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P.690 Impact of second-generation antipsychotic side effects on functioning from a schizophrenia patient perspective: European perspective of a global patient-centered survey

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Background: Second-generation antipsychotics (SGAs) used to treat patients with schizophrenia generally have lower risk of motor side effects (SEs) than first-generation antipsychotics but are associated with other well-known SEs. The goal of the study was to understand how specific SEs of SGAs impact daily functioning, emotional well-being, and overall quality of life (QoL) of patients with schizophrenia from their own perspective.
Methods: This study was a cross-sectional, patient-reported web survey, conducted in the United States (N=180), Canada (N=99), Australia (N=28), and Europe (N=128: Italy; Spain; Denmark; Norway) in 2017-2018. Here, we present the results for Europe. The survey included participants' socio-demographics, the Quality of Life Enjoyment and Satisfaction Questionnaire Short Form (Q-LES-Q-SF), and the Glasgow Antipsychotic Side-Effect Scale (GASS). Specific questions about functional and emotional impacts were developed for SEs recognized as being bothersome to patients [1], such as activating SEs ('Feeling restless/unable to sit still', 'Shaky hands or arms,' and 'Difficulty sleeping'), sedating SEs ('Feeling sleepy during the day', 'Feeling drugged/like a zombie'), and metabolic or endocrine SEs ('Weight gain,' 'Problems enjoying sex'). Participants noted on a visual analog scale (VAS) the degree of impact on functioning, 0 indicating 'no impact at all' and 100 indicating the 'largest degree of impact.' Participants with schizophrenia (≥18 years old), stable for at least one month, taking an SGA for 1-12 months, and self-reporting at least one SE were included.
Results: The majority of the participants were diagnosed within the last 5 years and nearly half were living with a spouse or partner. The employment rate (full time or part time) was 37.5%. Most respondents were on 'predominantly sedating' (n=65, 50.8%), and/or 'similarly activating and sedating' (n=58, 45.3%) SGAs (as defined in Citrome, 2017 [2]). The raw Q-LES-Q-SF total score was 47.2 (standard deviation [SD]=9), out of a possible score range of 14–70 and was slightly higher than in the non-European countries (mean=43.1, SD=9.8). However, similar to other countries, participants showed lowest satisfaction scores for Q-LES-Q-SF items of 'Sexual drive, interest and/or performance', 'Economic status', and 'Work'. The most prevalent SEs reported on the GASS were 'Feeling sleepy during the day', 'Difficulty sleeping', and 'Problems enjoying sex'. More than half of the participants (57%) stated they had experienced gaining weight as an SE. SEs perceived as bothersome by patients were reported to impact participants' functioning and emotions. These SEs had at least a moderate to severe impact (defined by a VAS score ≥50) on all aspects of functioning (physical, psychological, social, and vocational). The most common emotions associated with SEs reported by participants were feeling 'Frustrated', 'Dissatisfied', and 'Ashamed/Embarrassed'. Overall, the results from the survey in Europe were similar to those of countries outside Europe.
Conclusion: Findings confirm that stable survey participants taking SGAs for the treatment of schizophrenia still have many SEs including activating and sedating SEs, sexual SEs, and weight gain. These SEs have a considerable negative impact on participants' daily functioning and quality of life satisfaction, including work, sexual drive and psychosocial effects.

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