



Letter to the Editor

A qualitative study of patient experience when switching from paliperidone palmitate once monthly (PP1M) to paliperidone palmitate three monthly (PP3M) long-acting injectable antipsychotic



Dear Editor:

Paliperidone palmitate 1-month (PP1M) and 3-month (PP3M) are long-acting injectable (LAI) antipsychotics that aim to enhance adherence, efficacy, tolerability and convenience of medication. Hospitalization rates, occupational status, treatment preference, satisfaction and caregiver burden of patients with schizophrenia has been assessed, and the advantages and disadvantages of PP1M vs. PP3M treatment has been evaluated in previous reports (Brasso et al. 2017; Einarson et al. 2017). With knowledge of patients' perspectives, healthcare providers could strengthen patient-provider relationships and better explore patients' reactions to changes in medication.

Previous qualitative studies focused on patients' perspectives on PP1M and their experience on switching from oral antipsychotics to LAIs, however no studies focus on patients' experiences when switching from PP1M to PP3M (Iyer et al. 2013; Potkin et al. 2013; Svedberg et al. 2003). In our study, 14 patients who had a DSM-5 diagnosis of either schizophrenia or schizoaffective disorder were selected from the McGill University Health Centre out-patient Schizophrenia clinic. Patients who switched from PP1M (Invega Sustenna, Janssen Pharmaceuticals, Inc.) to PP3M (Invega Trinza, Janssen Pharmaceuticals, Inc.) were encouraged to comment prior to initiation of PP3M, after the first injection interval, as well as at all subsequent visits.

All patients were open to change from PP1M to PP3M after explaining that the medication contains the same active molecule and that it requires less frequent injections. Table 1 captures key patient comments and perceptions. Thirteen out of 14 (92.85%) reported that the switch caused “no difference” or were neutral on the change.

The most common adverse events reported were weight gain, headaches, decreased libido and restlessness, however these tended to be very mild, did not worsen opinion of PP3M, and most resolved within a few weeks or were managed with dose reduction. The one patient who did not continue PP3M, switched back to PP1M due to increased episodes of breakthrough hallucinations. Another patient changed to Q11 weeks to minimize breakthrough psychosis.

Most healthcare providers prefer LAI medication to oral treatments for patients with schizophrenia. However, many patients initially have a negative impression of LAIs and initially perceive them with negative

assumptions of punishment, stigma and coercion (Brissos et al. 2014; Patel et al. 2010). In a previous study, when patients were offered LAIs, 47% were neutral to the injection while 16% were favorable and 37% were unfavorable (Potkin et al. 2013). Once patients tried LAIs, they preferred them compared to oral antipsychotics, noting that they “feel better”, have a more “normal life”, and find injections “easier to remember” (Brissos et al. 2014; Caroli et al. 2011; Olfson et al. 1999; Svedberg et al. 2003).

In our study, patients already had sufficient knowledge of LAI medications since they were taking PP1M for 4 to 48 months. Patients were open to try a different, less frequently administered injection and there were no barriers leading to LAI refusal, such as fear of needles, lack of LAI insight, and fear of adverse outcomes. After switching, all patients continued to have a positive impression of LAIs and PP3M in particular. Patients commented that the medication is “more beneficial”, “more convenient” and were “happy” with the change. Three patients voiced concern about injection site but were reassured after being informed that the experience would be no different from PP1M. Two patients hesitated about the cost, but ultimately started PP3M after learning that the cost is about the same.

As per Svedberg et al.'s report, patients endured discomfort from LAI medication since it helped them to live as “normal” people (Svedberg et al. 2003). Similarly, our patients were motivated to adhere to the new medication as it was a step in regaining control and recovering from their illness. Changing from PP1M to PP3M helped quality of life by decreasing the number of visits for injections. One patient commented that PP3M “made [her] forget” that she had a problem. Another reported that it was the best medication he ever took. A third favored PP3M since it allowed her to plan a long vacation to visit family abroad.

Limitations from our study were mainly related to sample size. A larger study would increase opinions of the medication including patients who would reject changing to PP3M, from whom we would learn reasons for this refusal. This would allow for greater understanding of patient concerns and motivations surrounding LAIs and PP3M in particular.

This is the first paper that captures patients' perspectives on changing from PP1M to PP3M. We interviewed 14 patients who underwent this change, and all reported positive or neutral perceptions. Changing to a 3-month injection allowed patients to gain control and have less reminders of having an illness. Not only was it more convenient for staff and patients, it promoted adherence to medication. Once stabilized on PP1M, our results should encourage healthcare providers and patients to consider PP3M as a better option for most.

Contributors

HM managed the patients and incepted the project. JL managed the reviewed patient notes, literature searches, analysis and wrote the first draft of the manuscript. All authors contributed to and have approved the final manuscript.

Disclosures

Jonathan Lai: None.

Abbreviations, LAI, long-acting injectables, PP1M, monthly paliperidone palmitate, PP3M, 3-monthly paliperidone palmitate

Table 1
Patient's reactions to change of PP1M to PP3M.

Patient	Months on PP1M	PP3M dose (mg)	Opinion after changing medication	Additional perspectives	Initial hesitations	Side effects
1	7	350	"No difference"		Anxiety from needle	Mild headaches, decreased libido
2	12	350	"No difference"	"Change to be more beneficial"	"Worried won't have children"	Decreased libido
3*	17	525	"No difference"	"It's really the same as Sustenna"		Tired in first few days
4	14	525	"No difference"	"More convenient"		Weight gain
5	41	525	"No difference"	"More relaxed"	Cost of medication	
6	26	350	"No real changes"		Anxiety from needle	Decreased libido
7	9	525	"No significant changes"	"Less anxiety with Trinza, especially at end of the 3-month interval"		Mild headaches
8	11	350	"The same"	"Made me forget I had a problem"		Akathisia
9	18	525	"It's about the same"	"Doesn't feel any different"		Weight gain
10	31	525	"No issue to report"			Weight gain
11	9	263	"Doing okay"		Cost of medication	
12	21	350	Voiced high interest in continuing with PP3M	"I'm really enjoying the new medication. Probably the best injection I've ever took"		
13	48	525	"Doing well"	"Happy with new injection"	Anxiety from needle	
14	4	263	"Doing okay"	"Not overly anxious about upcoming trip"		Mild akathisia, amenorrhea

*Patient switched back to PP1M after 6 months of PP3M.

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