipsychotics. EQ-VAS health state improved across all cohorts with the biggest improvements seen in patients treated with olanzapine (23.02 ± 20.74) and oral typical antipsychotics (18.57 ± 23.37). Mean weight change between baseline and 6 months, across cohorts, ranged from 1.13 ± 6.64 kg for quetiapine-treated patients to 3.37 ± 4.60 kg for olanzapine-treated patients. Mean change in BMI between baseline and 6 months ranged from 0.35 ± 2.19 kg/m² for quetiapine-treated patients to 1.15 ± 1.55 kg/m² for olanzapine-treated patients. The proportion of patients having problems with their sexual functioning was greater in the quetiapine (79.3%), and oral typical (78.4%) cohorts than in the risperidone (69.2%) and olanzapine (54.9%) cohort.

Discussion

Substantial improvements in clinical and functional status were seen from baseline to 6 months across all antipsychotic treatment cohorts. Quetiapine- and risperidone-treated patients experienced the smallest reductions in positive symptoms. Patients treated with olanzapine experienced larger reductions in negative symptoms compared to patients treated with other antipsychotics which in turn

may have led to the greater improvements in EQ-VAS status compared to patients treated with other antipsychotics. From baseline to 6 months, weight gain occurred across all antipsychotic treatment cohorts with olanzapine-treated patients experiencing more weight gain than patients treated with other antipsychotics. Finally, findings suggest that patients in the olanzapine and risperidone treatment cohorts are less likely to develop problems with their sexual functioning compared with patients in the other antipsychotic treatment cohorts.

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