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THE TRIANGLE OF SCHIZOPHRENIA TREATMENT:
Dosing, Side Effects, and Rescue Medication in an observational study with cariprazine

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The doses of cariprazine were equally used in this observational study; with most patients on 3.0, 4.5 and 6.0 mg/day.

Higher doses do not seem to increase neither rescue medication use nor experienced EPS-related side effects.

Throughout the study there was a slight decrease in the percentage of patients taking rescue medications and a considerable change in EPS-related side effects.

OBJECTIVE

To explore the relationship between cariprazine doses, the most common side effects, and the rescue medications that can be used to alleviate them by analysing data from a real-world study.

METHODS

- This was an open-label, flexible-dose, 16-week, observational study of cariprazine involving 116 outpatients in Latvia (1).
- Adult patients who have been diagnosed with schizophrenia, exhibited negative symptoms based on clinical judgement, were at least mildly ill according to the Clinical Global Impression - Severity (CGI-S) scale and have not previously received cariprazine were eligible to take part in the study. Patients received cariprazine according to the SmPC guidelines.
- The appropriate dosage (1.5 mg, 3 mg, 4.5 mg or 6 mg) during treatment was decided by the practitioners based on clinical judgement.
- Rescue medications such as anti-extrapyramidal symptom (anti-EPS) medications, sleeping agents and benzodiazepines were allowed.
- Safety parameters included spontaneous reports of adverse events, and specific assessments of extrapyramidal side effects.

RESULTS

- Out of the 116 patients, 96 completed the study. In terms of diagnosis, the majority of them had paranoid schizophrenia (70%).
- Most of the patients (87%) started cariprazine treatment with 1.5 mg, however there were higher initial doses as well (Figure 1).
- Given that most of the patients switched from another antipsychotic medication to cariprazine, rescue medications were already taken at baseline (Figure 2).
- In terms of EPS-related side effects, parkinsonism (P) and akathisia (A) were experienced at mild (P, A: 14%), moderate (P: 1%, A: 8%) and marked (P, A: 2%) severity levels, again due to previous antipsychotic medication.

Table 1. Baseline characteristics

Demographics	
Age, mean (SD), y	37.4 (11.3)
Men, n (%)	69 (59.5)
Duration of illness, mean (SD), y	8.4 (7.0)
Non-antipsychotic therapy within the last month before study entry, n (%)	
Benzodiazepines	33 (28.5)
Anti-EPS medication	57 (49.1)
Sleeping agents	4 (3.5)

Figure 1. Cariprazine doses throughout the study

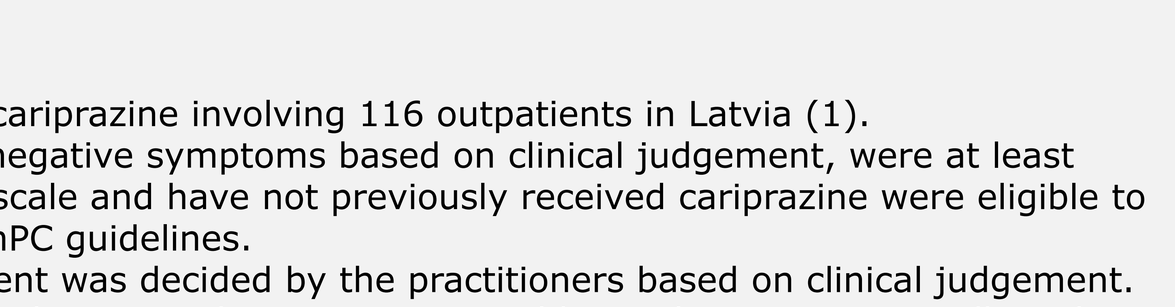


Figure 2. Percentage of patients taking rescue medications

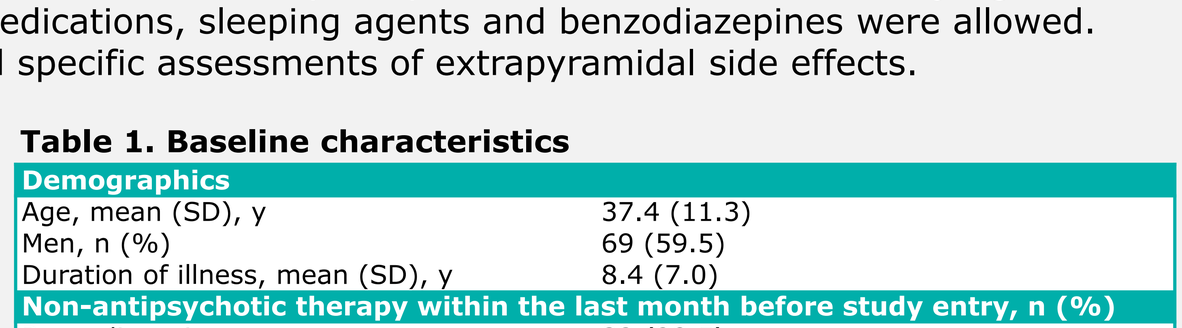
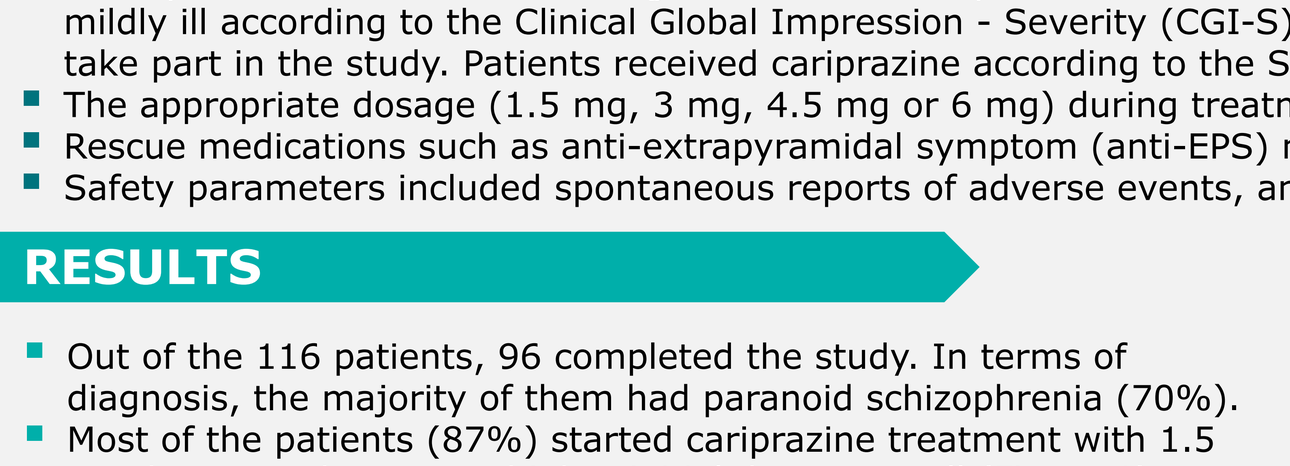


Figure 3. Percentage of patients experiencing EPS-related side effects



Disclosure: Zs. B. Dombi and Gy. Németh are employees of Gedeon Richter Plc.

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