# EP.1211. The effect of anxiolytic medication in schizophrenia and schizoaffective disorder: a retrospective study

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## Background

Anxiolytic medication is frequently used as co-adjuvant therapy in psychotic disorders. The CATIE [1] trial showed that 22% of patients were prescribed anxiolytic medication and that was associated with having anxiety or depression, being female or treated with second-generation antipsychotics. Besides a higher quality of life in patients treated with antidepressants and anxiolytics [2], there is some evidence showing a 4.8-fold higher mortality risk with the chronic use of these drugs. This observation was suggested to be associated with a greater illness severity, comorbid anxiety, more accidents due to daytime sedation or cognitive impairment. [3]

## Methods

One-year retrospective cohort analysis. Patients diagnosed with Schizophrenic and Schizoaffective disorder, according to the International Classification of Diseases 10th edition, followed in a community mental health team, aged 18 years and above and followed during 2015 were selected.
Our **aim** was to evaluate the association between hospital admissions/ emergency department visits (ED) and the prescription of anxiolytic (benzodiazepines BZDs) medication among schizophrenic and schizoaffective patients. Student T-test, linear and logistic regression were used for the statistical analysis.

## Results

Seventy-four patients with schizophrenia and 98 with schizoaffective disorder with a mean illness duration of 8.9 years (sd. 2.8 years) were selected (Table 1). We found that 52.7% of schizophrenic patients and 59.2% of schizoaffective patients were prescribed BZDs.

**Table 1. Baseline characteristics**

| | Schizophrenia | | | Schizoaffective Disorder | | |
|---|---|---|---|---|---|---|
| | No BZDs | BZDs | p-value | No BZDs | BZDs | p-value |
| **N (%)** | 35 (47%) | 39 (53%) | | 40 (41%) | 58 (59%) | |
| **Male** | 27 (77%) | 26 (67%) | 0.32 | 25 (63%) | 25 (43%) | 0.059 |
| **Age, mean (SD)** | 49 (14) | 50 (11) | 0.75 | 44 (15) | 50 (11) | 0.035 |
| **Work status** | | | | | | |
| **Employed** | 3 (9%) | 6 (15%) | 0.63 | 2 (5%) | 13 (22%) | 0.047 |
| **Unemployed** | 12 (34%) | 8 (21%) | | 19 (48%) | 17 (29%) | |
| **Disabled** | 4 (11%) | 5 (13%) | | 1 (3%) | 4 (7%) | |
| **Retired** | 9 (26%) | 9 (23%) | | 6 (15%) | 13 (22%) | |
| **Duration of Illness, mean (SD)** | 9 (3) | 10 (3) | 0.83 | 9 (2) | 8 (3) | 0.16 |

**Table 2. Concomitant medication and admission rates.**

| | Schizophrenia | | | Schizoaffective Disorder | | |
|---|---|---|---|---|---|---|
| **Concomitant Medication** | No BZDs | BZDs | p-value | No BZDs | BZDs | p-value |
| **Oral antipsychotics, mean (SD)** | 1.4 (0.8) | 1.8 (0.9) | **0.039** | 1.3(1.1) | 1.8 (1.1) | **0.032** |
| **LAI Antipsychotics** | 0.7 (0.6) | 0.7 (0.6) | 0.98 | 0.6 (0.7) | 0.6 (0.6) | 0.75 |
| **Antidepressants, mean (SD)** | 0.3 (0.7) | 0.5 (0.8) | 0.38 | 0.3 (0.5) | 1.1 (0.9) | **<0.001** |
| **Admissions, mean (SD)** | 0.1 (0.4) | 0.2 (0.6) | 0.33 | 0.1 (0.3) | 0.3 (0.5) | 0.059 |
| **Admissions, days, mean (SD)** | 3.9 (15.7) | 7.3 (21.3) | 0.44 | 1.8 (6.7) | 8.8 (26.1) | 0.10 |
| **ED mean (SD)** | 0.2 (0.5) | 0.3 (0.8) | 0.31 | 0.1 (0.4) | 0.7 (1.4) | **0.008** |

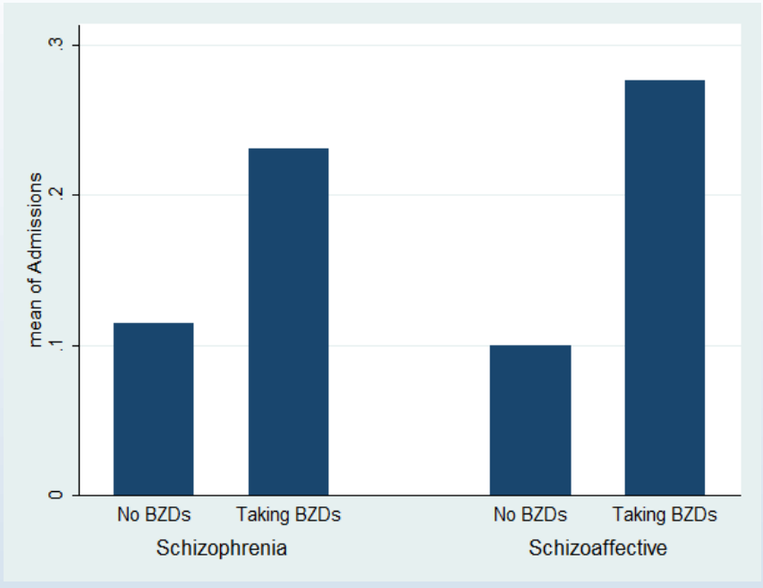


Figure 1. Mean admission rates in both groups.

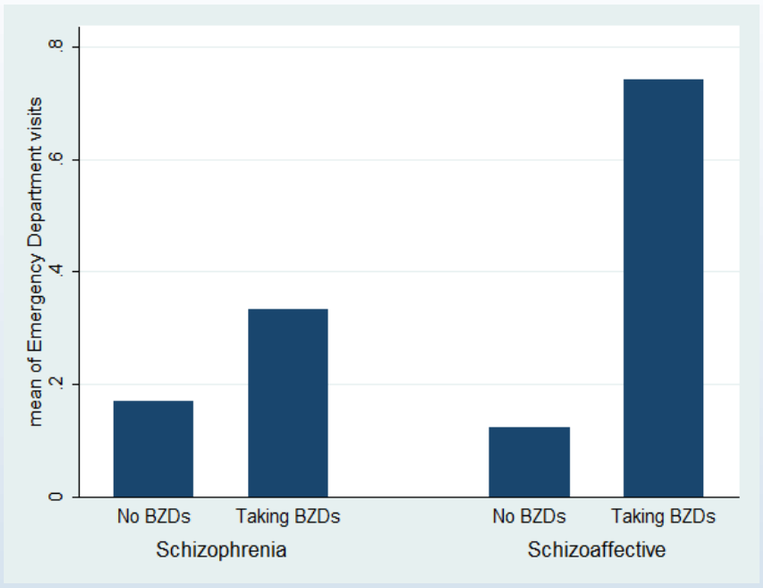


Figure 2. Mean ED visits rates in both groups.

In our sample, **admissions** were **higher** in patients prescribed with both **oral** (p-value 0.003) or **long acting injectable antipsychotics** (LAI) (p-value 0.012) and **anxiolytics** (p-value <0.001); were **lower** in patients with **higher duration of illness** (p-value <0.001) and in the group of **employed** patients (p-value 0.031). In both groups patients with **higher mean oral antipsychotics** prescription also showed **greater BZDs** use.

When **comparing the two diagnostic groups** we found that **only schizoaffective patients prescribed with BZDs** presented **higher antidepressants use** (p-value<0.001) and **emergency department visits** (p-value=0,008). **Schizoaffective patients prescribed with BZDs** (and **without** antidepressants) had **higher admission rates** (p-value 0,032). No statistical differences were found for schizophrenia patients.

## Conclusions

Our findings support the high prescription rate and the deleterious effect of anxiolytic medication in Schizophrenia and Schizoaffective patients. Previous studies have shown ambivalent results, probably because the use of anxiolytic medication mediates different dimensions, such as resistant positive symptoms, lack of employment, unstable family relations and even antipsychotic polypharmacy. Further studies are needed to clarify these results.

**References**
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