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Title: Post-psychotic depression in dual psychosis: Efficacy of lurasidone
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Authors: Adrián Neyra[1], Enrique Martín[2], Isabel Matellán[3], Francisco Acoidán Rodríguez[1], Marta Villodres[4], Noemí Molina[1]

Institutions:
[1]Psychiatry Service, University Hospital of Gran Canaria Dr. Negrín, Las Palmas de Gran Canaria, Spain; [2] Psychiatry Service, Virgen del Puerto Hospital, Plasencia, Spain; [3]Dr. Rodriguez Lafora Hospital, Madrid, Spain; [4] Psychiatry Service, Obispo Polanco Hospital, Teruel, Spain.

Introduction:

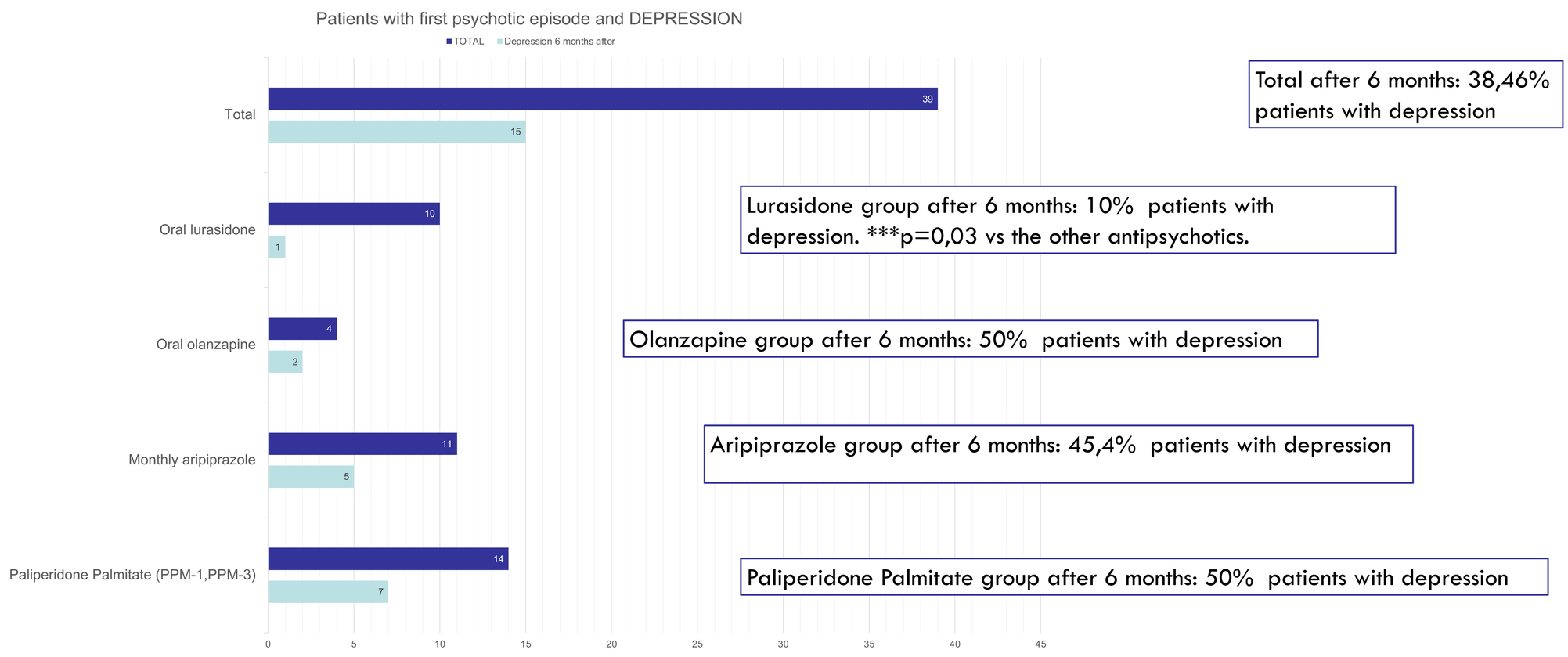
Post-psychotic depression is an important and frequent clinical phenomenon that worsens the prognosis in the initial phases of psychoses [1]. Substance-induced psychosis has been identified as a risk factor for unipolar depression or anxiety disorders after the first psychotic episode[2]. Most antipsychotics do not have antidepressant efficacy in patients with psychosis, except drugs such as lurasidone or clozapine [3]. The aim of this study was to examine the presence of postpsychotic depression in a group of patients with psychosis induced by substances according to the prescribed antipsychotic in monotherapy 6 months after the first psychotic episode, to assess whether there are differences between the different drugs.

Methods:

Observational, prospective study. The presence of postpsychotic depression was evaluated in a group of 39 patients with a single psychotic episode induced by substances, 6 months after the episode, applying the Montgomery Asberg Depression rating scale (MADRS), treated on an outpatient basis. The presence of psychotic symptoms was assessed using the Brief Psychiatric Rating Scale (BPRS). The presence of depressive disorder (score more than 12 points) was analyzed, according to the prescribed antipsychotic, in monotherapy.

Results:

The mean age of the 39 patients was 20.1 (SD=2.4) years. The majority were men (67%). 80% of the patients used cannabis prior to the psychotic episode, 10% used cocaine and the rest, both substances. All patients were abstinent at the time of evaluation, with negative urinalysis for substances. 14 patients were treated with once-monthly paliperidone palmitate (mean dose 98.5 mg/month, SD=5.6), 11 patients with once-monthly aripiprazole (mean dose 400 mg/month), 4 patients with oral olanzapine (mean dose 12.5 mg/day SD=2.3) and 10 patients with oral lurasidone (mean dose 82 mg/day SD=5.7). Regarding tolerability, 2 patients with olanzapine gained significant weight (>5% of total body weight), 3 patients with once-monthly paliperidone palmitate presented hyperprolactinemia and associated sexual dysfunction, while no notable adverse effects were observed in the group of once-monthly aripiprazole or lurasidone. The mean score on the BPRS scale was 6.8 (SD=1.2) points.
The overall population of the study presented depression in 38.46%, 6 months after the first psychotic episode using the MADRS. When analyzing according to the prescribed antipsychotic, 50% of the patients with once-monthly paliperidone palmitate presented depression, 45.4% of the patients with once-monthly aripiprazole, 50% of the patients with olanzapine and only 10% of the patients treated with lurasidone, this difference was statistically significant (p<0.03). (Figure 1)



Conclusions:

The antidepressant efficacy of lurasidone may be associated with the prevention of post-psychotic depression in the group of patients with induced psychosis. The reduction of depressive symptoms can increase the functional recovery of these patients, as well as the reduction of suicidal behaviors associated with depression. More studies are needed in this field to replicate these results.

References:

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