Antipsychotic prescriptions were extracted from basic documentation (“BADO”) at a regional psychiatric hospital (BKH Augsburg). Schizophrenic patients (ICD-10: F20.x) with admission dates in 2002 and 2005 were targeted. Descriptive statistics were used to show prescription patterns. Suggested adjustment of ongoing medication after discharge was assumed to reflect practitioners’ intent to treat. Evaluation included, among numerous other parameters, absolute medication counts as well as counts of individual combinations. Dosage information was not available. Combination strategies with other psychotropic medication (including antidepressants, anxiolytics, hypnotics, and mood stabilizers) were common. Simultaneous use of more than one antipsychotic agent was observed in 28% to 43% of cases. With regard to antipsychotic substances only, monotherapy with second-generation antipsychotics was the most frequently observed regimen but decreased in frequency from 59% in 2002 to 41% in 2005. Pickup of aripiprazole was quick with 13.5% of all schizophrenic patients receiving the new substance in 2005. Combinations with either second or first-generation antipsychotics occurred in up to 20% of cases. The most frequent combination prescriptions included clozapine with amisulpride, risperidone, aripiprazole, or haloperidol; olanzapine with risperidone; risperidone with quetiapine and combinations of oral and depot antipsychotics. Antipsychotic treatment strategies were associated with a number of significant differences in patient history, therapy, and outcome. However, most of these had rather low effect sizes below 0.3. This study suggests that in contrast to current practice guidelines, and as observed by a number of previous studies, combination of antipsychotics is a common treatment strategy which needs to be further evaluated.

Antipsychotic Drug Levels in Psychiatric Primary Care Patients
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TDM – Differences between Daily Practice and Consensus Guidelines
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TDM helps to maintain therapeutic drug levels for optimal therapeutic efficiency. It is routinely used in many psychiatric hospitals. By contrast TDM is rarely established in primary care patients. For outpatient TDM helps to avoid relapses or recurrence. In this study analysed the concentrations of antipsychotic drugs in schizophrenic outpatients of four different outpatient care units. Given that TDM gives rise to stable drug levels and thus to continuous stabilization of the patient’s improvement it was expected that routine control of drug levels will reduce the risk of relapse. Antipsychotics serum levels and clinical variables (severity of illness according to Global Impressions, CGI, and side effects) were analysed in schizophrenic outpatients supervised in four different outpatient units; two were institutions with regular TDM and in the two others, TDM was newly introduced and formerly applied only in case of special indications, e.g. occurrence of side effects. The study included 170 patients (55% females, mean age 48 years) classified with an F2 diagnosis according to ICD-10, most of them F2.0 or F2.5. We analysed 206 serum samples. Of the concentrations measured in the whole patient sample 93 (45.1%) were more than 20% outside the recommended therapeutic range, mostly below (61 of 93). In the institutions with established TDM the number of patients with drug concentrations too low was about two times lower (19.6%) than in institutions with formerly irregular TDM (38.5%). Side effects were mostly moderate (18.9%) or slight (31.1%). They increased with increasing number of drugs. Patients with antipsychotic drug concentrations above the therapeutic range had the highest number of side effects (65.6% versus 47.5% for patients within the therapeutic range). Conclusion: These results indicate that drug concentrations are more frequently adjusted to the recommended optimal range when supervising the patients with regular TDM. Since many patients had plasma concentrations that were lower than recommended it can be expected that these patients had an increased risk for symptom worsening. TDM should therefore be used more frequently in schizophrenic outpatients, since it can be expected that TDM is helpful to prevent relapses, hospitalisation or disability which are major goals of long-term psychopharmacotherapy.