

**Clinical profile and attitudes to treatment among patients with schizophrenia or schizo-affective disorder, who are on long-acting injectable antipsychotics as monotherapy or combined therapy, at Teaching Hospital, Jaffna, Sri Lanka.**

**Abstract**

**Background:** Combination of long-acting injectable antipsychotic (LAIA) and oral antipsychotic (OA) medications is in increased practice in the Sri Lankan context, with no prior knowledge and evidence on its efficacy, side effect profile and attitudes that users develop towards/against this treatment. Furthermore, whether LAIA monotherapy or LAIA combined therapy with OAs holds superiority is a long-lasting concern in the field of psychiatry. This cross-sectional study aims at finding evidences to address these queries.

**Objectives:** To measure control of symptoms, side effects and attitudes towards the treatment with LAIA with and without OAs among the patients in general, and to assess differences in control of symptoms, side effects and attitudes towards treatment between patients who were treated with LAIA monotherapy and patients treated with LAIA combined therapy with OAs.

**Method:** 236 out-patients on LAIA (either fluphenazine decanoate or flupentixol decanoate) with and without OAs on clinic follow-up at the Mental Health Unit, Jaffna Teaching Hospital were assessed using Brief Psychiatric Rating Scale (BPRS), Glasgow Antipsychotic Side-effects Scale (GASS) and Drug Attitude Inventory (DAI) for symptoms, side effects and attitudes, respectively against sex, LAIA dose, LAIA type, medication types (LAIA monotherapy or LAIA and first- and/or second-generation OA combination), number and dose of OAs used in the combined therapy.

**Results:** 42 (17.8%) participants were asymptomatic (BPRS score 18) while 181 (76.7%) patients were very mildly symptomatic (BPRS scores in between 19-36) and 13 (5.5%) were mildly symptomatic. Mean rank difference between the BPRS scores of these three groups was significant ( $H(2)= 128.3, p<0.001$ ). Flupentixol decanoate was found to be associated with high scores in BPRS scale ( $U=1209.5, p=0.016$ ). 226 (95.8%) participants had absent/mild side effects (between 1 and 21 in the GASS scale) and 10 (4.2%) reported moderate side effects (between 22 and 43 in the GASS scale). Participants using fluphenazine decanoate showed more positive attitudes than those on flupentixol decanoate ( $U=1303.0,$

p=0.032). Patients on LAIA combined therapy with one first generation OA and patients on LAIA combined therapy with one first generation OA and one second generation OA showed more positive attitudes than patients on LAIA monotherapy and LAIA combined therapy with other combination of OAs. Comparison between LAIA monotherapy and LAIA combined therapy with OAs groups showed there was no difference in BPRS (U=5355.5, p=0.933), GASS (U=5229.5, p=0.710) and DAI-10 scores (U=5203.5, p=0.679).

**Conclusion:** Patients on LAIA monotherapy and LAIA combined therapy with OAs did not differ in control of symptoms, side effects or attitudes towards treatment. LAIA combined therapy with OAs was no more effective than LAIA monotherapy.

**Key words:** long-acting injectable antipsychotic, monotherapy, combined therapy, oral antipsychotics, symptoms, side effects, attitudes