



Assessing the impact of long-acting injectable compared to oral antipsychotic medications on readmission to a state psychiatric hospital

Okoli, C. T., Abufarsakh, B., Wang, T., Makowski, A., & Cooley, A. (2024). Assessing the impact of long-acting injectable compared to oral antipsychotic medications on readmission to a state psychiatric hospital. *Journal of Psychiatric and Mental Health Nursing*, 31(6), 1155-1163.



Background

Individuals with serious mental illnesses such as schizophrenia spectrum disorder (SSD) often have high mortality rates that can be associated with poor medication adherence. Non-adherence is attributed to factors such as poor psychiatric symptom control, medication inefficacy or side effects, poor access to health insurance and pharmacies, and poor clinical insight. Long-acting injectable antipsychotics (LAIs) can improve adherence and reduce hospitalization. Previous studies indicate that patients treated with LAIs have significantly lower readmission rates and improved recovery outcomes than those prescribed oral antipsychotics.

Despite their known benefits, LAIs are not widely considered for first-line treatments, and oral medications are prescribed more often. Healthcare professionals often lack confidence in managing patients on LAIs. This underutilization in LAIs highlights the need for psychiatric-mental health professionals to better understand and advocate for LAI use.

Purpose

This research serves to examine the use of LAI antipsychotics in patients with SSD at a state psychiatric hospital in Kentucky. Specifically, the study aimed to:

1. Determine the percentage of patients prescribed LAI antipsychotics at discharge.
2. Assess differences in readmission rates between patient discharges with LAIs versus oral antipsychotic medications.

Study Design

Researchers analyzed 707 medical records from a state psychiatric hospital in Kentucky, focusing on patients with SSD who were discharged from January 2018 to December 2019. Patients included in the study (1) had been admitted for more than 3 days, (2) had a diagnosis of SSD during hospitalization, and (3) had been prescribed an antipsychotic medication (LAI or oral antipsychotic) at discharge.

Results

Frequency of LAI Prescription

Less than half of patients (42.1%) were prescribed a LAI antipsychotic at discharge. Patients with schizoaffective disorder were less likely to be prescribed a LAI antipsychotic compared to those with schizophrenia (37.2% vs. 46.1%).

Readmission Rates

Patients discharged with LAI antipsychotics had significantly lower readmission rates at six months and one year compared to those discharged on oral antipsychotics. However, no differences were observed at 30 days or 2 years compared to oral antipsychotics.

The researchers found that in the 2-year period, patients discharged on an atypical or second-generation LAI medication were less likely to be readmitted to the hospital when compared to those discharged on a typical or first-generation oral medication.

Conclusion

Researchers found that LAI antipsychotic use may result in a lower likelihood of psychiatric readmission, offering potential benefits over oral medications. These findings highlight the potential benefits of encouraging the use of LAI antipsychotics to improve medication adherence, which is a key factor in reducing rehospitalizations. Patients with schizoaffective disorder were less likely to be prescribed a LAI antipsychotic as compared to those with schizophrenia (37.2% vs. 46.1%). However, using Clozapine, LAI, and combination therapy with mood stabilizers is associated with lower rehospitalizations for those with schizoaffective disorder.¹

Patients discharged on an atypical or second-generation LAI antipsychotic were less likely to be readmitted to the hospital when compared to those discharged on a first-generation oral medication. Psychiatric-mental health professionals should be aware of the benefits of LAI antipsychotics for patients with SSD to improve medication adherence and reduce hospital readmissions. Given the underutilization of LAI antipsychotics observed in this study, nurses can play a key role in educating patients and providers about LAI antipsychotic options and advocating for their use in appropriate cases.

Implications

Future research should focus on understanding the long-term effects of second-generation LAI antipsychotics on readmission rates and adherence, in addition to exploring tailored strategies to enhance medication management in patients with SSD.

¹Lintunen, J., Taipale, H., Tanskanen, A., Mittendorfer-Rutz, E., Tiihonen, J., & Lähteenvuo, M. (2021). Long-term real-world effectiveness of pharmacotherapies for schizoaffective disorder. *Schizophrenia Bulletin*, 47(4), 1099–1107. <https://doi.org/10.1093/schbul/sbab004>