

Относительный риск повторной госпитализации

	Количество рецидивов	Чел./лет	Встречаемость	Общий относительный риск (95% ДИ)	Откорректированный относительный риск (95% ДИ)	Полностью откорректированный относительный риск (95% ДИ)
Перфеназин-депо	53	187	0,28	0,41 (0,29–0,59)	0,45 (0,32–0,65)	0,32 (0,22–0,49)
Оланзапин	329	822	0,40	0,59 (0,45–0,75)	0,55 (0,43–0,72)	0,54 (0,41–0,71)
Клозапин	336	804	0,42	0,61 (0,47–0,79)	0,53 (0,41–0,69)	0,64 (0,48–0,85)
Хлорпротиксен	79	146	0,54	0,79 (0,58–1,09)	0,83 (0,61–1,15)	0,64 (0,45–0,91)
Тиоридазин	115	201	0,57	0,84 (0,63–1,12)	0,82 (0,61–1,10)	0,70 (0,51–0,96)
Перфеназин для перорального приема	155	327	0,47	0,69 (0,58–0,82)	0,78 (0,59–1,03)	0,85 (0,63–1,13)
Рisperидон	343	651	0,53	0,77 (0,60–0,99)	0,80 (0,62–1,03)	0,89 (0,69–1,16)
Смешанный прием или редкий препарат	775	1229	0,63	0,92 (0,73–1,17)	0,85 (0,67–1,08)	1,00 (0,78–1,28)
Галоперидол для перорального приема	73	107	0,68	1,00	1,00	1,00
Хлорпромазин	82	127	0,64	0,94 (0,69–1,29)	0,97 (0,71–1,33)	1,06 (0,76–1,47)
Левомепромазин	52	63	0,82	1,21 (0,84–1,73)	0,82 (0,58–1,18)	1,09 (0,76–1,57)
Антипсихотические препараты не принимались	2248	3362	0,67	0,98 (0,77–1,23)	1,01 (0,80–1,27)	1,16 (0,91–1,47)



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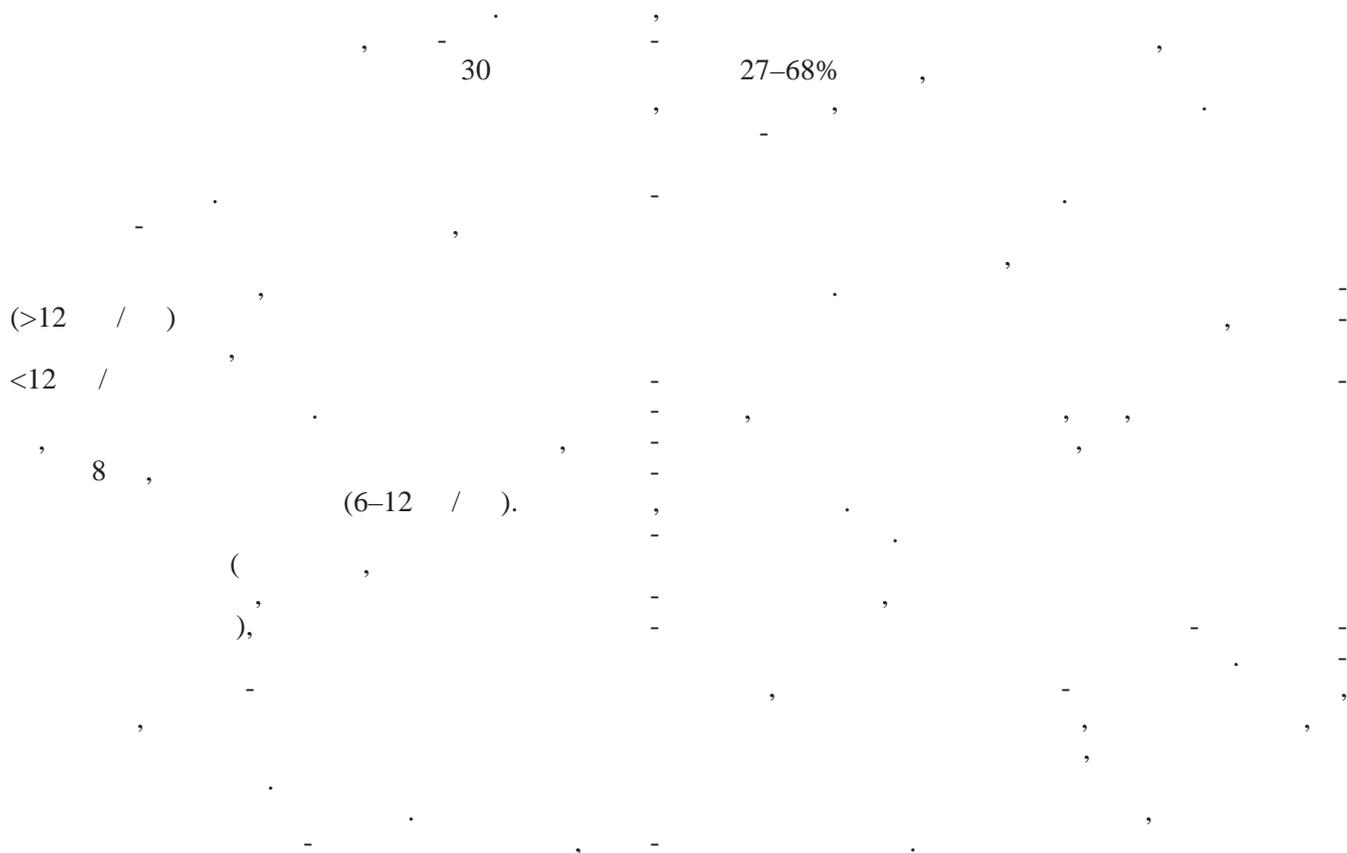
Риск прекращения приема первоначально назначенного препарата

Препарат	Чел./лет	Средний возраст (лет)	Длительность первой госпитализации (дней)	Прекратили прием ¹	Госпитализовано ²	Частота прекращения по любой причине (чел./лет)	Общий анализ	Откорректированный анализ	Откорректированный анализ (пациенты, получающие низкую дозу галоперидола, приняты в качестве контрольной группы) ⁴
Клозапин	213	27,4	174,9	85	23	0,51	0,17 (0,12–0,24)	0,17 (0,10–0,29)	0,22 (0,07–0,71)
Перфеназин-депо	38	34,9	95,7	30	1	0,82	0,27 (0,17–0,44)	0,24 (0,13–0,47)	0,11 (0,03–0,41)
Оланзапин	138	28,6	93,4	118	37	1,14	0,38 (0,26–0,54)	0,35 (0,18–0,71)	1,49 (0,44–6,77)
Рisperидон	129	30,7	61,8	176	38	1,66	0,55 (0,39–0,78)	0,49 (0,33–0,74)	0,98 (0,38–2,50)
Хлорпромазин	25	31,0	65,0	48	12	2,41	0,80 (0,53–1,21)	0,56 (0,33–0,92)	0,50 (0,17–1,48)
Хлорпротиксен	18	30,0	80,4	36	4	2,25	0,74 (0,48–1,17)	0,73 (0,41–1,28)	1,36 (0,44–4,18)
Тиоридазин	30	32,1	52,3	50	10	2,03	0,67 (0,45–1,01)	0,75 (0,45–1,23)	1,51 (0,50–4,61)
Смешанный прием или редкий препарат ⁵	180	31,8	80,9	410	60	2,62	0,87 (0,62–1,22)	0,80 (0,56–1,14)	1,51 (0,68–3,35)
Перфеназин для перорального приема	32	32,7	75,6	91	12	3,24	1,08 (0,74–1,57)	0,92 (0,58–1,46)	2,54(0,86–7,46)
Галоперидол для перорального приема	12	31,5	53,8	32	5	3,01	1,00	1,00	1,00
Левомепромазин	3	32,3	57,2	17	2	6,44	2,14 (1,23–3,72)	1,94 (1,03–3,69)	3,51 (0,44–4,18)
Антипсихотические препараты не принимались	2 696	30,6	80,5	394 ⁶	265	–	–	–	–

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EFFECTIVENESS OF ANTIPSYCHOTIC TREATMENTS IN A NATIONWIDE COHORT OF PATIENTS IN COMMUNITY CARE AFTER FIRST HOSPITALISATION DUE TO SCHIZOPHRENIA AND SCHIZOAFFECTIVE DISORDER: OBSERVATIONAL FOLLOW-UP STUDY

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Objective: To study the association between prescribed antipsychotic drugs and outcome in schizophrenia or schizoaffective disorder in the community. **Design:** Prospective cohort study using national central registers. **Setting:** Community care in Finland. **Participants:** Nationwide cohort of 2230 consecutive adults hospitalised in Finland for the first time because of schizophrenia or schizoaffective disorder, January 1995 to December 2001. **Main outcome measures:** Rates of discontinuation of drugs (all causes), rates of rehospitalisation, and mortality associated with monotherapy with the 10 most commonly used antipsychotic drugs. Multivariate models and propensity score methods were used to adjust estimates of effectiveness.

Results: Initial use of clozapine (adjusted relative risk 0.17, 95% confidence interval 0.10 to 0.29), perphenazine depot (0.24, 0.13 to 0.47), and olanzapine (0.35, 0.18 to 0.71) were associated with the lowest rates of

discontinuation for any reason when compared with oral haloperidol. During an average follow-up of 3.6 years, 4640 cases of rehospitalisation were recorded. Current use of perphenazine depot (0.32, 0.22 to 0.49), olanzapine (0.54, 0.41 to 0.71), and clozapine (0.64, 0.48 to 0.85) were associated with the lowest risk of rehospitalisation. Use of haloperidol was associated with a poor outcome among women. Mortality was markedly raised in patients not taking antipsychotics (12.3, 6.0 to 24.1) and the risk of suicide was high (37.4, 5.1 to 276).

Conclusions: The effectiveness of first and second generation antipsychotics varies greatly in the community. Patients treated with perphenazine depot, clozapine, or olanzapine have a substantially lower risk of rehospitalisation or discontinuation (for any reason) of their initial treatment than do patients treated with haloperidol. Excess mortality is seen mostly in patients not using antipsychotic drugs.