Orphan Patients: A Case Series of Patients With Treatment-Resistant Psychosis Requiring Alternatives to Clozapine

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INTRODUCTION

Clozapine is the most effective antipsychotic medication therapy for treatment-resistant psychosis (TRP). An appropriate trial results in improvements in at least 30% of TRP patients. However, it can result in troublesome and sometimes life-threatening side effects that require close monitoring. Additional issues include its exclusively oral formulation which reduces adherence and real-world effectiveness. As such, many patients are unable to take clozapine and require alternative strategies.

The BC Psychosis Program (BCPP) is a 25-bed residential treatment centre at the University of British Columbia Hospital, that specializes in research and treatment of patients with psychosis that is refractory to treatment. Any appropriate patient in BC can be referred; mean duration of stay is about 6 months.

METHODS AND MATERIALS

We reviewed a chart appendix that includes a summary of details of a patient’s psychiatric, social, and medical history recorded at a multidisciplinary case conference. “Orphan patients” were defined as patients • with BCPP consensus diagnosis of schizoaffective disorder or schizophrenia • admitted from Feb 2012 to Dec 2017 • with BCPP consensus diagnosis of schizoaffective disorder or schizophrenia • admitted without clozapine and discharged without clozapine, or • admitted on clozapine and discharged without clozapine (discontinued during admission for any reason) • Information in the descriptive analysis included: • demographic data • length of stay at BCPP • referral diagnosis and BCPP consensus diagnosis

RESULTS OF TREATMENT AND INTERVENTIONS

Most patients showed improvement at the time of discharge as measured by CGI-I and reduction in total PANSS score.

Clinical Global Impression - Improvement

Conclusions

BC Psychosis Program serves a heterogeneous population of patients with refractory psychosis

Multidisciplinary team interventions also likely contributed to overall improvement

CBT available although not all patients participate

Considerations in treatment of orphan patients include • Trial of first generation antipsychotic, if not already done • Combination of a FGA + SGA, in particular aripiprazole • Augmentation with valproic acid, ECT, and CBT may prove useful in those with specific indications

LIMITATIONS

• The design is retrospective and nonrandomized

• Statistical analyses were not employed

• Sample size is limited as many patients at BCPP are successfully treated with clozapine with or without additional augmentation strategy

• The population presents clinical and research challenges in engagement and adherence

• Inter-rater reliability was not measured

REFERENCES
