Depot risperidone for people with schizophrenia: a Cochrane review

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Background
Newer antipsychotics are popular but lack of depot preparations is a constraint.

Risperidone is the first new-generation drug available as a long acting injection.

Objectives
To synthesise the best evidence of the clinical effects of depot risperidone for people with schizophrenia and schizophrenia-like psychoses.

Search strategy
• Cochrane Schizophrenia Group’s Register (December 2002)
• References of all included studies
• Janssen-Cilag Ltd
• Authors of included studies

Criteria
Study methods
Randomised trials

Participants
People with schizophrenia or schizophrenia-like illnesses, diagnosed by any criteria

Interventions
Risperidone: administered by long acting intramuscular injection, any dose
Placebo or no treatment
Other antipsychotic drugs: any dose, administered in depot form
Other antipsychotic drugs: any dose, administered in oral form

Data collection & analysis
We independently inspected citations and extracted data

We calculated relative risk (RR), 95% confidence interval (CI) and the number needed to treat (NNT) on an intention-to-treat basis.

Results – only 2 relevant studies

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<thead>
<tr>
<th>Study</th>
<th>Methods</th>
<th>Participants</th>
<th>Interventions</th>
<th>Outcomes</th>
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One trial (n=400) compared depot risperidone with placebo but 56% of people did not complete the three-month study rendering most data unusable.

The rate of leaving the study early was higher with placebo (RR 0.74 CI 0.63 to 0.88, NNT 6 CI 4 to 12).

Compared with placebo risperidone depot did not substantially influence hallucinations (n=400, RR 1.23 CI 0.47 to 3.22) but ‘psychosis’ was reduced (n=400, RR 0.52 CI 0.33 to 0.83, NNT 9 CI 7 to 26).

Severe adverse events were common (13% to 23%) but there were significantly more in the placebo group (n=400, RR 0.59 CI 0.38 to 0.93, NNT 11 CI 7 to 70).

Movement disorders were equally common in both groups (n=400, RR 2.38 CI 0.73 to 7.78) although there is a trend for the higher doses of long-acting risperidone to encourage movement disorders.

One study (n=640) compared depot risperidone against oral risperidone for stable people with mild illness.

For global outcomes there was no clear difference between the depot group and oral group (n=640, RR ‘no global improvement’ 1.06 CI 0.92 to 1.22). Mental state measures were also similar across groups.

Overall, in this study compliance was good (n=640, RR <4 injections or “major protocol violation” 1.16 CI 0.81 to 1.67).

Adverse effects were poorly reported but >50% of both groups reported some adverse effect (n=640, RR 1.04 CI 0.91 to 1.18).

Discussion
Few data support claims that depot risperidone is beneficial for people with schizophrenia.

For mildly ill people, use of depot risperidone may avoid the need for regular oral doses.

For more severely ill people, few benefits are evident although depot may increase compliance compared with placebo.

Depot risperidone, especially at higher doses, is weakly associated with movement disorders.