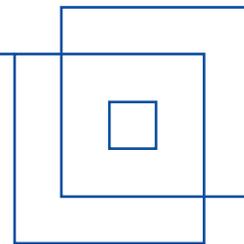


# MEET A.W.

## LONG ACTING INJECTABLE ANTIPSYCHOTIC CASE STUDY



### A.W. is a 25-year-old male who experienced the onset of schizophrenia at age 21.

A.W. was a junior in college when he began to experience paranoid delusions related to his teachers and classmates. He became increasingly disheveled, stopped attending classes and came to the attention of the campus police who brought him to the local hospital. His initial hospital stay lasted for a total of three weeks and then he was discharged to an outpatient program. His response to antipsychotic medication and psychosocial treatment was positive with a substantial decrease in his psychotic signs and symptoms.

At this stage in his illness, A.W. (and to some extent his parents) was not convinced that he needed medication and was optimistic that his symptoms would not recur. After eight months of not taking medication, he began to experience a recurrence of delusions and bizarre behavior. A.W. was living at home at that point and not receiving any treatment. His parents were extremely concerned and tried to persuade him to return to the hospital, but he refused to do so. After he became agitated and destructive to property, his parents became frightened and called the police who brought him to a nearby emergency room. A.W. was involuntarily hospitalized and received antipsychotic medication, which again succeeded in controlling his symptoms. After discharge from this hospitalization, there was considerable discussion with his family as to whether or not he would take his medication, but he agreed to do so. He continued on the same oral medication to which he had responded during the hospital stay. It turned out, however, that A.W. only took his medication sporadically, as he was still not

#### KEY HIGHLIGHTS

Many patients (and families) are ambivalent about taking medication once they feel better, and people assume illness will not recur.

When someone does experience a relapse, often appreciation for the need for treatment is lost, putting loved ones in a difficult situation, especially when the person becomes agitated or threatening.

When someone is taking oral medicine, the clinical team and family are never sure the patient is taking the medicine as prescribed and getting the benefits.

Taking medication on a regular basis is difficult, ambivalence is often present and some patients feel taking pills daily is a constant reminder of being ill.

fully convinced that he needed continuous medication in order to prevent the recurrence of another psychotic episode. A.W. required readmission to the hospital six months later.

During his third hospitalization the clinical team recommended the initiation of a long-acting injectable antipsychotic. Though A.W. was reluctant, he ultimately appreciated the convenience of receiving a medication once a month and not having to take pills every day, which he felt to be a constant reminder of being sick. After some initial adjustment to his monthly dosage, he was quite comfortable with the long-acting injectable formulation. A.W. continued in outpatient treatment and was able to return to college. He has not required admission to the hospital for the past three years.