Antipsychotics in First-Episode Psychosis: Patterns of Use in a Sample of Portuguese Patients

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Purpose: Current guidelines propose the use of low doses of antipsychotics in the treatment of first-episode psychosis (FEP) patients. This study aims to examine the pattern of antipsychotic use in the first months of psychosis in a sample of Portuguese patients.

Materials and Methods: Electronic medical records were retrospectively analyzed and antipsychotic treatment was evaluated during initial weeks (baseline) of treatment and current time (follow-up).

Table 1. Sample Characteristics	
N	40
Male n (%)	24 (60%)
Age years mean (SD)	29.7 (8.4)
Civil status	
Single	27
Married	7
Divorced/separated	6
Employment	
Employed	11
Unemployed	22
Student	7
DUP days n (SD)	470.6 (693.3)
Diagnosis	
Schizophrenia	11
Psychosis NOS	18
Cannabis induced Psychotic Disorder	7
Delusional disorder	2
Psychotic depression	1
Bipolar disorder, manic episode	1
Cannabis use n (%)	20 (50%)

Results: The sample includes 40 consecutive affective and non-affective FEP patients, with a mean time of follow-up of 16.2 months (SD: 10.3). The mean age of the sample was 29.7 years, 60% males, with a duration of untreated psychosis (DUP) of 470.6 days (SD: 693.3). At baseline, 37 (92.5%) of the patients were treated with atypical antipsychotics. Twelve (30%) patients were initially treated with risperidone, 8 (20%) with olanzapine, 5 (12.5%) with aripiprazole, 3 (7.5%) with paliperidone and 2 (5%) with haloperidol. Of the 40 patients, 22 (55%) continued the initially prescribed antipsychotic at follow-up assessment, 16 (40%) switched to an alternative antipsychotic and 2 (5%) were lost to follow-up. At follow-up, 9 (22.5%) patients were taking risperidone, 6 (15%) patients aripiprazole, 3 (7.5%) patients paliperidone, 2 (5%) patients olanzapine, 2 (5%) patients clozapine, 1 (2.6%) patient sustained-released quetiapine, 1 (2.6%) patient amissulpride and 1 (2.6%) patient haloperidol. Injectable long acting antipsychotics were used in 22.5% of patients at baseline and in 32.5% at follow-up.

Table 2. Baseline antipsychotic prescription	
Typical antipsychotic (oral)	
Haloperidol	2 (5%)
Atypical antipsychotics (oral)	
Risperidone	12 (30%)
Olanzapine	8 (20%)
Aripiprazole	5 (12.5%)
Paliperidone	3 (7.5%)
Quetiapine SR	1 (2.5%)
Injectable long-acting antipsychotics	
Paliperidone LAI	7 (17.5%)
Zuclopenthixol decanoate	1 (2.5%)
Risperidone LAI	1 (2.5%)

Table 3. Follow-up antipsychotic prescription	
Mean time follow-up Mean (SD) months	16.2 (SD: 10.3)
Typical antipsychotic (oral)	
Haloperidol	1 (2.63%)
Atypical antipsychotics (oral)	
Risperidone	9 (22.5%)
Aripiprazole	6 (15%)
Paliperidone	3 (7.5%)
Olanzapine	2 (5%)
Quetiapine SR	1 (2.6%)
Amissulpride	1 (2,6%)
Clozapine	2 (5.2%)
Injectable long-acting antipsychotics	
Paliperidone LAI	9 (22.5%)
Haloperidol decanoate	2 (5.2%)
Risperidone LAI	1 (2.6%)
Zuclopenthixol decanoate	1 (2.6%)
Lost follow-up	2 (5%)
Continued initially prescribed antipsychotic	22 (55%)
Switched to an alternative antipsychotic	16 (40%)

Conclusion: Our results are in line with current guidelines regarding FEP. Our sample of FEP patients were mainly treated with atypical antipsychotics. Clozapine was only used as alternative antipsychotic when two others were not effective. Injectable long acting antipsychotics were used in a significant proportion of the patients.

References

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