ANTIPSYCHOTIC LAI TREATMENT. FROM THE IMPROVEMENT OF THERAPY 
ADHERENCE TO AUTONOMY PROMOTION IN YOUNG ADULTS

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Introduction
The Long acting injection (LAI) is traditionally used in the psychotic disorders with poor compliance to oral antipsychotic therapy. With last generation LAI (risperidone long acting injection, paliperidone palmitate) we focus also on social functioning improvement, on quality of life (Koshikawa et al, 2016) and on treatment satisfaction (Atkinson M et al, 2004).

Objectives
The aim of this study is to give a contribute to the change of point of view on the concept of Long Acting Antipsychotic Therapy: in our everyday clinical practice we are beginning to propose it not only in order to be sure that patients take the antipsychotic therapy without interrupt it, but also to improve the social functioning and therefore the treatment satisfaction, especially in young adults.

Methods
We selected all patients (N = 16) of our Health Mental Centre aged between 18 and 36 with psychotic disorder diagnosis from 2010 to 2015 that took a not enough effective therapy or that had important side effects, or first generation long acting antipsychotic therapy, either oral antipsychotic therapy.
At T1 the patients were divided into two groups: those who took a first generation long acting antipsychotic therapy (N=2) and those who took an oral antipsychotic (N=14). Then they all switched to LAI of first and last generation. They were followed up for a period of 6 months (T2).
At T1 and T2 were given all patients two drug treatment satisfaction scales (Drug Attitude Inventory – 10 : DAI 10; MSQ) and the Global Assessment of Functioning (GAF) Scale (DSM – IV Axis V)
All data come from the clinical interviews and from the evaluation scales scores.

Results
The switch from an oral therapy to a LAI in our sample has lead to a clinical improvement. Regarding the satisfaction, the scores were better for patients who switched to last generation LAI.
Regarding to the functioning improvement, we observed higher scores after the switch; it did not depended on the kind of antipsychotic.
We got better satisfaction scores in the patients who had switched from first generation LAI to paliperidone rather other new LAI.
Also in the switch from per os therapy to paliperidone we got a better satisfaction rather than in the switch from per os therapy to other new LAI.
The subjects who switched from oral therapy to non paliperidone LAI showed a better improvement in functioning, but in the satisfaction scales the scores were not so different at T1 and at T2.

Conclusion
For last generation LAI, we confirm from our experience with this limited sample that their peculiarity is constituted from the satisfaction and from the improvement in the quality of life. The results are better than those regarding the first generation LAI and the oral antipsychotic therapy.
These conclusions stimulate us to reflect about the satisfaction and quality of life domains, also regarding other last generation LAI (olanzapine, aripiprazol).

References: