WELCOME



June 2023 | 4:00 - 4:45 pm ET



The Clozapine & LAI Virtual Forum is an all-new, peer-to-peer, interactive dialogue between psychiatrists, nurse practitioners, and other prescribing clinicians.

It is informal, no registration required — just join our Zoom call and share your challenges and questions on the month's trending topic around either clozapine

TODAY'S TOPIC:

Making Sense of the Long-Acting Injectable (LAI) **Antipsychotic Medication Research**







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MODERATORS

Leon Ravin, MD

Dr. Leon Ravin is a Clinical Professor at the University of Nevada Las Vegas School of Medicine and the Statewide Psychiatric Medical Director for the Division of Public and Behavioral Health, State of Nevada. Dr. Ravin serves on the Executive Committee of the Medical Directors Council of the National Association of State Mental Health Program Directors, on the Conference Committee for the National Psychopharmacology Update, and on the SMI Adviser LAI Workgroup.

Donna Rolin, PhD, APRN

SMI Adviser Nursing Expert; University of Texas, Austin

Dr. Donna Rolin is Clinical Associate Professor and the Director of the Psychiatric Mental Health Nurse Practitioner program at the University of Texas with 23 years of experience in psychiatric nursing, including inpatient, community, forensic, and older adult settings.

Robert Cotes, MD

SMI Adviser Physician Expert; Emory University Dr. Robert Cotes, MD, is an Associate Professor at Emory University School of Medicine in the Department of Psychiatry and Behavioral Sciences. He has interest in clozapine, characterizing persistent symptoms of schizophrenia, understanding cardiometabolic side effects of antipsychotic medications, and first episode psychosis.

Megan Ehret, PharmD, MS, BCPP

SMI Adviser Pharmacy Consultant, University of Maryland

Dr. Megan Ehret is a Professor at University of Maryland School of Pharmacy in the Department of Practice, Sciences, and Health Outcomes Research and is Co-Director of the Mental Health Program. She is a Past-President of the American Association of Psychiatric Pharmacists. Her current interests include psychotropic medication adherence and the incorporation of the psychiatric pharmacist in practice.

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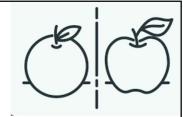
Discussion Questions for Virtual Forum: Making Sense of the LAI Antipsychotic Medication Research

- Where do you get most of your information about LAI efficacy or selection?
- How is "efficacy defined?"
 - When looking at LAI efficacy evidence, the outcome measures vary.
- Existing LAI research, consider who is included / excluded
 - Do those studied match (apply to) your patient population?





Challenges in Gathering Evidence



Are we comparing apples to apples?

- So few LAIs, so many PO antipsychotics
- Measuring the same outcomes?
- In vitro = in vivo?
- RTC designs who included, excluded?
 - Length of studies?
 - Secondary data analyses?









Efficacy and effectiveness of depot versus oral antipsychotics in schizophrenia: synthesizing results across different research designs.

A PubMed literature review targeted English-language studies (2000-2011) with information on relapse, hospitalization, or all-cause discontinuation for depot and oral antipsychotic treatment arms in schizophrenia.

13 relevant studies included 5 Randomized Control Trials (RCTs), 4 prospective observational studies, and 4 retrospective observational studies.

Age- and gender-adjusted risk ratios (RRs) (depot/oral) were calculated for the identified endpoints (hospitalization, relapse, discontinuation).

Efficacy and Effectiveness of Depot Versus Oral Antipsychotics in Schizophrenia: Synthesizing Results Across Different Research Designs

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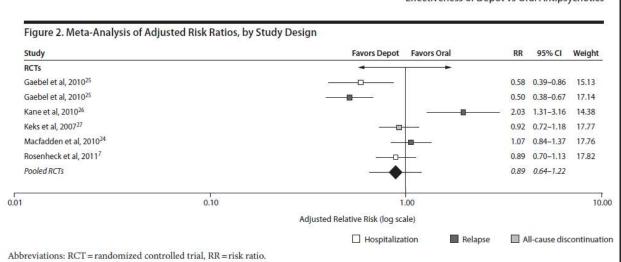


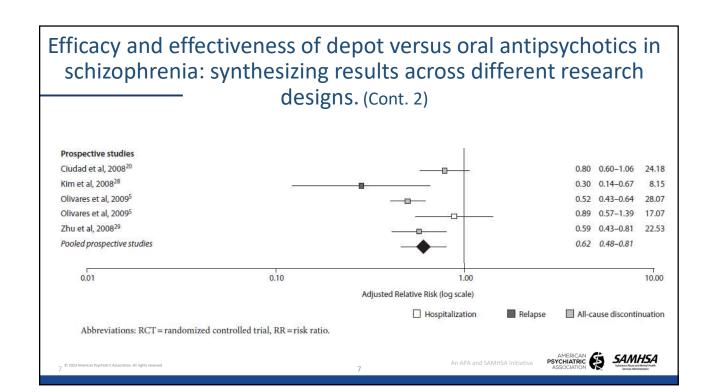


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Efficacy and effectiveness of depot versus oral antipsychotics in schizophrenia: synthesizing results across different research designs. (Cont. 1)

Effectiveness of Depot vs Oral Antipsychotics





Efficacy and effectiveness of depot versus oral antipsychotics in schizophrenia: synthesizing results across different research designs. (Cont. 3) Retrospective studies Emsley et al, 2008³⁰ 0.25 0.09-0.70 Emsley et al, 200830 Tavcar et al, 2000³² 0.49-1.01 Tiihonen et al, 200631 0.38-0.99 17.91 Tijhonen et al. 20118 1.53 0.16 0.02-1.05 Tiihonen et al. 20118 0.35-1.35 10,48 Tiihonen et al, 20118 0.46 0.16-1.34 Tiihonen et al, 20118 0.64 0.41-1.02 Pooled retrospective studies 0.56 0.44-0.71 0.01 0.10 Adjusted Relative Risk (log scale) Hospitalization Relapse All-cause discontinuation Abbreviations: RCT = randomized controlled trial, RR = risk ratio. AMERICAN SAMHSA
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ASSOCIATION
Solution Role and Mental Health

Efficacy and effectiveness of depot versus oral antipsychotics in schizophrenia: synthesizing results across different research designs.(Cont. 4)

Possible explanation for the difference in findings:

RCTs

- (+) randomization is the best strategy to estimate treatment effects from a statistical perspective
- (-) do not fully reflect other aspects of how oral therapies are used in general clinical practice

Observational studies

- (+) more realistic treatment settings
- (-) possible lack of control for other possible confounding factors and selection bias.





