# Psychopharmacology BULLETIN

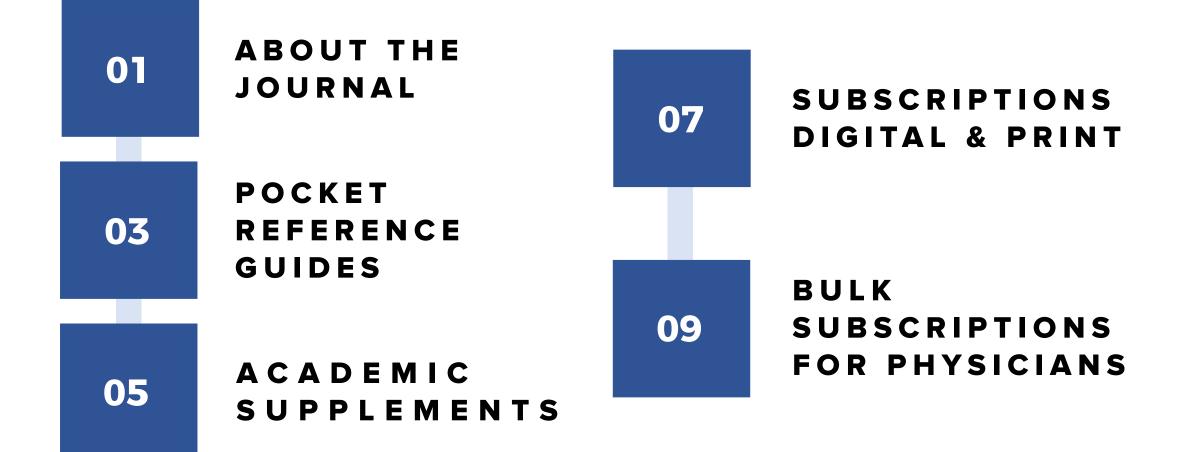
# 2022 MEDIA

ARCHIVAL MATERIALS FOR PHYSICIANS



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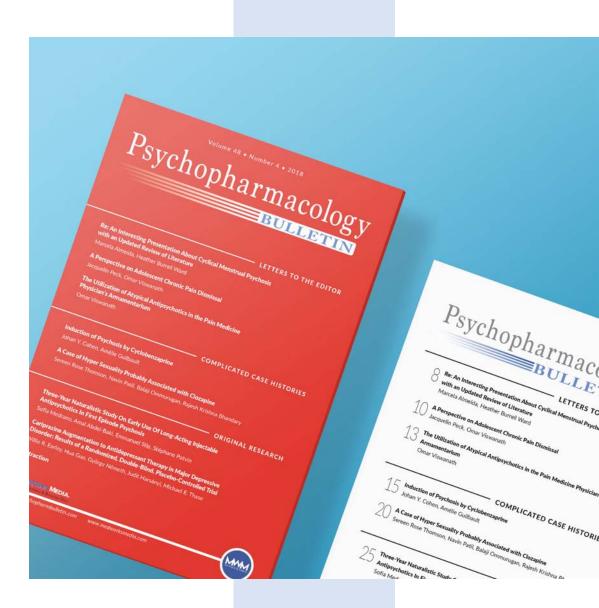


## Psychopharmacology BULLETIN

### A LONG-REVERED RESOURCE IN ACADEMIA

Published from 1965 until 2000 by the National Institute of Mental Health (NIMH), Psychopharmacology BULLETIN was one of the first psychiatric journals in the Nation. Bulletin forged its path just as psychiatry itself was embarking on its golden era of treatment breakthroughs and recognition as a valid and independent field of medicine. With the primary catalyst for cutting-edge remission treatment in anxiety and depression, Psychopharmacology Bulletin covers a wide range of core topics each issue:

- Original Research
- Translational Neuroscience
- Fvidence-Based Medicine
- General Psychiatry
- Drug Disposition and Pharmacokinetics Complicated Case Histories
- Psychopharmacology & Pharmaceutical Research





### A MISSION OF INFLUENCE

Indexed in a variety of databases including Index Medicus and PubMed, *Bulletin*'s influential name carries with it a certain responsibility to make sense of the trends in medicine for clinicians as a primary reference for cutting-edge remission treatment in anxiety and depression. Editor in Chief, Michael E. Thase, MD's focus is on the future, on broadening Bulletin's scope, fostering an ability to engage readers actively, and expanding its already formidable sphere of influence in the field of neuropsychiatry.



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The **Black Book** of Psychotropic Dosing and Monitoring 2022

Alan F. Schatzberg, MD Charles DeBattista, MD

A Supplement to

Psychopharmacology

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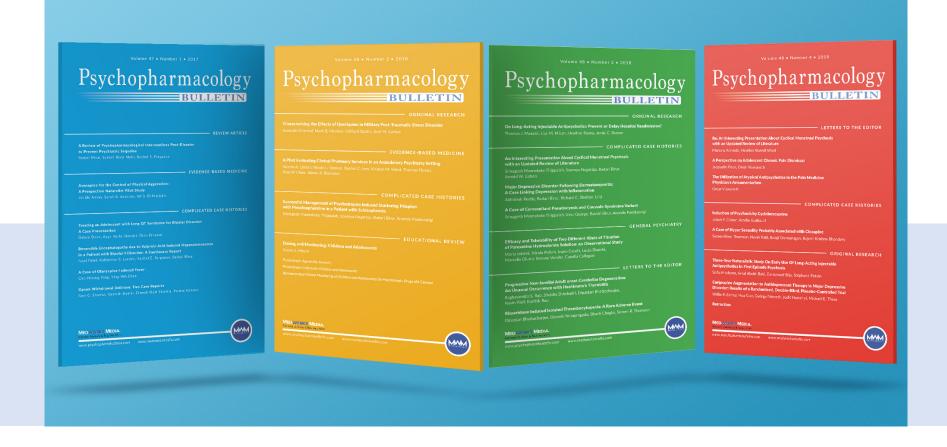
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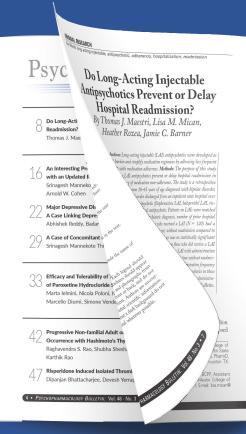
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#### Do LAI ANTIPSYCHOTICS PREVENT OR DELAY READMISSION

with mental illness have not received any mental health services in the prior year, and of the remaining 40%, two-thirds do not remain adherent to medication in the year following diagnosis<sup>2</sup> In other words, roughly 12 million adults who are in need of mental health reatment are not receiving the asistance necessary to manage their illness due to non-adherence. There are many barriers that can prohibit those with mental illness from utilizing resources and taking medication effectively, which include cognitive decline, medication costs, inability to receive follow-up care, medication beliefs and difficulty remembering to either take or refit medications<sup>24</sup> Multiple strategies are available to improve psychiatric medication non-adherence, such as text message medication reminder systems and pillboxes. Providers can also play a role in medication apheropriate. This strategy can eliminate the need to remember to take a daily medication for symptorm management.

LAI antipsychotics were developed as a means to improve medication adherence in psychiatric populations.5 However, previous randomized controlled trials (RCTs) comparing the use of LAIs to oral antipsychotic medications have not consistently found a benefit on readmission rates or length of stay on readmission.6-9 The type of study design used to evaluate LAI medication may impact the efficacy results. Although RCTs are normally considered the gold standard of study designs, they are not ideal in studying real world medication adherence.9 A distinct advantage for LAI antipsychotics was shown in prospective observational, retrospective observational and mirror-image study designs.9-10 For evaluating the use of LAI compared to oral antipsychotic medications, it is recommended that if efficacy and safety is being evaluated in the natural clinical practice, the design should be pragmatic in order to demonstrate a more real world situation with treatment schedules seen in clinical practice, which avoid blinding and use customary adherence interventions.11 This study employs a retrospective observational study design with a protocol that matches the oral antipsychotic to the LAI group.12 The aim of this study is to explore the potential benefit of LAIs compared to oral medication in a population that has a history of non-adherence with antipsychotic therapy.

Rozea, et al.

#### METHODS

The primary aims of this study are to determine whether LAI antipsychotic use is associated with a longer time to readmission when used in patients with a history of medication non-adherence and to determine whether LAI antipsychotic initiation decreases one-year readmission rates. Other outcomes evaluated include whether the injection

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