

Poster presentation

Clinical status course and quality of life after the first 2 years of treatment: results from the European Schizophrenia Outpatient Health Outcomes (SOHO) study

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Background

European SOHO is a prospective, observational study of antipsychotic treatment in 10 European countries.

Materials and methods

Clinical effectiveness and QoL were assessed using the Clinical Global Impression (CGI) scale and the EQ-5D instrument, respectively. For analysis, the 2-year period was split into four 6-month epochs (0–6, 6–12, 12–18 and 18–24 months). Multivariate modelling was performed, adjusting for baseline differences among patients.

Results

Olanzapine-treated patients had statistically higher overall CGI improvements during i) the first 6 months, compared with risperidone (0.20; 0.14–0.26), quetiapine (0.24; 0.15–0.33), amisulpride (0.12; 0.00–0.23), oral (0.33; 0.25–0.41) and depot typicals (0.33; 0.24–0.42) treated patients, and ii) second 6 months compared with oral typicals (0.12; 0.04–0.19) treated patients. No statistical separation was observed between the olanzapine and clozapine groups.

Olanzapine-treated patients had statistically higher EQ-5D utility improvements during the first 6 months compared with risperidone (0.034; 0.015–0.053), quetiapine (0.033; 0.010–0.061), amisulpride (0.043; 0.006–0.080), oral (0.075; 0.050–0.100) and depot typicals (0.073; 0.045–0.102) treated patients. No statistical separation

was observed between the olanzapine and clozapine groups.

Discussion

Olanzapine appears to have a range of modest effectiveness and QoL advantages, appearing during the first 6 months of treatment and remaining thereafter, over other antipsychotic medications, except clozapine.