

Antipsychotic injections linked to a sharp drop in hospital readmissions

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Antipsychotic injections upon hospital discharge were associated with a 75% reduction in 30-day rehospitalizations when compared with oral antipsychotics, according to a Rutgers Health study.

The [findings](#), published in the *Journal of Clinical Psychopharmacology*, support the use of long-acting injections over daily pills for both medical and financial reasons.

"Controlling symptoms to avoid hospitalization is even more important with schizophrenia than other conditions because each relapse makes the condition harder to treat going forward," said Daniel Greer, a clinical assistant professor at the Rutgers Ernest Mario School of Pharmacy and lead author of the study.

Standards of care for schizophrenia treatment already call for long-acting injections over daily oral medication but still list pills as an acceptable treatment option, said Greer, adding that patients still choose pills over injections for reasons ranging from [insurance coverage](#) to fear of needles.

For the new study—which compared 30-day readmission rates for all patients discharged from a single academic hospital with schizophrenia or schizoaffective disorder from August 2019 to June 2022—240 patients opted for oral medication when they left the hospital, while 103 chose long-acting injections.

After 30 days, the readmission rate was 8.3% among patients who received [oral medication](#) and 1.9% among patients who received long-acting injections, which can last anywhere from two weeks to six months.

The researchers analyzed existing treatment data rather than randomly assigning patients beforehand to the different treatments, so the different outcomes could reflect factors other than treatment efficacy, but other trials have also tied long-acting injections to superior outcomes.

"I suspect the lower readmission rate that has been observed with long-

acting injections has more to do with people forgetting to take a pill each and every day than with any inherent superiority of the injectable medication," Greer said.

"Other studies on the use of antipsychotic medication have found that roughly three-fourths of patients do not take oral medications exactly as directed, and it's much easier to get a shot every few months than it is to take a pill every day, even though the shot requires a trip to the doctor."

The authors of the study chose to compare one-month readmission rates because the 30-day window is both medically and financially important. For patients, the risk of severe symptoms requiring readmission declines significantly after they successfully control their condition for 30 days. For hospitals, compensation for their services often requires that patients not return to the hospital less than 30 days after their initial discharge.

Historically, many insurers have refused to cover long-acting antipsychotic injections because they cost more than oral treatments, even in generic formulations, Greer said. Coverage has improved, however, as more studies find that injections produce superior outcomes.

"The cost of the injections is far lower than the cost of hospital treatments," he said. "And each additional visit to the hospital increases the odds that there will be more visits in the future. Every time someone experiences psychosis, they lose gray matter, and they suffer damage that never heals. That's why it's so vital to minimize psychotic episodes."

More information: Pragma Thaman et al, Efficacy of Long-Acting Injectable Antipsychotics Versus Oral Antipsychotics in Preventing Psychiatric Rehospitalizations, *Journal of Clinical Psychopharmacology* (2024). [DOI: 10.1097/JCP.0000000000001810](https://doi.org/10.1097/JCP.0000000000001810)

Provided by Rutgers University

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