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Original article

Psychiatrists' attitude to antipsychotic depot treatment in patients with first-episode schizophrenia

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ABSTRACT

Objective. – Despite good clinical evidence, depot antipsychotics are only seldom prescribed to patients with first episode schizophrenia. The present study aims at investigating psychiatrists' reasons for this reservation.
Method. – We surveyed 198 psychiatrists on their attitude toward offering depot treatment to first episode patients (FEP). Participants scored the extent of influence of individual factors on their decision on a seven-point-scale, additional data on their prescription practice and estimation of the relapse risk of FEP were collected.
Results. – Psychiatrists reported that only three out of 12 factors were of influence. These were the limited availability of different second generation antipsychotic depot drugs, the frequent rejection of the depot offer by the patients and the patients' skepticism based on the lack in experience of a relapse.
Conclusions. – There is actually little specific reason for not prescribing depot to FEP according to the current survey. For those factors being reported to be of influence, psychoeducation, including profound information on depot treatment, the development of additional SGA depot drugs and the standard offer of depot treatment to all FEP in a shared-decision-making may be considered.

1. Introduction

Since their development in the 1960s, the advantages of first generation depot antipsychotics in the treatment of schizophrenia, namely the reduction of relapse rates and duration of hospitalization have been demonstrated in several studies [6]. With the introduction of oral second generation antipsychotics (SGA), however, prescription rates of depot formulations of first generation antipsychotics (FGA) decreased despite these advantages, probably because psychiatrists wanted their patients to benefit from the preferable side effect profile or superior efficacy of SGA [29]. This trend persisted even though the superiority of depot drugs regarding relapse prevention proved further robust in both a meta-analysis [27] as well as naturalistic studies comparing relapse rates under FGA depot to oral SGA treatment [37] and was also replicated for a SGA depot drug [2,26,35]. Despite the fact that the overall acceptance of depot treatment among patients with schizophrenia is reported to be considerably higher [20], the current depot prescription rate does not even reach 20% in most countries [1,28,34].

In a recent survey, psychiatrists reported that they have offered antipsychotic (FGA or SGA) depot treatment to only 35% of their patients suffering from schizophrenia or schizoaffective disorder [18]. An especially skeptical point of view was repeatedly stated regarding depot prescription in first episode patients (FEP) [18,19] but due to the design of the surveys, participants could not further comment on any concrete reason for this notion. In our current survey, we now aimed at identifying specific reasons for psychiatrists' reservation concerning the offer of depot treatment to FEP.

2. Methods

We surveyed 198 psychiatrists attending the congress of the German Society of Psychiatry, Psychotherapy, and Nervous Diseases (DGPPN) held in November 2008. This annual meeting has approximately 6000 visitors and thematically covers all aspects of the psychiatric field. Among the attendees asked to participate, the response rate was approximately 80%. The questionnaires included items on demographic characteristics of the psychiatrists (age, gender, length of experience in the psychiatric field, type of institution, and percentage of patients with schizophrenia treated in 2007), as well as questions on psychiatrists' prescription practice regarding depot antipsychotics. Furthermore, the participants had to estimate the one-year relapse risk of FEP not treated with an antipsychotic.

Abbreviations: FEP, first episode patients; FGA, first generation antipsychotics; SD, standard deviation; SGA, second generation antipsychotics.

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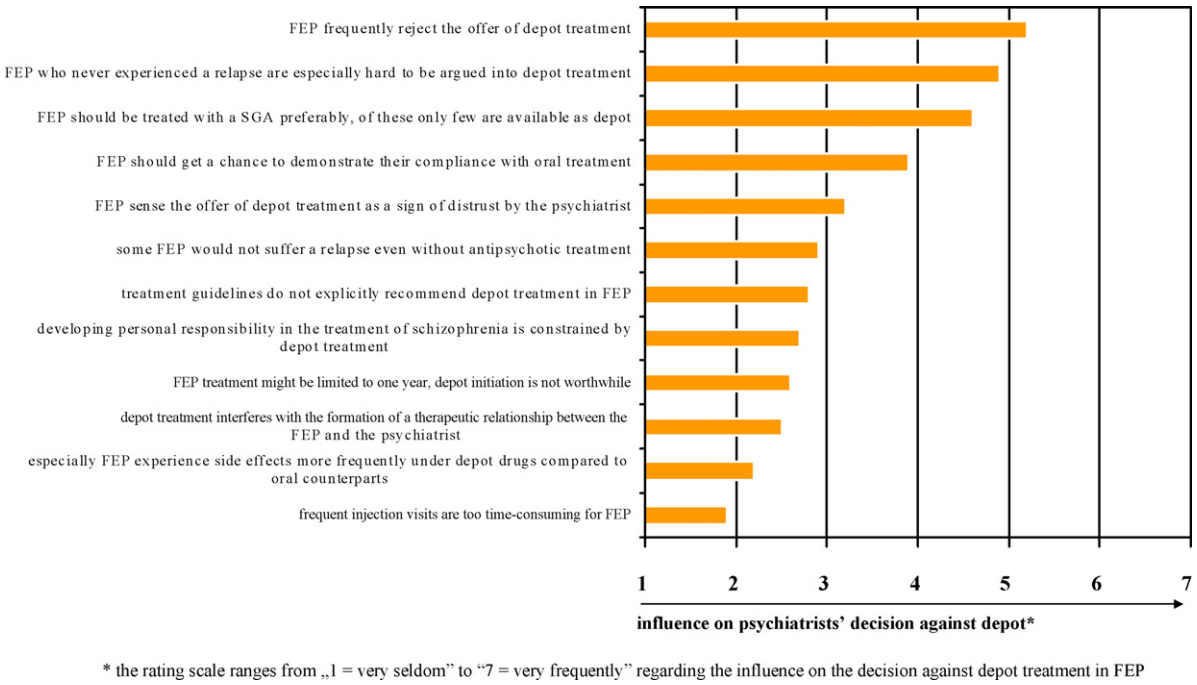

Fig. 1. Mean rating of reasons in the decision against depot in FEP.

Regarding the specific reasons for not prescribing depot to FEP, psychiatrists were asked to rate to what extent 12 potential reasons influence their decision. The 12 statements (Fig. 1), partly deriving from earlier studies on the decisional process of psychiatrists [14], were selected by the authors based on consensus pretested by 25 psychiatrists at the authors' hospital, and revised. Participants, rated on a seven-point-scale ranging from "*1 = very seldom*" to "*7 = very frequently*", how often a stated reason plays a role in their decision against depot treatment in FEP.

We hypothesized a priori that psychiatrists who estimate the one-year-relapse risk of untreated FEP to be rather low do less often offer/prescribe depot to FEP and rate the item "some FEP would not suffer a relapse even without antipsychotic treatment" as frequently applying in the decision against depot. Therefore, we checked for a correlation between these measures.

3. Statistical analysis

The ratings of the 12 statements are presented as means and standard deviations. A statement was a priori defined as being of influence in the decision against depot if the mean rating exceeded the numeric center of the scale (a rating > 4). To test if ratings significantly differed from the numeric center of the scale (4 = neutral rating), means were tested against the center of the scale with a one-sample *t*-test. For correlations between the one-year-relapse risk estimation and the rating of the item, "some FEP would not suffer a relapse even without antipsychotic treatment" as well as the participants' depot prescription/proposal rate in FEP, the pair wise Pearson correlation coefficients were computed. Data were analyzed using SPSS® Version 16.0 for Windows®.

4. Results

A total of 198 psychiatrists filled in the questionnaire. Demographic data of the participants are shown in Table 1. The participants reported that of their total case load in 2008, patients with schizophrenia or schizoaffective disorder accounted for 31.7% (SD20.4), and 46.0% (SD58.6) of these patients have at least once been offered depot treatment while 25.7% (SD20.5) were currently treated with an antipsychotic depot. In first-episode patients meeting, the same diagnoses 26.7% (SD27.0) were ever offered and 13.3% (SD18.3) were prescribed depot treatment. The one-year-risk of a relapse in untreated first-episode patients was estimated to be 60.4% (SD22.4; median 60.0%) by the participants.

4.1. Rating of potential reasons for not prescribing depot treatment

The complete range of the seven-point scale was used by the participants in the rating of all statements. The highest ratings (indicating a marked influence on the decision against depot) resulted for the statements "FEP frequently reject the offer of depot treatment" (5.2 ± 1.5), "FEP who never experienced a relapse are

Table 1
Demographics.

	N (%)
Gender: female/male	68/129 (34.3/65.2)
Missing data	1 (0.5)
Institution	
University	29 (14.6)
Clinic	126 (63.6)
Private practice	40 (20.2)
Missing data	3 (1.5)
Position	
Junior resident	42 (21.2)
Head of department	75 (37.9)
Head of a clinic	33 (16.7)
Self employed	41 (20.7)
Other	7 (3.5)
	Mean (SD)
Age in years	
Female	44.6 (8.8)
Male	48.1 (7.9)
Length of experience in the psychiatric field in years	16.9 (8.7)