Switching from Risperidone LAI to Paliperidone Palmitate, what’s the benefit? 
A Case report.

Licia Casilli, ASST Franciacorta. CPS Rovato

Introduction

Schizophrenia is a chronic psychiatric disorder associated with high noncompliance and discontinuation rates. Hyperprolactinaemia is a significant side effect of antipsychotic medications and may cause sexual dysfunction. We tell the story of a nonadherent woman treated with LAI that developed hyperprolactinemia. This patient was known by the Iseo CPS from April 2014. We diagnosed a Schizophrenia, middle oligophrenia (Q.I. 52) The first episode probably appeared when she was a young woman with an obsessive syndrome, the first contact with a private clinician probably happened around 1999 and continued till 2013. She had different antipsychotics therapies both oral and depot (Clopitol depot). During 2014 some events modified the family structure, the patient showed worsening symptoms and was admitted in the Iseo CPS. In December 2015 relapsed and was hospitalized into the ISEO SPDC with delusions and persecutory symptoms. We suspected a partial compliance to therapy and then we introduced a LAI (Risperidone LAI 37,5 mg every 2 weeks) She was partial responder and developed hyperprolactinemia.

Objective

The aim of our study was to assess the effect of switching from long-acting injectable (LAI) risperidone to paliperidone palmitate (PP) on sexual function and prolactin levels in one patient with psychosis. We wanted also assess the possible global clinical improvement.

Methods

We studied papers regarding the possibility to have symptoms improvement switching to Paliperidone Palmitate[^2][^4], functioning[^1] and the possible, even if is not so clear, improvement of prolactin levels[^3]. We started with Paliperidone Palmitate 100mg/eq. We evaluated functioning at baseline and after six months with VGF-GAF.

Results

After two injections the amenorrhea was yet a problem. We adjusted the therapy lowering the Paliperidone Palmitate dose to 75 mg/eq, and extending the time between two injections to five weeks. After 3-4 months from the baseline we observed a significant reduction of prolactin levels and disappeared her amenorrhea. The woman declared a clinical improvement with an increase of cognitive and social abilities VGF (Global functioning) from 21 al baseline to 55 after 6 months.

Conclusions

In this case, switching from Risperidone LAI to Paliperidone Palmitate generated a global clinical improvement and lower serum prolactin levels with consequently improvement of associated symptoms. The patient found a benefit from this therapy. We need further informations to confirm this experience.

References