

Paliperidone Palmitate's Effectiveness in Reducing Acute Inpatient Hospital Readmission Rates

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Paliperidone palmitate (Invega Sustenna®) is a long-acting, second generation, atypical antipsychotic administered only by injection. The purpose of the injection is to treat patients diagnosed with either schizophrenia or schizoaffective disorder in an effort to reduce the risk of relapse of these illnesses. One benefit of paliperidone palmitate is its monthly administration, which may increase patient adherence over a once daily oral medication. Within this retrospective, observational, mirror image study, our aim is to establish the effects of paliperidone palmitate on its ability to reduce hospital re-admission rates within a four-year time span. To determine its effectiveness, we have divided the mirror periods as being the two years before the index date of admission and the second period being the two years after the index admission date. The first hospitalization in which the patient received the first injection of paliperidone palmitate was labeled as the index admission. Besides inpatient hospitalizations, emergency room visits and outpatient visits have been recorded as well, especially if there is indication of missed outpatient appointments. Patients' demographics that are recorded include age, sex, and race. Patients included are at least eighteen years old and have received at least one injection. Additional variables that were recorded include patient substance abuse, length of stay of each inpatient hospitalization, number of admissions, dates of the first two loading doses of the injection in the inpatient setting, all diagnoses given in the index hospitalization, global assessment of functioning (GAF) scores as well as Abnormal Involuntary Movement Scale (AIMS) score. This information is collected purely from retrospective electronic patient records. The decision for the patient to start paliperidone palmitate was purely discussed between the doctor and said patient. Once recorded, all patient data was anonymized. Supported by the Grover Scholar Fund.

