4CPS-175 OPTIMISATION OF ANTIPSYCHOTIC TREATMENT IN A PATIENT UNDERGOING DIALYSIS: A CASE REPORT

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Background Dosing of antipsychotic treatment (AT) in patients undergoing renal replacement therapy (RRT) is not well established. The information regarding the extraction of drugs by dialysis membranes is scarce.

Purpose To describe the optimisation of the AT in a patient with schizoaffective disorder (SD) and chronic kidney disease (CKD) receiving haemodialysis.

Material and methods A systematic review of the scientific literature was performed on Cochrane Library, Medline, Embase, UpToDate library and Lexicomp. Keywords used were 'antipsychotic', 'dosage adjustment', 'risperidone', 'dialysis', 'antipsychotic poisoning' and 'renal replacement therapy'. AT Summaries of Product Characteristics and Fx100-class dialyser product specifications were reviewed. A grey literature search was performed using the search engine AlquimiA.

Results A 43-year-old male patient was admitted to a psychiatric hospital in April 2018, diagnosed with SD and CKD of unknown aetiology, undergoing haemodialysis with a Fx100-class dialyser. AT was risperidone 50 mg prolonged-release suspension for injection every 14 days. He showed an acute exacerbation of his SD and oral risperidone was added, which was gradually increased up to 3 mg twice a day, which was administered after haemodialysis on the days of haemodialysis. The patient did not improve and the psychiatrist asked the pharmacist for information. The literature search yielded no results on the matter, but some articles allowed an approach of AT in haemodialysis. It was concluded that risperidone would be minimally affected by haemodialysis due to its high volume of distribution (Vd) and high plasma protein binding (PPB). Nevertheless, due to the lack of response, the AT was modified to zuclopenthixol, exclusively eliminated by hepatic metabolism, high Vd and 98% PPB, and therefore less likely to be affected by RRT. It was initiated at 50 mg injected intramuscularly (two doses on alternate days) and continued by 25 mg once a day orally. The patient improved in a few days.

Conclusion Information about the treatment of AT in RRT is limited. Dialysis membranes manufacturers should provide more information about drug extraction of their products. The integration of pharmacists into multidisciplinary healthcare teams encourages the incorporation of a medicines expert, able to solve highly complex drug searches and to recommend therapeutic alternatives, thus contributing to treatment optimisation.

REFERENCES AND/OR ACKNOWLEDGEMENTS

To my pharmacist colleagues.

No conflict of interest.

4CPS-176 A SYSTEMATIC REVIEW OF META-ANALYSES OF THE EFFICACY OF ORAL ANTIPSYCHOTIC LURASIDONE FOR THE TREATMENT OF ADULT PATIENTS WITH SCHIZOPHRENIA

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Background Schizophrenia is a chronic, severe and disabling mental disorder affecting more than 23 million people worldwide. The cause is multifactorial, and genetics and environmental factors are important in disease development. Patients suffer from hallucinations, delusions, disorganised thinking and behaviour, and treatment adherence is important and often difficult to obtain. Lurasidone is one of the newer approved second-generation antipsychotics orally administered for schizophrenia treatment. Lurasidone has been investigated for efficacy in six main studies, however meta-analyses are useful for clinicians and researchers to review data regarding different interventions. Meta-analyses can overcome many of the limitations of individual studies and help resolve the results of inconsistent studies.

Purpose To perform a systematic review of meta-analyses of the efficacy of lurasidone for the treatment of schizophrenia in adult patients.

Material and methods A systematic literature search was conducted (13 October 2018) using PUBMED, Embase, Metacrawler and Cochrane Library databases through the following search strategy: (lurasidone AND schizophrenia AND randomised controlled trial AND meta-analysis). When possible MeSH Terms/Emtree were used. Two authors independently conducted the literature search in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-analysis statement. Results were screened by title and abstract and then full texts were analysed. Inclusion criteria were: full-text meta-analysis of randomised controlled trials assessing the efficacy (PANSS/BPRS as outcome measure) of lurasidone versus placebo/other antipsychotic for the treatment of adult patients with schizophrenia despite the language, the country and the year of publication.

Results A total of 13 meta-analyses were found from Embase (three), PUBMED (two), Metacrawler (eight) and Cochrane Library (zero). Only one meta-analysis fitted the inclusion criteria: one was excluded as duplicate, two were abstracts and ninewere off-topic. The included meta-analysis pooled data from five similarly designed randomised controlled trials assessing the short-term efficacy of lurasidone: two phase II studies conducted between 2001 and 2004; and three phase III studies conducted between 2007 and 2010.

Conclusion According to the results, there is a significant lack of pooled data concerning the efficacy of lurasidone for schizophrenia treatment in adults. As clinicians' prescribing choice should be based on solid and accurate data, an updated meta-analysis is required to assess drug efficacy and avoiding limitations found in single studies.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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