

## Positive results with long-acting risperidone in bipolar I patients in the Netherlands

S.K. Vorel<sup>1</sup>, P.H.B. Seerden<sup>2</sup>, R. Hoekstra<sup>3</sup>, W. Hazelhoff Roelfzema<sup>4</sup>

<sup>1</sup> Psychiatric Hospital Mondriaan Zorggroep, Heerlen, the Netherlands

<sup>2</sup> Mental Health Center West-Friesland, Hoorn, the Netherlands

<sup>3</sup> DeltaBouman Psychiatric Teaching Hospital/MFC Rotterdam-Zuid, Rotterdam, the Netherlands

<sup>4</sup> Mediselect B.V., Leusden, the Netherlands

Mood stabilisers are often the standard care for bipolar patients. Due to the limited efficacy of these compounds, atypical antipsychotics are often added to control manic and/or psychotic symptoms. Oral risperidone, an atypical antipsychotic, is indicated for treatment of manic episodes, but sometimes long-acting medication is preferred.

The authors treated more than 25 patients diagnosed with bipolar I disorder with long-acting injectable risperidone, for up to 19 months. It was found that this medication gives effective symptom control with both antipsychotic and mood stabilising effects. Most of the patients had mainly manic episodes, although primarily depressive patients and patients with double diagnoses of bipolar disorder and drug abuse were also treated successfully with long-acting risperidone injections.

The main reasons to switch either antipsychotic or mood stabilising medication (or the combination) to long-acting risperidone were:

- better acceptance and therapeutic results of long-acting risperidone due to more stable medication levels;
- non-compliance with oral medication;
- undesired reactions to previous antipsychotic medication (amongst others: heart problems with medication combinations, diabetes mellitus or obesity with olanzapine or clozapine, infiltrations or EPS with conventional depot antipsychotics);
- prevention of switching to a manic episode when treating a severe depressive episode by antidepressants;
- low usability of mood stabilisers due to psoriasis exacerbation (lithium) or alcohol use (incompatible with valproic acid, carbamazepine), resulting in a switch to a manic episode when treating the depressive episode with antidepressants.

Due to a decrease in paranoid psychoses, aggression or other (manic) symptoms, the hospitalisation rate dropped dramatically after long-acting risperidone was started. It was even possible to discontinue the mood stabilisers in a few of our patients; thus those patients were treated with long-acting risperidone monotherapy. The dosages used were: 25, 37.5 and 50 mg every two weeks.

The poster describes some of the cases in detail and illustrates with diagrams the decreased need for hospitalisation.