

Readmission rate of patients with schizophrenia and schizoaffective disorder on long-acting injectable antipsychotic medication across a healthcare system

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OBJECTIVE: Long-acting injectable antipsychotics (LAIAs) may improve schizophrenia and schizoaffective disorder disease control when poor adherence to oral medication is a barrier, it is early in a diagnosis, or a patient is interested in an alternative option. Despite data to support their use, LAIAs are under-utilized. Identifying readmission rates and specifying patients' medication regimens could help to establish how LAIAs are impacting care and highlight where healthcare providers, including pharmacists, can make a difference.

METHODS: A retrospective chart review was performed to collect data on patients between the ages of 18 and 64 years old that had schizophrenia or schizoaffective disorder and presented to a Hartford Healthcare hospital with behavioral health as the primary reason for admission from February 28, 2018 to February 29, 2020. The primary outcome of this study was 6-month hospital readmission rate of patients with schizophrenia on LAIA medication compared to patients on oral antipsychotic medication only. Secondary outcomes included the dose and frequency of administration of LAIA antipsychotic regimens, time to hospital readmission, and length of stay for readmission compared to index hospitalization. Patients without clinical visits after discharge, with incomplete prescription data, or lost to follow-up were excluded from review.

RESULTS: There was no difference in the 6-month hospital readmission rate in patients who received an LAIA compared to patients who only used oral antipsychotics (88.8% versus 86.0%, $p=0.554$). Patients with an LAIA trended towards a shorter length of stay on readmission (8.23 ± 9.34 versus 9.48 ± 12.8 days, $p=0.902$). The LAIA group had a significantly longer time to readmission (91.1 ± 84.4 versus 76.2 ± 102.7 days, $p=0.004$). Patients who received paliperidone palmitate had a shorter readmission length of stay compared to risperidone microspheres (4.95 ± 7.13 versus 12.9 ± 9.01 , $p=0.018$). Less patients on paliperidone palmitate received titrated doses (29.4%) compared to risperidone microspheres (40%) and fluphenazine decanoate (50%). There was no difference in 6-month readmission rate among patients who received a titrated dose versus a starting dose (44.6% versus 55.3%, $p=0.215$).

CONCLUSION: LAIAs did not reduce 6-month hospital readmission compared to oral antipsychotics alone. However, they appeared to positively impact disease control based on increased time to readmission. The low rate of reevaluating and titrating LAIAs, especially paliperidone palmitate, after completing the initial load, may have hindered their efficacy and may explain the lack of benefit to reduce 6-month readmissions observed in this study.