How Do Antipsychotics Affect Mortality Risk in Schizophrenia Patients?

SCHIZOPHRENIA

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Long-acting injection (LAI) use is associated with an approximately 30% lower risk of death than the use of oral agents in patients with schizophrenia, according to the results of a recent study.

Whether antipsychotic treatment among patients with schizophrenia is associated with an increase or decrease in mortality risk is controversial. The effects of specific agents or routes on this association are also unknown.

For their study, researchers examined data on 29,823 patients with schizophrenia in Sweden, aged 16 to 64 years.

During a mean follow-up of 5.7 years, 2515 (8.4% of the patients died). Over 7.5 years, second generation (SG) LAI use was associated with the lowest cumulative mortality (7.5%). Adjusted hazard ratios (HRs) compared with SG LAI use were 1.37 for first generation (FG) LAI, 1.52 for SG oral treatments, 1.83 for FG oral treatments, and 3.39 for use of no antipsychotics.

The lowest mortality was observed with use of once-monthly paliperidone LAI, oral aripiprazole, and risperidone LAI. In pairwise comparison, LAIs were associated with 33% lower mortality than equivalent oral agents.

“Mortality among patients with schizophrenia is over 40% lower during those time periods when the patients use antipsychotics than when they do not. LAI use is associated with an approximately 30% lower risk of death compared with the oral use of the same medication. SG LAIs and oral aripiprazole are associated with the lowest mortality.”

—Michael Potts

Reference:

Many HIV-Positive MSM Also Have This Type of HPV

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Human papillomavirus 16 (HPV16) is common among human immunodeficiency virus (HIV)-positive men who have sex with men (MSM) and may be a useful determinant of anal cancer risk, a new study showed.

In the APACHES multicenter prospective study, the researchers evaluated 490 HIV-positive MSM aged 35 years and older. At baseline, anal swabs were collected, and participants underwent cytology and high-resolution anoscopy. Cobas 4800 was used to test for high-risk HPV, and diagnoses of high-risk HPV were genotyped via PapilloCheck.

HPV16 and high-risk HPV were present in 29% and 70% of participants, respectively. The prevalence of each was not significantly affected by factors such as age, sexual behavior, or markers of HIV or immune deficiency. The researchers found smoking to be a weak predictor of high-risk HPV.

The prevalence of high-risk HPV and HPV16 was strongly associated with severity of anal diagnosis. The researchers noted that HPV16 had increased from 19% among participants with negative, to 63% in high-grade lesions. However, they also observed that non-16 high-risk HPVs were less prevalent in high-grade vs negative composite diagnosis (37% vs 64%), with their causal attribution further challenged by multiple HPV infections.

“HPV16 is ubiquitously frequent among HIV-positive MSM and strongly associated with detection of high-grade anal lesions, representing a potentially useful marker of anal cancer risk,” the researchers concluded.

—Christina Vogt

Reference: