Synopsis

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TITLE OF STUDY

QUALITY: A non-interventional study evaluating Quality Of Life in schizophrenic patients treated with atypical antipsychotics, in the ambulatory setting. A 9-month, observational, multicentric prospective study

STUDY CENTRE

The participants were recruited by psychiatrists in 60 centres in Belgium.

PUBLICATION (REFERENCE)

Not applicable.

STUDY PERIOD	PHASE OF DEVELOPMENT
Screening date of first participant in: 30 October 2007 Date of last participant completed: 28 October 2009	Phase IV

OBJECTIVES

Primary objective:

- To evaluate the Quality Of Life (QOL) (subjective effectiveness) in patients with schizophrenia (diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders – 4th edition – Text Revision (DSM-IV-TR)), treated with atypical antipsychotics, in the ambulatory setting by assessment of Subjective Well-being under Neuroleptic treatment short form (SWN-K).

Secondary objectives:

- To evaluate the efficacy (objective effectiveness) by measuring cross-sectional symptom remission in patients with schizophrenia (diagnosed according to the DSM-IV-TR), treated with atypical antipsychotics, in the ambulatory setting by assessment of PANSS-8.
- To evaluate the clinical benefit (global functioning) of patients with schizophrenia (diagnosed according to the DSM-IV-TR), treated with atypical antipsychotics, in the ambulatory setting by assessment of GAF.
- To evaluate the disease insight as measured by the G12-item of the PANSS.
- Evaluation of additional factors that may influence the QOL and the influence of treatment on these parameters (substance use, dependence and abuse, work/school, living situation, co-treatment, co-medication, hospitalisation in the last year/during the study).

METHODOLOGY

Participants diagnosed with schizophrenia (according to DSM-IV-TR) and treated with atypical antipsychotics in the ambulatory setting were examined at the inclusion of the participant, and at 3, 6 and 9 months (± 1 month) after the inclusion for Follow-Up observations. The moments for the Follow-Up observations were chosen to fit in the current practice, in which a participant visits the psychiatrist at an average frequency of every 4-6 weeks [12]. The participants' visits to the investigators were scheduled according to that practice, and not so that they would fit in the moments chosen for Follow-Up observations.

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To make reporting, all moments at which the participants were observed for this study will be referred to as visits, and the time windows for the Follow-Up observations will be referred to as visit windows:

- Visit 1 is the visit at which the participant was included.
- Visit 2 is the visit for the Follow-Up observations after 3 ± 1 months.
- Visit 3 is the visit for the Follow-Up observations after 6 ± 1 months.
- Visit 4 is the visit for the Follow-Up observations after 9 ± 1 months, or the observations carried out at premature discontinuation.

At Visit 1, the participant was enrolled according to participant selection criteria. The decision to prescribe an atypical antipsychotic was clearly separated from the decision to include the participant in the study, since time between Atypical Antipsychotic (AAP) prescription and first study visit was at least 4 weeks and maximum 8 weeks. All AAPs were prescribed according to the local label and current medical practice.

During the next three visits, dosage of the current AAP treatment, co-medication and co-treatment, substance use/dependence/abuse, work/school, psychiatric hospitalisation during the study, living situation and disease insight by way of the G12-item of the PANSS were recorded by the investigator. During every visit, the SWN-K was completed by the participant; PANSS-8 and GAF were assessed by the investigator.

Participants were recruited among the population that is seen by psychiatrists. An evaluable participant was defined as a participant who completed the study (visits 1, 2, 3 and 4 performed).

NUMBER OF PARTICIPANTS (PLANNED AND ANALYSED)

Analysed for safety: 121.

Analysed for efficacy: 121.

Planned: 180.

Enrolled: 121.

Completed: 93.

MAIN CRITERIA FOR INCLUSION

Inclusion criteria:

- Provision of written informed consent.
- ≥ 18 and ≤ 65 years of age, able to read and write.
- Diagnosis of schizophrenia according to DSM-IV-TR.
- Treatment with one atypical antipsychotic (for a new participant, a new episode or a switch of therapy) minimal 4 weeks and maximum 8 weeks prior to the first study visit.
- Participant takes an AAP according to local SPC and current medical practice.
- Ambulatory participants, day-care participants are allowed.
- The participant must be able to understand and comply with the study requirements as judged by the investigator.
- Prescription of AAP must be according to local label.

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Exclusion criteria:

- Treatment with an additional AAP or AP to the initial prescribed AAP within the 4-8 weeks before the participant is included in the study.
- Previous enrolment of treatment in the present NIS.
- Pregnant women, or women of childbearing potential not using a medical reliable method of contraception as stated in the SPC of the AAPs.
- Known allergy to AAP.

INVESTIGATIONAL DRUG, DOSE AND MODE OF ADMINISTRATION, BATCH NUMBER

Not applicable.

REFERENCE DRUG, DOSE AND MODE OF ADMINISTRATION, BATCH NUMBER

Not applicable.

DURATION OF TREATMENT

Participants were included 4 to 8 weeks after the start of the antipsychotic medication and were followed up to 9 months.

CRITERIA FOR EVALUATION – SAFETY

According to the non-interventional character of the study, only spontaneously mentioned safety events had to be reported.

CRITERIA FOR EVALUATION – EFFICACY

- Quality of Life (participants' change in subjective well-being from Baseline to Visit 4 (or the last visit)).
- Subjective well-being at Visit 2 and 3 (after 3 and 6 months of treatment with AAPs):
- Cross-sectional symptom remission by using the PANSS-8 total score and individual items at each visit.
- The GAF-scale (from 0 to 100) was used to assess the clinical benefit after 3, 6 and 9 months of treatment with AAPs as compared to Baseline.
- Disease insight as assessed by the G12-item of the PANSS after 3, 6 and 9 months of treatment with AAPs as compared to Baseline.
- Change in circumstantial factors after 9 months of treatment (substance use and abuse, work/school, co-treatment, co-medication, psychiatric hospitalisation in the last year/during the study, living situation).
- Correlation between Baseline QOL and demographic factors.

STATISTICAL METHODS

It has to be noted that the patients whose medications were changed during the study remained in the same subgroup throughout the study. For example, a participant who was assigned to the Seroquel subgroup at Baseline but whose Seroquel was stopped later on stayed in the Seroquel subgroup. This has to be taken into consideration while interpreting possible differences in subgroups.

The QOL was assessed by the SWN-K scores of subscales (mental functioning, self-control, emotional regulation, physical functioning and social integration) and individual items at each visit. The primary endpoint was defined as the absolute change of the SWN-K from Baseline to Visit 4 (or last visit). The difference from Baseline was calculated as "last visit minus Baseline", meaning that a positive result would indicate an improvement in QOL. Descriptive statistics and a 95% confidence interval were calculated, presenting the primary endpoint.

Also the QOL at Baseline and at each visit was tabulated by means of descriptive statistics.

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Correlation between Baseline QOL and demographic factors (age, gender and type of diagnosis) and PANSS total scores (positive and negative totals) was computed. In case of categorical factors (gender and disease), QOL was summarized per level. In case of continuous factors (age and PANSS), Spearman correlation and its significance (p-value) were planned to be given.

The cross sectional symptom remission was measured using the PANSS-8 total score and individual items at every visit. The proportion of participants completing the 3, 6 and 9 month period and achieving a PANSS-8 score of 3 or less was calculated, and a 95% confidence interval was estimated.

The clinical benefit was measured using the GAF-score (scale from 0 to 100) at every visit. Differences in absolute score and in intervals (per 10 points range) from Baseline were calculated and presented by descriptive statistics and 95% confidence intervals.

Change in disease insight was measured using the G12-item of the PANSS after 3, 6 and 9 months of treatment. Frequency statistics of these G12-items are tabulated per visit.

Proportions and their 95% confidence intervals of participants with resolution (please see the **Error! Reference source not found.** for the definition) at each visit and remission (at 6 months) were calculated.

Change of circumstantial factors after 3, 6 and 9 months of treatment:

- The use (recreational use), dependence (according to DSM-IV) or abuse (according to DSM-IV) of substance (alcohol, nicotine, soft drugs or illegal drugs) was tabulated per visit using frequency statistics.
- The situation at work (full time, part time, none, protected or volunteer) or school (day school, evening school or education) was tabulated per visit using frequency statistics.
- The living situation of the participant (living with family/friends, sheltered/supported housing, independent housing) was tabulated per visit using frequency statistics.
- Psychiatric hospitalization was tabulated per visit, and descriptive statistics for the number of days hospitalized.

SAFETY RESULTS

In general, the number of participants taking concomitant psychotropic medications seems to decrease. The number of participants observed is too small to draw conclusions on differences between the three subgroups. Data on other concomitant medications were not collected.

In general, the number of participants taking concomitant psychotropic non-drug treatments seems to decrease for the total population. A clear trend was not observed in the Seroquel subgroup. Data on other concomitant non-drug treatments were not collected.

EFFICACY RESULTS

The changes from Baseline in the SWN-K subscale scores range from -1.8 to 1.4, but the majority of the changes are between -0.5 and +0.5. Most mean changes were positive, indicating that the participants seemed to feel better compared with Baseline. When looking per subscale and per visit, the changes for the subgroups differ between each other and with the total population, but these differences do not indicate a pattern. Seroquel seems to have mainly negative results for mental functioning, and best results on physical functioning.

In general, the changes in the PANSS-8 scores were slightly negative, suggesting a decrease in the severity of symptoms.

In general, the associations between the subscales of the SWN-K on the one hand and age, gender, positive and negative PANSS-scores, Schizophrenia subtype and treatment subgroups on the other hand were small. Statistically significant correlations were only found for the subscales mental functioning and physical functioning with negative PANSS scores, and for the subscale emotional regulation with gender.

Symptom resolution and remission seemed to occur less among the participants in the Seroquel subgroup, but it has to be noted that the Baseline symptom scores were higher for this subgroup. This might be an explanation for the lower proportions in the Seroquel subgroup.

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On average, the GAF scores seem to increase, indicating amelioration in the participants' global functioning. Differences between the subgroups were small.

The use of possibly addictive substances decreased during the study, but mainly the recreational use decreased. No substantial difference between the subgroups was observed.

The average number of hospitalisations decreased during the study, but the average duration of hospitalisation increased. No substantial difference between the subgroups was observed.

Only a few participants had sufficient disease insight; most participants had a vague notion that they were ill or did not see that they were ill. No substantial difference between the subgroups was observed.

VERSION IDENTIFICATION

Final 2.0, 9 April 2010