

STUDY REPORT SUMMARY

ASTRAZENECA PHARMACEUTICALS

FINISHED PRODUCT: AFFECT

ACTIVE INGREDIENT:

Study No: NIS-NHU-ATC-2011/1

NCT01534936

Developmental Phase: Marketed use - Non interventional Study

Study Completion Date: 05.12.2012

Date of Report: 04.12.2013

OBJECTIVES: To assess the overall clinical status and change of clinical status of schizophrenic outpatients with affective symptoms during the study period and assess the relation between the change of affective symptoms and overall clinical status. To evaluate the use of atypical antipsychotics in the treatment of schizophrenic outpatients with affective symptoms in Hungary in 2012.

METHOD:

Prospective, multicentre, 6-month observational non-interventional study. Inclusion criteria: outpatients with stable schizophrenia, diagnosed according to DSM-IV, aged > 18 yrs, undergoing treatment with extended release quetiapine since more than one month, signed patient inform consent. Exclusion criteria: pregnancy, diabetes mellitus, severe hepatic disease and cerebro-, or cardiovascular disease.

Outcome of three patient visits were documented in the study (0-2-6 month).

Evaluation was based on rating the disease severity and symptom improvement according to CGI-S and CGI-I scales, respectively; and the change of affective symptoms using the Raskin scale. Follow-up of maintenance therapy (applied dose of antipsychotics and additional /complementary treatments). Measurements as per protocol and usual clinical consideration.

The Clinical Global Impression Scale is a brief clinician-rated instrument.

*The **CGI-S** (Severity of illness) measure provides rating from 1 (normal, not at all ill) to 7 (among the most extremely ill patients).*

*The **CGI-I** (Improvement) measure ranges from 1 (very much improved) to 7 (very much worse). "0" stands for "not assessed".*

Means and standard deviations (SD) for CGI-S (baseline), CGI-S (1.visit) CGI-S (2.visit) and for CGI-I are calculated.

Raskin Depression Rating Scale rates the severity of the patients symptoms in three areas: verbal reports, behavior, and secondary symptoms of depression. (1 stands for 'not at all' and 5 for 'very much'. Above 9 (ref: sum points) status as moderate depression is considered.

Primary Outcome Measure:

- Change from baseline on clinical global impression scale up to 6 months of schizophrenic outpatients with affective symptoms. [Time Frame: 3 and 6 months] [Designated as safety issue: No]

Secondary Outcome Measures:

- Description of the relation between the change of affective symptoms and overall clinical status. [Time Frame: 3 and 6 months] [Designated as safety issue: No]
- Assessment of the efficacy of different atypical antipsychotics in the treatment of schizophrenia with affective symptoms measured by the difference in CGI-S and CGI-I scores. [Time Frame: From baseline up to 6 months] [Designated as safety issue: No]
- Assessment of the efficacy of different atypical antipsychotics in the treatment of schizophrenia in patients with affective symptoms measured through the changes in the Raskin Scale.[Time Frame: From baseline up to 6 months] [Designated as safety issue: No]

2276 patients were enrolled (out of these 55% female). The mean age was 46.85 +/- 13.24 years (median: 47) and the average duration of illness was 15 +/- 10.59 years (median:12,5).

The average duration with antipsychotics was 26.84 +/- 37.92 months (median: 12).

RESULTS:

Based on CGI-S the percentage of patients with high disease severity decreased from 32% (baseline) to 13.3% at the end of study. The percentage of patients with moderate severity changed from 43% (baseline) to 30,5% at the end of the study. All changes were significant.

The average CGI-S score improvement from 4.08 (SD 1.09) to 3.3 (SD 1.18) was significant ($p < 0.0001$). The median score improved significantly from 4.0 to 3.0. Improvement rate based on the outcome of the CGI-I scale measurement: 41.8% of patients belonged to the 'improved' and 12.4% to the "very much improved" categories at the end of the study (3.visit).

The ratio of patients with moderate or severe depressive symptoms in the investigated population was 36.7% (baseline). The depressive symptoms were reported as decreasing visit-by-visit in the following manner: Visit No.1 Raskin Scale rate: 7.27+/-2.63; Visit No.2 Raskin scale rate: 6.02+/-2.30; and Visit No.3. Raskin scale rate: 5.20+/-2.01. The improvement was significant in all subscales. ($p < 0.0000$)

The basic treatment with antipsychotics included quetiapine, olanzapine, aripipazole, risperidone, clozapine, paliperidone and amisulpride.

25% of the patients were treated with concomitant medication such as clonazepam and an additional 12% alprazolam (baseline). The rate of taking such medication has not significantly reduced at the end of the study.

There were six adverse events reported during the study (in 5 patients). Each events were considered to happen in relation to the treatment applied, however none of the events were rated as SAE by the physicians.

Summary: In this NI Study population more than 1/3 of the schizophrenic patients suffered from moderate or severe depressive symptoms which worsened the disease status of the patients. According to the data obtained during the 6-month study period treatment with second generation of the antipsychotics could significantly improve both the overall clinical status and the affective symptom. Medication was well tolerated and there were only limited cases of AE reported.

Figure 1. Average Clinical Global Impression –Severity (CGI-S) scores on the visits

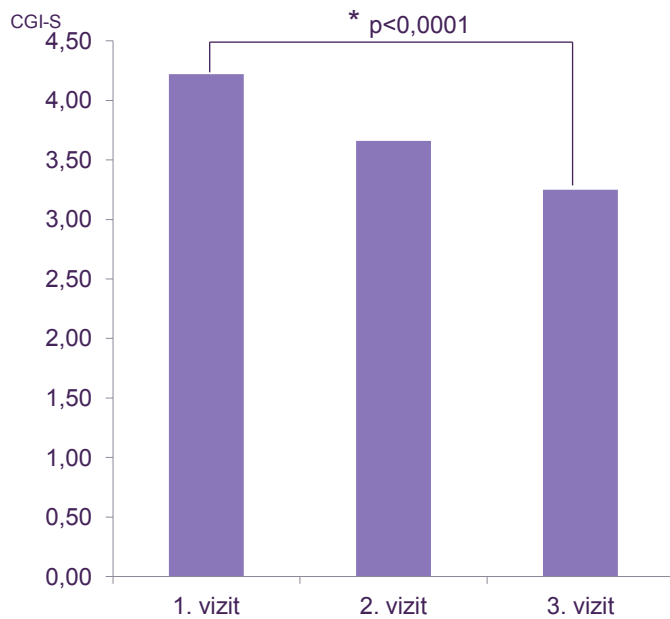


Figure 2. Change of depressive symptoms

