

Drs Kane and Correll Reply

To the Editor: We greatly appreciate the comments on our article¹ by Hirakawa and Ishii highlighting the potential role of comorbid depression as a cause for nonadherence in schizophrenia and suggesting the use of second-generation long-acting injectable antipsychotics (LAIs) for patients with schizophrenia and comorbid depression.

Comorbid depression in schizophrenia is an important and frequently undiagnosed condition, associated with increased suicidality² and impaired quality of life.³ Incidence and prevalence estimates have varied widely for depression comorbid with schizophrenia, ranging from 25%–81% in some reviews.⁴ This wide range suggests lack of consensus as to the definition of comorbid depression, among other considerations, including a challenging differential diagnosis due to substantial overlap between depressive symptoms and negative symptoms, demoralization, and even subtle akinesia.

Further, the use of rating scales and other measurement-based approaches in routine clinical psychiatry is still limited, and without accurate measurement it is difficult to make reliable diagnostic and treatment decisions. A variety of elements including time constraints and lack of familiarity with and/or training in validated assessment tools probably limit the use of measurement-based approaches in routine clinical care.⁵ This limitation also applies to measuring nonadherence. In fact, we do not currently have good and scalable measures for identifying nonadherence, if and when it does occur.⁶

Despite its relevance, clinicians generally tend to spend too little time in discussing and addressing adherence, regardless of the underlying cause. However, we agree with the authors that LAIs can play a major role in facilitating medication adherence and improving outcomes for schizophrenia patients,⁷ including in the case of a comorbid depression.

We are strong believers in greater utilization of LAIs, and the points emphasized by these authors further strengthen our rationale. If comorbid depression occurs, it should be detected

and adequately treated, but that should also encourage clinicians to pursue adherence-enhancing strategies such as LAIs.

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