

# TIME COURSE OF SIGNIFICANTLY GREATER IMPROVEMENT IN GLOBAL ILLNESS-SEVERITY WITH CARIPRAZINE VERSUS RISPERIDONE IN SCHIZOPHRENIA PATIENTS WITH PREDOMINANT NEGATIVE SYMPTOMS

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Based on the observed effects on both the CGI-S and CGI-I scales, cariprazine was statistically significantly better than risperidone in addressing negative symptoms of schizophrenia.



The results indicate that a reduction in global illness severity occurs early in treatment (beginning at Week 3), many weeks before effects are captured by the PANSS-FSNS (Week 14), CGI-I (Week 14) or the PSP (Week 10).

These results suggest that clinicians can observe a significant reduction in global illness severity that goes beyond negative symptom and PSP-measured functional improvement that appears to start early and is significantly greater than with risperidone.



## OBJECTIVE

To investigate the **time patterns of improvement** and **change of clinical global illness severity** during 26 weeks of treatment with **cariprazine versus risperidone** in patients with predominant negative symptoms of schizophrenia.

## INTRODUCTION

- The Clinical Global Impressions (CGI) consists of the Improvement (CGI-I) subscale measuring the magnitude of the improvement, and the Severity (CGI-S) subscale evaluating the observed symptom-severity.
- Cariprazine** is a dopamine D2-D3 partial agonist with **preferential binding to D3 receptors**.
- Since **activity at the D3 receptors** has been linked to **negative, cognitive and affective symptom improvement** that are each related to functionality, cariprazine could potentially offer relief in these domains and contribute to a **reduced overall illness severity** and, ultimately, greater life engagement.

## METHODS

- This was a post-hoc analysis of a randomised, **26-week**, double-blind clinical trial where **cariprazine (4.5 mg/day)** was compared to **risperidone (4 mg/day)**, in patients with **predominant negative symptoms**. The primary efficacy endpoint was the Positive and Negative Syndrome Scale – Factor Score for Negative Symptoms (PANSS-FSNS), the secondary endpoint was the Personal and Social Performance (PSP), while additional efficacy endpoints included the CGI-S and CGI-I, among others.
- To determine the effects of cariprazine versus risperidone on **global illness severity**, least square (LS) mean changes from baseline on the **CGI-S scale** were evaluated **at all visits** (i.e., weeks 1-4, 6, 10, 14, 18, 22, 26) using mixed-methods repeated measures (MMRM).
- To determine the effects of cariprazine versus risperidone on **global illness improvement**, LS means of the **CGI-I scale** scores were calculated and compared at all visits using MMRM.

## RESULTS

- Statistically significant differences were observed in favour of cariprazine** over risperidone for global illness severity, assessed by the **CGI-S**. Cariprazine patients were considered less ill from **Week 3 onwards**.
- Furthermore, as measured by the **CGI-I**, **patients receiving cariprazine improved significantly more** than patients receiving risperidone from **Week 14 onwards**. Statistically significant separation was also observed at Week 3, but not at Weeks 4, 6, and 10.

Table 2. LS mean change from baseline on the CGI-S scale and LS means of the CGI-I scale at visits

Week	CGI-S			CGI-I	
	Risperidone	Cariprazine		Risperidone	Cariprazine
1	-0.04	-0.05		3.86	3.83
2	-0.09	-0.11		3.67	3.61
3	-0.18	-0.26	*	3.48	3.33
4	-0.27	-0.42	**	3.35	3.21
6	-0.36	-0.49	*	3.22	3.09
10	-0.50	-0.60		3.06	2.95
14	-0.59	-0.75	*	2.98	2.75
18	-0.64	-0.81	*	2.95	2.67
22	-0.67	-0.88	**	2.91	2.63
26	-0.74	-0.95	**	2.89	2.53

\*p<0.05; \*\*p<0.01; \*\*\*p<0.001

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