



Letter to the Editor

Response to the letter: “Efficacy and tolerability of long acting injectable antipsychotics (LAI) over oral formulations”



Dear Editor,

We welcome the interest on our critical appraisal on long acting injectable antipsychotics (LAI). We understand the author of the letter have principally opined as following: a) The theoretical benefits of LAI could not be translated into clinical situations b) Choice of formulation should entirely be based on adherence versus risk assumptions c) Patient’s preference and shared decision making should be the best way of clinical practice.

Our review focused on appraising the knowledge gap in the LAI. The clinical implications of basic research of pharmacokinetic and pharmacodynamics aspects of LAIs are yet to be translated but needs to be highlighted.

Clinical utility of LAIs is primarily in the maintenance phase for prevention of relapse in schizophrenia. Hence a long term study would be required looking at the absence of events than just the positive changes as primary outcome measures. In this situation the real-world effectiveness with naturalistic observational designs would be more pragmatic than efficacy of drugs studied in randomized controlled designs (Alphs et al., 2014). Modifications of observational studies like mirror image design are deemed superior. But outcome measures of the effectiveness studies would be cruder (eg number of relapses/hospitalizations) in contrast to efficacy studies carefully watching the symptoms (Fagiolini et al., 2017).

Meta-analysis have though repeatedly have shown LAIs are equi-efficacious but effectiveness trials have shown its superiority with respect to prevention of relapse by oral antipsychotics in schizophrenia (Kishimoto et al., 2013). A recent nationwide cohort of nearly thirty thousand patients clearly showed that LAIs (both first and second generation) had lesser treatment failure and rehospitalization in comparison to oral antipsychotics with an exception of oral clozapine (Tiihonen et al., 2017). The effect was more apparent when LAI were initiated early in the course of illness.

The reasons for growing evidence of clinical superiority of LAI formulations must have pharmacokinetic, pharmacodynamic and pragmatic basis. Issues related to bioavailability, reduced complexity of dose administration regime, lesser requirement of cumulative antipsychotic dose are not just theoretical but of much clinical relevance. Our review suggests role of LAI might not be limited only to adherence issues (Sreeraj et al., 2017).

Regarding the third point, patient’s perspective regarding the choice of mode of antipsychotic use is incontrovertible and has to be a part of management. Psychiatrists have a duty to support the patient in taking decisions by providing the information in comprehensible (including pros and cons) yet unbiased manner which definitely would be based more on clinical rather than basic theoretical research data. However, most of the patients remain unaware of the LAI treatment option which could be influenced by the negative attitude towards LAI of the treatment providers rather than patients and their presumptions of better adherence in their patients (Iyer et al., 2013; Kirschner et al., 2013). Proper conveyance of factual information should lead the way towards recovery than the misperceptions and stigmatized views of practitioners.

Conflict of interest

There are no potential conflicts of interest to report.

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