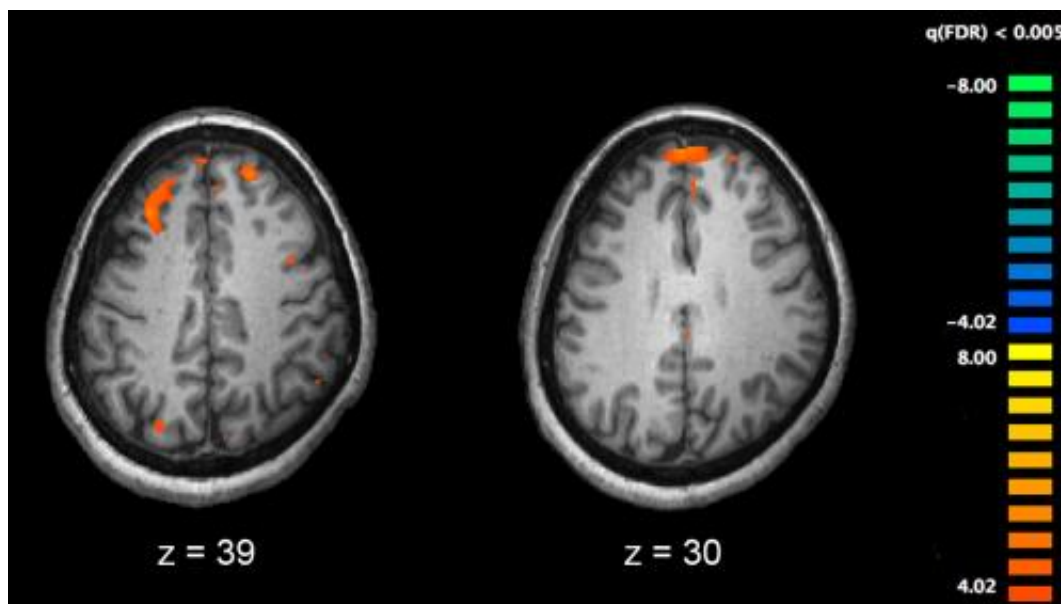


Long-acting antipsychotic medication may improve treatment for schizophrenia

June 25 2015, by Mark Wheeler



Functional magnetic resonance imaging (fMRI) and other brain imaging technologies allow for the study of differences in brain activity in people diagnosed with schizophrenia. The image shows two levels of the brain, with areas that were more active in healthy controls than in schizophrenia patients shown in orange, during an fMRI study of working memory. Credit: Kim J, Matthews NL, Park S./PLoS One.

Schizophrenia, which affects 2 million to 3 million people in the U.S., causes hallucinations, delusions and disorganization. Left untreated, the disease can cause a significant loss in quality of life, including unemployment and estrangement from loved ones. But many people with

schizophrenia can control the disorder and live without symptoms for several years if they consistently take prescribed antipsychotic medication, typically a daily pill.

The problem is that many people don't continue taking their medication once their symptoms improve.

Now, a UCLA study has found that people who took a long-acting injectable form of risperidone—one given every two weeks—had a substantially lower risk for the symptoms returning than people who took the daily medication as a pill.

The study, which will be published June 24 in the journal *JAMA Psychiatry*, concluded that doctors should consider prescribing the long-lasting injectable medication much earlier in the course of treatment than they typically do today.

"We know that not taking antipsychotic medication is the single greatest modifiable risk factor for psychotic symptoms returning," said Kenneth Subotnik, an adjunct professor of psychiatry at the UCLA Semel Institute for Neuroscience and Human Behavior and the study's first author, adding that patients who have only recently developed the disease are especially susceptible to not taking their medication daily.

Although long-acting medications have been around since the 1970s, most previous studies have focused on patients who had experienced schizophrenia for many years. In those patients, the long-acting medications were not always a better alternative. The UCLA study focused specifically on patients who had recently developed the disorder.

"Individuals with a single episode of schizophrenia who have responded well to antipsychotic medication, even if they do understand they have a

mental disorder, very often doubt whether medication continues to be necessary," said Keith Nuechterlein, a UCLA professor of psychiatry and senior author of the study.

The researchers followed 83 people recently diagnosed with schizophrenia for a one-year period. Half were given the daily oral form of risperidone and the others were given the long-acting injectable form. All interventions were given as part of the UCLA Aftercare Research Program.

The researchers found that patients taking the injectable medicine were much more likely to stick with their treatment than patients taking the oral form, and that the injectable did a better job of controlling psychotic symptoms. During the 12-month period, just 5 percent of those taking the injectable medication had their [psychotic symptoms](#) return, versus 33 percent of those taking the pill.

In addition, Subotnik said, the benefits appear to be greater than when given after individuals have had the disorder for many years, which indicates that the long-acting injectable should be offered to patients earlier in the course of schizophrenia.

Subotnik said another benefit of the injectable is that—because it's administered at a doctor's office rather than taken at home—doctors can more easily track whether patients are regularly taking the medication.

"Because of that, we had nearly perfect adherence to the long-acting form of risperidone," he said.

Analyzing the same group of people, the researchers also found that consistent adherence to antipsychotic medication led to improvements in the [patients'](#) cognitive functioning, Nuechterlein said. (Those results have been presented at a conference but not yet published.) And in a

2012 study led by the late George Bartzokis, a UCLA professor of psychiatry, MRI scans of some of these participants found that the long-acting [medication](#) also increased the amount of brain myelin, the coating on nerve fibers which, like insulation around a wire, improves communication between nerve cells. Myelination often decreases in people with [schizophrenia](#), which leads to impairments in brain function and cognition.

Nuechterlein said the next stage of the research will be examining whether there are additional benefits of a long-acting injectable [antipsychotic medication](#), and if it is just as effective if given only once a month instead of every two weeks.

More information: "Long-Acting Injectable Risperidone for Relapse Prevention and Control of Breakthrough Symptoms After a Recent First Episode of Schizophrenia." *JAMA Psychiatry*. Published online June 24, 2015. [DOI: 10.1001/jamapsychiatry.2015.0270](https://doi.org/10.1001/jamapsychiatry.2015.0270)

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