German claims data study analyzing clinical characteristics, treatment patterns, discontinuation rates and adherence of oral olanzapine among patients with schizophrenia [Abstract]

S. Leucht, A. Guevara Morel, A. Vergallo, D. Zhang, J. S. Haas, K. R. Franzenburg, S. Lim, Alkomiet Hasan

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GERMAN CLAIMS DATA STUDY ANALYZING CLINICAL CHARACTERISTICS, TREATMENT PATTERNS, DISCONTINUATION RATES AND ADHERENCE OF ORAL OLANZAPINE AMONG PATIENTS WITH SCHIZOPHRENIA

S. Leucht [1], A. Guevara Morel [2], A. Vergallo [3], D. Zhang [4], J.S. Haas [5], K. R. Franzenburg [6], S. Lim [7], A. Hasan [8]
[1] *Technical University of Munich, Department of Psychiatry and Psychotherapy, Munich, Germany;* [2] *Teva Pharmaceuticals Europe B.V., Global Health Economics-Value- and Outcomes GHEVO, Haarlem, Netherlands;* [3] *Teva Pharmaceuticals Europe B.V., Europe Medical Affairs, Haarlem, Netherlands;* [4] *Teva Branded Pharmaceutical Products R&D LLC., Real-World Evidence RWE Statistics, West Chester- PA, United States;* [5] *PharmaLex GmbH former Xcenda GmbH- part of Cencora Inc., EU Real World Evidence, Hannover, Germany;* [6] *Teva Branded Pharmaceutical Products R&D LLC., Global Medical Affairs, West Chester- PA, United States;* [7] *Teva Branded Pharmaceutical Products R&D LLC., Global Health Economics- Value- and Outcomes GHEVO, West Chester- PA, United States;* [8] *University of Augsburg and DZPG German Center for Mental Health- Partner Site München/Augsburg, Department of Psychiatry- Psychotherapy and Psychosomatics- Medical Faculty, Augsburg, Germany*

Background: Non-adherence to antipsychotic treatment is common among patients with schizophrenia and results in increased risk of relapse, rehospitalization and healthcare resource utilization (HCRU) [1-3]. This study assessed demographics, clinical characteristics and treatment patterns, including discontinuation rates, of patients with schizophrenia who were incident oral olanzapine users while exploring their adherence to oral olanzapine. Further analysis will be presented assessing HCRU and costs among those who were non-adherent versus adherent to oral olanzapine.
Methods: This retrospective claims data study utilized data from the German InGef research database from January 2018 to December 2023. Adult patients with ≥1 inpatient and/or ≥2 outpatient International Classification of Diseases, Tenth Revision (German Modification) schizophrenia diagnoses were identified. Patients with a 1-year pre-index olanzapine (oral or injectable) and clozapine treatment-free period (i.e., incident oral olanzapine population) were included. Index period: oral olanzapine dispense date (January 2019–December 2022). Daily oral olanzapine intake was calculated using the milligrams prescribed as the Defined Daily Dose. Non-adherence to oral olanzapine was defined as patients who had a proportion of days covered (PDC) score of <0.8. Treatment discontinuation was defined as a gap of 60 days after the days of supply of the previous prescription of oral olanzapine without a refill. Persistence to oral olanzapine was defined as patients who did not switch or discontinue treatment in the 1-year follow-up. Descriptive comparisons are presented in the Results.
Results: Overall, 705 incident oral olanzapine patients with a schizophrenia diagnosis were included. On average, incident oral olanzapine patients had a treatment duration of 303.4 (±192) days, and 58.7% discontinued treatment with an average time until discontinuation of 157.4 (±56.8) days. Additionally, 40.9% of patients were persistent on oral olanzapine. The proportion of patients who switched to another antipsychotic before, during or after oral olanzapine discontinuation was 18.7%, with most patients switching to oral antipsychotics, namely risperidone and quetiapine (5.1% and 4.5%, respectively).
Overall, 80.4% (n=567) patients were non-adherent to oral olanzapine, and the mean PDC score among incident oral olanzapine patients was 0.5 (±0.28). Baseline demographics were similar across adherent and non-adherent groups, with 54.4% and 52.9% being male with mean ages of 47.1 and 46.2 years, respectively. Results showed a lower mean age among males versus females (40.5 vs 53.1 years). Regarding clinical characteristics, major depressive disorder and substance abuse disorders were the most prevalent across adherent and non-adherent patients (adherent: 41.3% and 31.2%; non-adherent: 46.2% and 34.9%, respectively). The average Charlson Comorbidity Index (CCI) score was also high across adherent and non-adherent patients (0.98 and 0.94, respectively).
Conclusions: This study examined the demographics, clinical characteristics, treatment patterns and discontinuation rates of incident oral olanzapine patients with schizophrenia in Germany. Although non-adherence and treatment discontinuation were observed in a substantial proportion of patients, it is important to note that this complex population had a high comorbidity burden (as indicated by high CCI scores). Notably, only a minority of patients transitioned to another antipsychotic. These results improve understanding of real-world treatment dynamics with oral olanzapine and underscore the need for tailored strategies to support adherence.
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Conflict of interest
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LANDAU-KLEFFNER SYNDROME AND SCHIZOPHRENIA: DIAGNOSTIC AND THERAPEUTIC CHALLENGES IN A PEDIATRIC CASE

B. Yıldız-Bayındır [1], R. Yılmaz [1], M. Coşkun [1]
[1] *İstanbul, Çocuk ve ergen psikiyatrisi, İstanbul, Türkiye*

Introduction: Landau–Kleffner Syndrome (LKS), also known as acquired epileptic aphasia, is a rare childhood neurological disorder characterized by the subacute onset of language disturbances and epileptiform abnormalities in electroencephalograms (EEG) [1,2]. Typically, LKS manifests between the ages of 3 and 7 years and is more common in boys than girls, with a male-to-female ratio of approximately 3:1 [3]. The hallmark of LKS is a profound auditory verbal agnosia coupled with a marked decline in expressive language abilities. Behavioral abnormalities often co-occurring with LKS are thought to be secondary to language impairments. These may include hyperactivity, attention deficits, aggression, autistic-like symptoms, or even psychotic features [1]. Recent studies have explored the overlap between LKS and other developmental disorders, such as regressive autism, further complicating the diagnostic landscape [3].
The treatment of LKS often involves a combination of anticonvulsants, corticosteroids, adrenocorticotropic hormone (ACTH), and speech therapy, with variable outcomes [2]. In some cases, language deficits persist into adulthood, significantly affecting quality of life [1].
Although psychotic symptoms can accompany LKS, there is limited literature on the coexistence and management of comorbid schizophrenia in these patients. Here, we present a unique case of a 12-year-old boy diagnosed with both LKS and schizophrenia, highlighting the diagnostic and therapeutic challenges involved.
Aim: This case aims to present the clinical trajectory of a 12-year-old boy diagnosed with both LKS and treatment-resistant schizophrenia. The goal is to highlight the overlapping symptomatology and the resulting complexity in diagnosis and management, emphasizing the need for a multidisciplinary and nuanced treatment approach.
Case presentation: The case involves retrospective evaluation of clinical, neurological, and psychiatric assessments, including EEG, MRI, structured interviews, and treatment response over time. Developmental history, onset of neuropsychiatric symptoms, treatment interventions, and follow-up outcomes were systematically reviewed. At age 3, the patient experienced febrile seizures and was later diagnosed with LKS based on EEG abnormalities and language regression. Initial treatment with valproic acid and corticosteroids yielded partial improvement. At age 11, he developed auditory and visual