

correlations between SAH and mature defence mechanisms in OUD patients. Beck depression and Beck anxiety scores were higher in the presence of SAH.

Conclusions: It was shown that immature defence styles were used more frequently by patients with SMB and SAH. SAH was associated with anxiety and depression scores and SMB has been used as a sort of coping mechanism and has not been associated with anxiety and depression scores in OUD. The application of therapeutic programs for the more effective use of mature defences, as well as specific pharmacotherapies, in patients with OUD can be considered. Considering that the SAH is associated with high anxiety and depression scores, with planned pharmacotherapy, the success rate of treatment can be increased.

[Abstract:0144][Psychopharmacology]

Extrapyramidal and metabolic side effects of haloperidol decanoate: a 12-month follow-up study

Nazan Aydın, Hasan Mervan Aytaç, Doğan Yılmaz, Pınar Çetinay Aydın, Gökşen Yüksel Yalçın, Cana Canbay, Merve Terzioğlu and Aysel Özer

Bakirkoy Prof. Dr. Mazhar Osman Research and Training Hospital for Psychiatry, Neurology, and Neurosurgery, Istanbul, Turkey

E-mail address: mervan176@hotmail.com

ABSTRACT

Objective: It is believed that first-generation antipsychotics may cause more extrapyramidal side effects and second-generation antipsychotics also may cause more metabolic syndrome, cardiovascular disease, and type-2 diabetes. However, there are still a lot of controversial studies about this subject in the literature. In particular, recent studies have shown that there is no difference in terms of efficacy and drug tolerability between these two drug groups. The aim of our study is to monitor if extrapyramidal side effects and changes of metabolic parameters were developed in a 12-month follow-up study with Haloperidol Decanoate (HD).

Methods: Fifty-four patients who were diagnosed with schizophrenia and hospitalized in Bakirkoy Mental Health and Neurological Diseases Hospital consecutively were included in this naturalistic study. The first examination at the inpatient clinic was named as Assessment 0, the interview after HD applied was named as Assessment 1. The next four Assessments (Assessment 2–5) were conducted as weekly follow-up. In the next month, it was organized as twice a week (Assessment 6–7) and next assessments (8–18) once in a month. The following parameters except the clinical efficacy and plasma levels were evaluated:

- (1) Assessment of clinical efficacy of haloperidol decanoate and functionality
- (2) Plasma levels of haloperidol
- (3) Extrapyramidal symptoms and metabolic side effect
- (4) The compliance of long-term treatment

Results: Fifty-four patients with schizophrenia consisting of 41 women and 13 men were included in the study. There were no severe side effects like neuroleptic malignant syndrome and acute dystonia during our follow-up study. There were only significant correlations between the beginning high dose of haloperidol and EPS scores in the positive direction. There were no statistically significant differences between measurements in the weight variable, but there was a significant difference in waist circumference. The first measurement of waist circumference was significantly higher from both the mid- and final measurements. Among all of these blood measures, only prolactin levels increased significantly over time with the use of haloperidol. There were no statistically significant differences between values of other metabolic parameters (fasting blood glucose, triglyceride, HDL, iron, Hgb, PRL, and HbA1c). In our study, half of the patients still used haloperidol depot at the end of the year and the remaining half of these patients had the following percentages: 14.8% ($n = 8$) had an atypical antipsychotic, 7.4% ($n = 4$) were treated with mood stabilizer and another antipsychotic, 7.4% ($n = 4$) had another depot antipsychotic, and 20.4% ($n = 11$) had left treatment completely. When the causes of dropout from follow-up study were evaluated, it was learnt that 37.14% of patients had changed their treatment after clinician changing, 37.14% of patients discontinued treatment since lack of social support, and 25.71% of patients left treatment with their own desire or side effects.

Conclusions: This study pointed out that the HD was still an effective and tolerable drug for patients with schizophrenia. It is also important to replicate these results in a hospital where severe patients with non-adherence story are treated. As a result, clinicians must choose the best treatment to meet the needs of their patients, leaving the fears and prejudices about the first-generation antipsychotics.

KEYWORDS

Haloperidol decanoate; extrapyramidal; metabolic; side effects; compliance