Clinical Experience with Brexpiprazole for the Treatment of Schizophrenia in Central Taiwan

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Background Schizophrenia has been looked as a progressive disease with poor outcome, is a highly heterogeneous disease. There are so numerous antipsychotics, become quite a challenge for psychiatrist to choose from among these drugs for each patient. Brexpiprazole, a novel compound, it is suggested in both short-term and long-term studies that it offers a favorable safety and tolerability profile.

Aims & Objectives In an attempt to realize the real world efficacy and safety of brexpiprazole in clinical practice, a retrospective medical record review study was designed.

Methods This review included outpatients and inpatients treated with brexpiprazole in 1 year. The data include patient's demographics, previous antipsychotics, reasons of using brexpiprazole, switch duration, methods of switch, dose of initiating brexpiprazole, maximal dose of brexpiprazole, concomitant medications, adverse effects of brexpiprazole, efficacy of brexpiprazole, duration of follow-up, reasons of discontinuation.

Results A total of 41 schizophrenic patients were included in this study, 92.7% were outpatients, average age was 41.95 year-old , 63.7% were females, 43.9% were unemployed, 68.3% were single. Mean illness duration was 19.34 years. Thirty-nine patients (95.1%) were switch from other antipsychotics, 4.9% were drug-naïve cases. The average score of Clinical Global Impression-Severity (CGI-S) in baseline was 4.10. The reasons of using brexpiprazole included efficacy issue (70.4%) and adverse effects of previous antipsychotic agents (53.7%). The authors used cross titration schedule in majority cases (79.5%), the period of switch from 1 week to 4 weeks, the average period was 1.81 week, average initial dosage of brexpiprazole was 1.93 mg/day. The average maximal dosage of brexpiprazole was 2.88 mg/day. Two patients (4.9%) discontinued brexpiprazole due to unsatisfactory response and intolerability due to adverse effects. The rate of follow-up for over 12 weeks was 81.5%, average follow-up period was 4.68 months. The average score of CGI-S of follow-up was 2.90. The average score of Clinical Global Impression–Improvement (CGI-I) of follow-up was 2.83. The appeared adverse effects of brexpiprazole were akathisia, headache, and others. Following initiation of brexpiprazole, 95.1% of the patients remained on brexpiprazole. The concomitant medications of cases decreased.

Discussion & Conclusion The results of study suggested that brexpiprazole was effective in drug-naïve and those switching from previous antipsychotic drugs. The successful switch rate and remaining rate were very high. The safety and tolerability profiles of brexpiprazole showed good. Brexpiprazole represents an effective and viable option in the clinical setting.