



THE PRIMARY CARE COMPANION FOR CNS DISORDERS

Supplementary Material

Article Title: A Noninterventional Cohort Study Assessing Time to All-Cause Treatment Discontinuation After Initiation of Aripiprazole Once-Monthly or Daily Oral Atypical Antipsychotic Treatment in Patients With Recent-Onset Schizophrenia

Author(s): Pedro Such, MD; Martin Bøg, PhD; Madhu S. Kabra, MSc; Kristian T. Jørgensen, PhD; and Anne C. de Jong-Laird, MD

DOI Number: <https://doi.org/10.4088/PCC.20m02886>

List of Supplementary Material for the article

1. [Supplementary Text](#)

Disclaimer

This Supplementary Material has been provided by the author(s) as an enhancement to the published article. It has been approved by peer review; however, it has undergone neither editing nor formatting by in-house editorial staff. The material is presented in the manner supplied by the author.

METHODS

Secondary Outcome Variables

Secondary outcome variables included: treatment discontinuation rate and reasons for discontinuation; relapse rate within first 12 months after maintenance treatment initiation (relapse defined as mental health-related hospitalization, ≥ 2 -point deterioration in Clinical Global Impression–Severity (CGI-S) score, increase in level of psychiatric care, deliberate self-injury, or suicidal or homicidal ideation, violent behavior, or substantial worsening of functionality based on clinician judgement); change over time in CGI-S score; change over time in the 5-item QLS (QLS-5) score; all-cause hospitalization rate in first 12 months after initiation of AOM 400 or oral atypical AP maintenance therapy; mental health-related hospitalization rate in the first 12 months after initiation of AOM 400 or oral atypical AP maintenance therapy; health resource use related to schizophrenia in first 12 months after initiation of maintenance therapy; and potential differences in the aforementioned variables according to type of previous AP and newly initiated daily oral atypical APs.