

Long acting injectable antipsychotics in bipolar disorder: a 2-year prospective cohort study

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Aims: Compare the efficacy of long acting injectable antipsychotics (LAI) in bipolar disorder

Methods: We conducted a two-year prospective cohort study in a community mental health team (Oeiras council, around Lisbon). Patients with type I bipolar disorder, aged 18 years and above, followed during 2015 and being treated with LAI were selected. We randomly select a matching control sample (sex, education, duration of illness and hospital admissions). Concomitant medications such as mood stabilizers, antidepressant or anxiolytics were considered. The clinical outcomes were hospitalization for any mood episode and emergency department visits. Non-parametric tests were used for statistical analysis.

Results: We followed 154 patients with bipolar disorder and 21 met the inclusion criteria. In the LAI group, we had a sample of 67% males, mean age of 39, mainly working (52%), with 6,7 years of illness duration, 33,3% with at least one psychiatric admission (mean length of hospital stay of 17 days). After a 2-year follow-up, the LAI group showed a reduced admission rate (LAI group, $P=0.025$; control group, $P=0.103$). This difference was also found in the days of hospitalization rate (LAI group, $P=0.018$; control group, $P=0.237$). The emergency department visits had no statistical difference from baseline (LAI group, $P=0.212$; control group, $P=0.166$). The psychiatric appointments showed a significant reduction (LAI group $P=0.016$; control group, $P=0.015$).

Conclusions: given the fact that bipolar patients recurrently abandon the medication, there is a growing evidence for the use of LAI, both first and second-generation antipsychotics. We found that patients with LAI at baseline had a significant decrease in the rate of admissions and psychiatric assessments over a two-year period.

LAI may be useful to reduce hospital admissions in bipolar I patients, but further studies are needed to investigate residual symptoms, quality of life and functionality.