

# Long-Acting Antipsychotic Injectables vs. Oral Antipsychotics: Comparing Compliance, Relapse, and Re-Hospitalization Rates

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## Purpose

The purpose of this scoping review is to review the literature and further compare the compliance, relapse, and re-hospitalization rates of long acting injectable (LAI) and oral antipsychotics to support the utilization of LAIs in adult psychiatric patients suffering from psychosis.

## Specific Aims

- Analyze the compliance rates of both LAI and oral antipsychotics on patients.
- Determine the relapse rates on both medication types.
- Compare re-hospitalization rates of patients taking LAI versus oral antipsychotics.
- Analyze the findings and draw conclusions on effective pharmacotherapeutic techniques for psychosis management

## Background

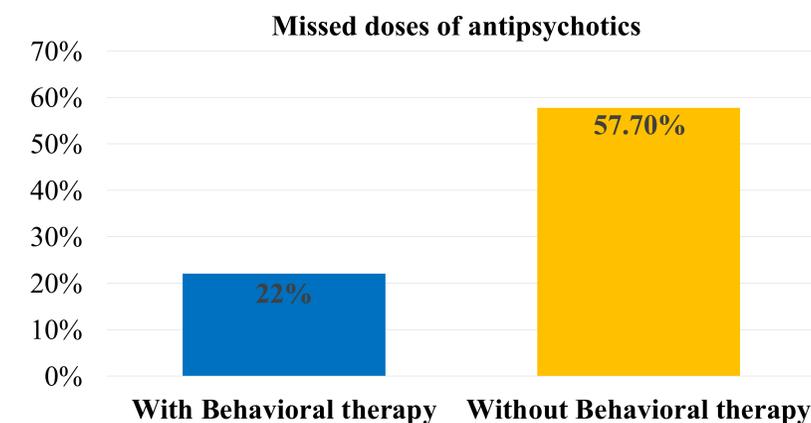
- Psychosis is a psychiatric disorder characterized by hallucinations and delusions. These symptoms not only negatively impact a patient's quality of life but can also make treatment compliance difficult. This lack of treatment compliance ultimately leads to higher relapse and re-hospitalization rates among this population. Thus, it is imperative that effective treatments are developed, utilized, and made readily available for patients.
- Antipsychotics are medications that block dopamine D2 receptors. These medications are used for psychosis to help to improve patient outcomes. Currently, two routes of antipsychotic administration are available, oral antipsychotics or long-acting antipsychotic injections (LAIs). Oral antipsychotic administration requires daily dosing to achieve optimal plasma concentrations, whereas LAIs may be given every 2-12 weeks (NAMI, 2016).
- Evidence regarding the comparison of both medication types indicate that LAIs are more effective in the management of psychosis as compared to oral antipsychotics with adherence rates ranging from 48%-91%. Additionally, LAIs have a 5% lower probability of hospital readmission rates among patients with schizophrenia compared to oral antipsychotics.

## Methods

- An extensive literature search was conducted using Google Scholar and PubMed
- **Eligibility criteria:**
  - Written in the English language
  - Include participants 18 years and older
  - Include participants who meet the criteria for schizophrenia, delusional disorder, bipolar disorder, or schizoaffective disorder
  - Focus on LAI and oral antipsychotics
- **Data collection and synthesis included:**
  - Diagnosis, patient demographics, therapies, medication type, discharge time, re-hospitalization rates, and relapse rates

## Results

- 10 research articles met criteria.
- LAIs are less likely to be re-hospitalized in comparison with patients administered with oral antipsychotics (Greene et al., 2018).
- No significant differences overall between long-acting and oral antipsychotic compliance, relapse, and re-hospitalization rates.
- Behavioral therapy intervention and minimal side effect profiles decrease the relapse and compliance rates (Sajatovic et al., 2017; Kishimoto et al., 2014).
  - Missed doses decreased from 57.7% to 22%, while attitudes regarding both medication and treatment increased when utilized.
  - 92.9% adherence rate was found in long-acting antipsychotic participants (Sajatovic et al., 2017)
- Specific guidelines to target barriers to adherence:
  - Behavioral therapy and increased education help patients feel empowered and autonomous in their treatment decisions.



## Implications for Practice

- Benefits would come from further research to determine differences between LAIs and oral antipsychotics regarding compliance, relapse, and re-hospitalization rates.
- Behavioral therapy and increased education should be implemented when prescribing either an oral or LAI to increase patient attitudes, empowerment and autonomy in their treatment can increase chances of compliance.
- This knowledge can help providers make an individualized, evidence-based decision when developing a treatment plan for patients who have psychosis

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