

Antipsychotic deprescribing in schizophrenia in Belgium and Québec

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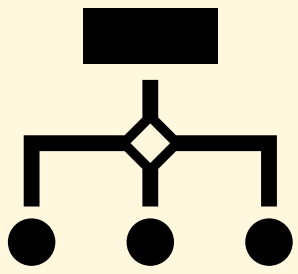
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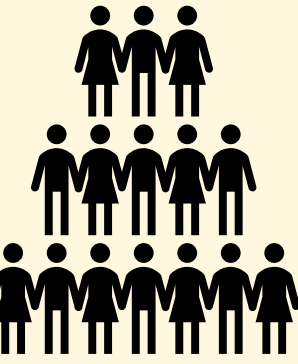
Although switching back to monotherapy reduces adverse effects and relapses, antipsychotic polypharmacy in schizophrenia is common and deprescribing is seldomly performed.

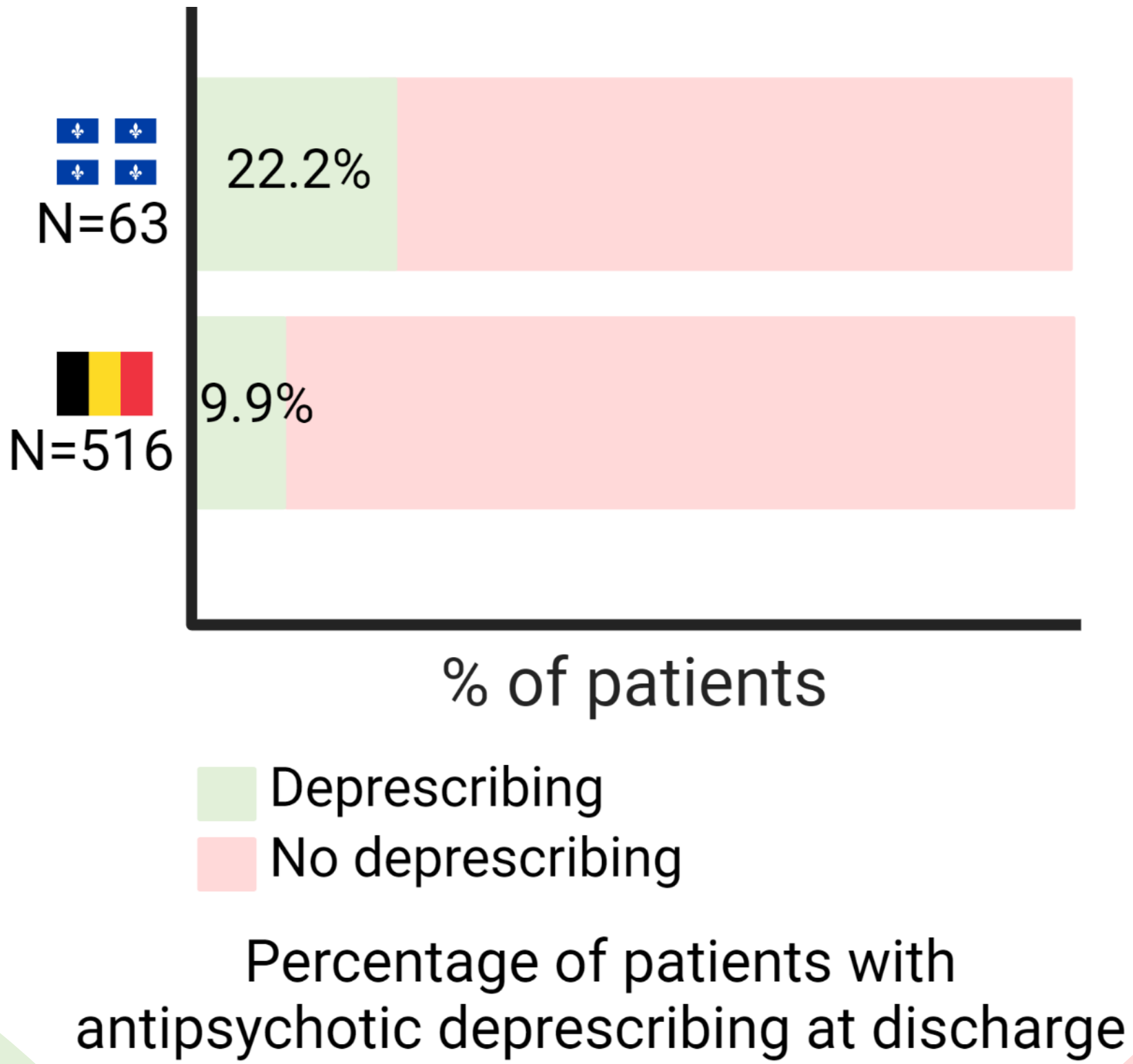
Aim:

To detect factors associated with successful antipsychotic deprescribing after a psychiatric hospitalisation.

Methods:

 Retrospective data (e.g. medication, sociodemographic factors) collected in a teaching hospital in Québec (Canada) and 6 Belgian hospitals, in 2020-2021.

 579 adult inpatients with schizophrenia or schizoaffective disorder, discharged from a psychiatric unit after an acute hospitalisation.



R E S U L T S

↑ Deprescribing		
	aOR [CI 95%]	p-value
Residential facility	2.15 [1.05-4.39]	0.036
≥2 trials of antipsychotics	15.38 [3.62-65.36]	<0.001
Clozapine eligibility	1.98 [1-3.93]	0.051
Adverse effect	1.86 [1.01-3.44]	0.048
General hospitals	2.28 [1.09-4.75]	0.028
Québec 	4.13 [1.48-11.5]	0.007

↘ Deprescribing		
	aOR [CI 95%]	p-value
Antipsychotic exposure	0.35 [0.2-0.61]	<0.001
Long-acting inj.	0.51 [0.26-0.98]	0.044
Prior clozapine use	0.36 [0.13-0.95]	0.04
Number of hypno-sedatives	0.65 [0.43-0.98]	0.04

Conclusion : Antipsychotic deprescribing is feasible and already performed in identifiable patients, settings or situations. Patients hospitalised in Québec are more likely to be deprescribed than in Belgium.

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