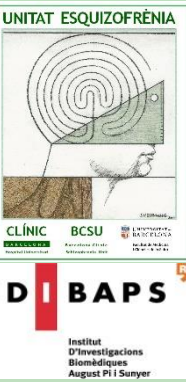


# High dose lurasidone for severe mental illness: an observational, retrospective, real-world analysis



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## INTRODUCTION

Lurasidone is a second-generation antipsychotic with mixed dopamine-serotonin antagonist activity (D2, 5-HT2). The recommended dose in Europe range from 37 to 148mg/day. This dosage is indicated for the treatment of schizophrenia in adults and adolescents aged 13 years and over [1]. Nonetheless, lurasidone has also been proven to be effective for treating other severe mental illnesses, mainly affective disorders [2]. In addition, further reduction of psychotic symptoms scored with the Positive and Negative Syndrome Scale has been reported on high dose lurasidone (up to 148mg/day) compared to low doses (74mg/day) [3]. The aim of the study is to evaluate the effectivity and tolerability of high dose lurasidone ( $\geq 111$ mg/day) for the treatment of severe mental illnesses in common clinical practice.

## METHODS

Inpatients admitted to our psychiatry unit from January 2020 to March 2022, aged  $\geq 18$  years, treated with lurasidone at doses of  $\geq 111$ mg/day and diagnosed of schizophrenia spectrum disorders (schizophrenia, schizoaffective disorder, delusional disorder and non-specified psychosis) were included. Socio-demographic and

clinical variables were recorded in an Excel spreadsheet specifically designed for this purpose. Recorded data were statistically analysed.

## RESULTS

Socio-demographic characteristics and clinical features are described in the table. Regarding pharmacological treatment, previous antipsychotic agents were received by more than half of the sample. The pharmacological strategies used with lurasidone were: 1) starting it as first antipsychotic treatment (n=2); 2) add it with concomitant treatment, mainly olanzapine (n=2); 3) switching it from previous antipsychotic treatments (n=2); and 4) to increase the dose (n=1). Lurasidone was switched to another antipsychotic (olanzapine orodispersable tablet) in one case, due to non-compliance with the treatment. Lurasidone was titrated up to 111mg/day in the vast majority of patients (n=5), and up to 148mg/day in two cases. Six out of seven patients responded to treatment, and early response ( $\leq 2$  weeks) was observed in three cases. The mean time to clinical response was  $16.2 \pm 11$  days, and the mean length of hospital stay was  $26.4 \pm 15.1$  days. Anxiety and insomnia decreased in 85.7% of cases, and depressive symptoms improved in two patients. Only one patient showed adverse effects related with the antipsychotic treatment (headache). Stopping treatment was not needed in that case.

Case	Gender	Age	Diagnosis	Illness duration (years)	Lurasidone initial dose	Lurasidone final dose	Treatment response time (days)	Anxiety	Insomnia	Hallucinations	Depressive mood	Manic symptoms	Suicidal thoughts
1	F	25	Schizoaffective Disorder	7	74	148	56	X	X	X		X	
2	F	48	Schizoaffective Disorder	18	37	111	25	X	X		X	X	X
3	M	65	Delusional Disorder	2	74	111	14	X	X				
4	M	53	Schizophrenia	30	37	111	28	X	X	X	X		X
5	F	49	First psychotic episode	0	37	111	33	X	X	X			
6	M	33	Schizophrenia	12	37	111	15	X	X	X	X		
7	M	47	First psychotic episode	0	74	148	14	X	X	X	X		

## CONCLUSIONS

In our study, high dose lurasidone ( $\geq 111$ mg/day) has shown to be effective for the treatment, not only for schizophrenia, but for other psychotic acute episodes too. The mean time to clinical response was just over two weeks. Interestingly, a reduced of associated anxious and depressive symptoms was also observed during this period.

## REFERENCES

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