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**To continue or not to continue? The impact of (dis)continuation of antipsychotic medication on social functioning in first-episode psychosis**

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**Abstract Text:**

Antipsychotic medication is effective for symptomatic treatment in schizophrenia-spectrum disorders. After remission, continuation of antipsychotics is associated with lower relapse rates and lower symptom severity compared to dose reduction/discontinuation. Most guidelines recommend continuation with antipsychotic medication for >1 year. In clinical practice, patients often have a strong wish to stop earlier due to side-effects, affecting everyday social functioning. Recently, the guidelines have been questioned as one Dutch study found that more patients achieved long-term (social) functional remission in an early discontinuation condition. Yet, sample size was relatively small and their finding was not replicated in another recently published study. Psychiatrists, patients and family are unsure which regime to follow: to continue or not to continue?

The HAMLETT study is a multicenter pragmatic single-blind randomized controlled trial in two parallel conditions (1:1), investigating maintenance treatment versus discontinuation/dose reduction of antipsychotic medication after remission of first-episode psychosis on personal and social functioning, psychotic symptom severity and health-related quality of life. 512 participants will be included, recruitment takes place at 24 Dutch sites.

Main research question: Is long-term social functioning better if patients reduce/discontinue antipsychotic medication at an early stage (3-6 months after remission of their first psychotic episode), than when they continue medication >1 year?

Four workpackages (WP) will be presented during the symposium:

**WP 1:** Trial-based Hypotheses Testing

*The effects of (dis)continuation on social recovery, subjective wellbeing, relapse rates; identifying factors predicting successful early discontinuation.*

**WP 2:** Ecological Momentary Assessment

*The early psychological effects of (dis)continuation, as reflected in ecological momentary assessments (EMA) in terms of mood, motivation, energy, paranoia and anxiety in individual patients.*

**WP 3:** Health-Economic Evaluation and Prognostic Modelling

*The costs and benefits of (dis)continuation, regarding medical treatment use, and quality of life.*

**WP 4:** Implementation

*Implementing our trials results in daily practice.*



**ON THE HEALING POWER  
OF HUMAN RECONNECTION**