Use of Long-Acting Injectable Antipsychotics

EPI GUIDE

The Canadian Consortium for Early Intervention in Psychosis (CCEIP) clinical guidance documents provide clinicians with evidence-based recommendations for the diagnosis, assessment, and management of psychosis. This guidance is developed by an expert panel of clinicians who evaluate the available literature and develop consensus-based recommendations.

DO

- Offer long-acting injectable antipsychotic medication (LAIs) often, at **all phases of illness**, particularly in the **first episode**, as they are considered best practice.[1, 2]
- Use **shared decision making** to discuss therapeutic options, including LAIs, in a collaborative environment.[1-4]
- Be **well-informed** in the current research and use of LAIs.[1]
- **Focus on recovery** with the objective to improve patient's quality of life.[1]

STOP

- Don't **wait to offer** LAIs.[1-3]
- Don't only focus on **symptoms**.[1]
- Don't assume patients will **reject LAIs** or want to avoid needles, be aware of your own bias.[1, 3]

CONSIDER

- Consider LAIs in case of apparent or potential **partial/nonadherence** to oral antipsychotic therapy.[1-3]
- **Proactively address situations** that may lead to a change in therapy, such as pregnancy, travel, or transfer of care.[1-3]

LAIs are a valuable tool for treating schizophrenia spectrum disorders (SSDs)

When considering therapeutic options for people with SSDs, LAIs are associated with significantly lower relapse and treatment discontinuation rates than oral antipsychotic therapy (APs), as well as more frequent remission.[1-8]

Benefits of LAIs[1-11]

- Offers more reliable and sustained therapy, leading to reduced relapses and decreased rates of rehospitalization/emergency admissions.
- Improves functional outcomes and contributes to a better quality of life.
- Facilitates engagement in psychosocial interventions.
- Offers a valid measure of medication adherence.
- Provides more convenience, longer dosing intervals, and not having to remember (or be reminded of) daily APs.
- Decreases some side effects, such as sedation, compared to oral APs.
- May contribute to reduce the risk of all-cause and non-suicidal mortality risk, especially in early phase.

Offering LAIs

LAIs should be offered during all phases of SSD, including the first episode, and those under community treatment or court orders.[1-3] Educating patients and families on the benefits of LAIs may help them choose the best treatment option and achieve optimal clinical outcomes.[3,6] The *Offering Patients Therapeutic Information on Medication Alternatives* (OPTIMA) tool can be used to guide discussions about the option of LAIs with patients. It includes an educational protocol, patient decision aid, and questionnaire.

Patient and family education on LAIs[2-3, 14-15]

Information should include:

- Effectiveness
- Administration
- Frequency of injections
- Cost

Strategies for joint decision making centered on patient preferences

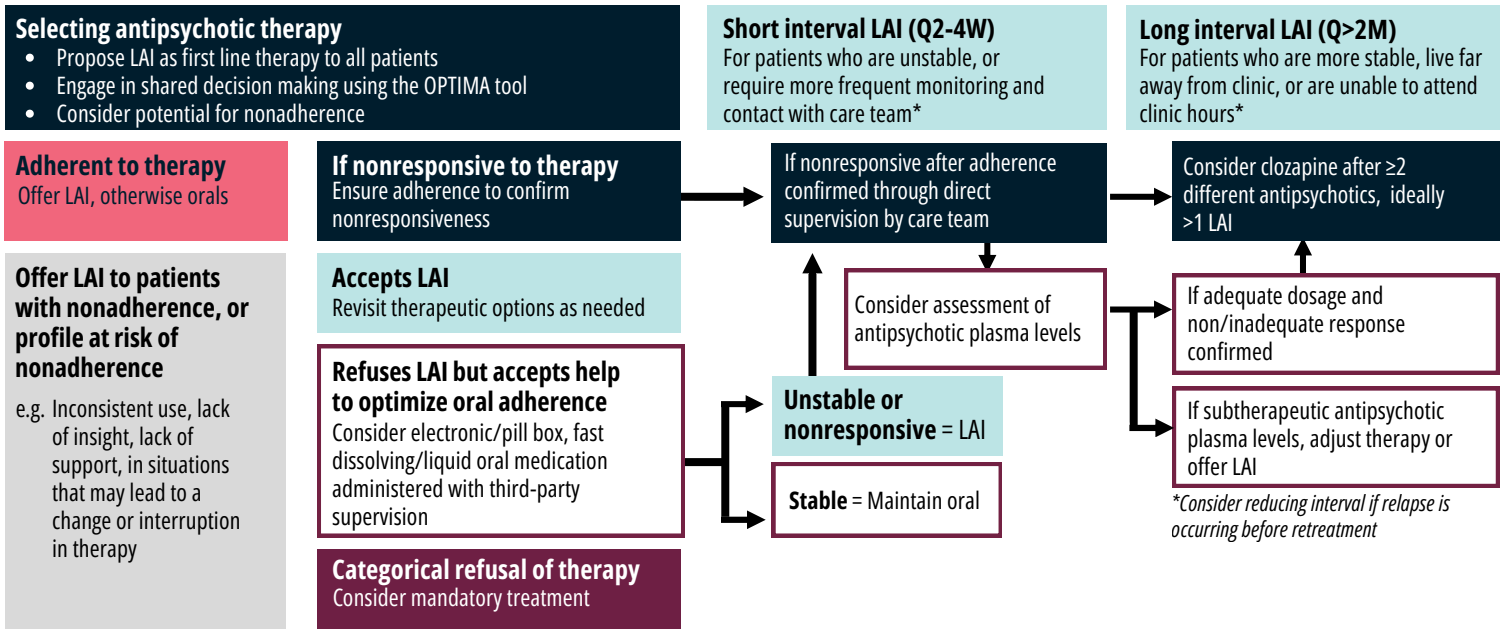
Improvements[2-3, 14-15]

- Insight
- Adherence
- Knowledge
- Participation
- Acceptance
- Satisfaction

LAI practice guidelines: Adapted QAAPAPLE (Québec) [2]

First episode or established psychosis

- Use family intervention, psychoeducation, motivational interviewing, and cognitive behavior therapy to optimize medication adherence and help build insight.
- Question polypharmacy (50%) and vulnerability of adverse reactions (e.g. extrapyramidal signs or neuroleptic malignant syndrome) and comorbid conditions (e.g. diabetes, multiple sclerosis, HIV).



Adapted from Stip E, Grignon S, Roy MA, et al. From QAAPAPLE 1 to QAAPAPLE 2: how do we move from one algorithm to another one with Long Acting Antipsychotics (LAIs). Expert Review of Neurotherapeutics. 2020;20(12):1325-1332. doi:10.1080/14737175.2020.1826930

Managing breakthrough symptoms

- Clinicians should periodically review medication options, regardless of perceived adherence.[1,2]
- If symptoms of SSD begin to appear while on LAIs, clinicians should evaluate the patient for potential illness or comorbidities, substance use, or missed doses. Addressing patient stressors, optimizing nonpharmacological therapies, or increasing monitoring may improve symptoms.[11]
- If symptoms continue, consider ensuring proper LAI administration, increasing LAI dose, decreasing dosing intervals, supplementing with oral APs, or switching LAIs.[11]
- Clinicians should anticipate situations that may lead to a change or interruption in therapy, such as pregnancy, travel, moving, drug coverage, or changes in care teams.[1,2]

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Authors: Phil Tibbo, MD FRCPC (chair); Howard Margolese, MD, MSc, FRCPC; Marc-André Roy, MD, MSc, FRCP

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