OBJECTIVE: To compare changes in clinical characteristics of patients with schizophrenia who were initiated on one of two widely prescribed atypical antipsychotics - olanzapine and risperidone.

METHODOLOGY: We identified 89,107 schizophrenic patients (>1 inpatient or >2 outpatient ICD-9-CM codes >7 days apart) during 7/1/98-6/30/99, of whom 74,715 were on antipsychotics. To describe switching patterns, we defined a prior (1/1/99 to 6/30/99) and post (10/1/99 to 12/31/99) period. The study used VA national data on ICD-9-CM codes, health care use, and prescriptions. Changes were measured by clinical characteristics before and after the initiation of each target drug during 1999 and 2000.

RESULTS: Compared to olanzapine initiators (N=9,739), patients starting on risperidone (N=8,760) had a 30% greater increase in the overall use of medications for psychiatric conditions (p < 0.001), but greater decrease in the number of nonpsychiatric hospitalizations (17%, p < 0.01) and hospitalization days (18%, p < 0.05). For both drugs, patients who were initiated on higher doses (>20mg for olanzapine; >6mg for risperidone), as compared to those initiated on lower doses, had a greater increase in the use of other drugs for psychiatric conditions, such as typical antipsychotics, mood stabilizers, and drugs for treating extrapyramidal symptoms.

Conclusions: The study suggests that, following initiation, olanzapine initiators have greater improvements in indicators related to mental health (e.g., psychiatric hospitalizations and use of psychotropic agents), whereas risperidone initiators have greater improvements in indicators related to medical health problems (e.g., nonpsychiatric hospitalizations).

Impact Statement: Results have potential implications for future pharmacologic treatment of antipsychotic agents for treatment of schizophrenia.