

Comparison of Antipsychotic Polypharmacy Use in Academic and Community Hospitals

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Overview of APP

- Definitions
- Prevalence
- Safety and efficacy
- Comparative data by setting

What is APP?

Use ≥ 2 standing non-clozapine antipsychotics



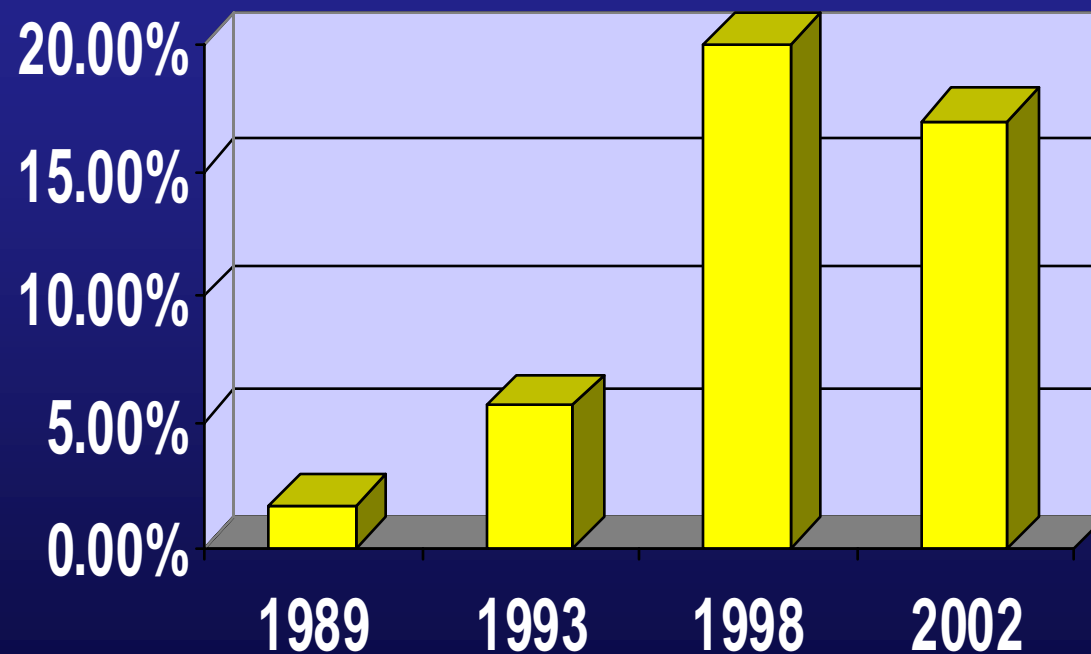
How Are We Using APP?

- Ambulatory: 5 – 6.5%
- Medicaid: 40%
- Inpatient: 25 – 50%
- 90 days VA: 10%
- 1 year: 45%

Ganguly R, et al. J Clin Psych 2004; Botts S, et al. Psych Serv 2003;
Chakos MH, et al. Psych Serv 2006; Kreyenbuhl J, et al. Schi Res 2006;
Tempier RP, Pawliuk MA. J Clin Psych 2003

How Common is APP?

Percentage of Inpatient Days



Centorrino F, et al. Human Psychopharmacol 2005; Centorrino F, et al. Am J Psych 2002

Why Are We Using APP?

- Incomplete or no response ($\geq 80\%$)
- Burden of clozapine
- Stigma of long acting preparations
- Unrealistic expectations

Freedman R. N Eng J Med 2003; Sernyak MJ, Rosenheck R. J Clin Psych 2004

Is APP Evidence Based?

- Largest trial (106) 24 completed
- Results: better → worse
- Increased length of stay
- Revision to 1 AP = no change or improved
- Not recommended in treatment guidelines

Patrick V, et al. J Psych Pract 2005; Suzuki T, et al. Prog Neuropsychopharmacol Biol Psych 2004; Suzuki T et al. In J Neuropsychopharmacol 2004; Suzuki T, et al. Int Clin Psychopharmacol 2003

What Are the Risks of APP?

- Loss of typical/atypical advantages
- Patient reported EPS 22% higher
- 2 atypicals EPS = typicals

Ito H, et al. Br J Psych 2005; Tapp AM, et al. Ann Pharmacother 2005;
Carnahan RM, et al. Acta Psychiatr Scand 2006;

Death and APP

- APP led to 2 – 3 X increased death rate
- Rates of death with
 - 0 AP 20%
 - 1 AP 35%
 - 2 AP 44%
 - 3 AP 57%

Joukamma M, et al. Br J Psych 2006; Waddington JL, et al. Br J Psych 1998

So...

Academic or Community?

	Academic	Community
≥ 2 AP	26%	39%
2 Typical	6.7%	8.9%
Typical/Atypical	46%	63.7%
2 Atypical	47.3%	27.4%

Features of APP: Academic and Community

- Quetiapine > risperidone > olanzapine
- Low dosages
- Clozapine use infrequent
- Long acting preparations infrequent

What Should We Do?

- Education
- Maximize proven treatments
- Prescribing pattern feedback
- Peer review