

Barriers to the use of long-acting injectable antipsychotics in patients with schizophrenia: a survey to understand clinician educational needs

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Introduction

- Schizophrenia is a chronic and severe mental disorder characterized by disturbances in thought, perception and behavior that impair daily functioning and quality of life (QoL)¹
- Primary treatment goals include long-term stabilisation and relapse prevention¹
- Data suggest that long-acting injectable (LAI) antipsychotics may improve long-term QoL compared with oral medications, likely because of improved treatment adherence²; however, LAI antipsychotics are often used late in the course of the disease as a last resort³

Objective

- To identify key barriers to the treatment of schizophrenia and the use of LAI antipsychotic therapy in order to better understand and inform continuing educational efforts for clinicians

Methods

- A survey approach was used to assess multiple facets of clinical practice patterns, clinicians' attitudes and barriers to the use of LAI antipsychotics
- The survey was developed in collaboration with a schizophrenia expert, tested among 4 practicing psychiatric clinicians and distributed via email in September 2019
- Responses were collected via an online survey platform
- Results were organised into specific topics, including:
 - LAI suitability
 - Barriers to optimal patient management
 - Barriers to optimal use of LAI antipsychotics in schizophrenia
 - Confidence in schizophrenia management
 - Comfort in LAI transitioning conversation
 - Future information seeking
- A combination of qualitative and quantitative methodology was used to analyse the data

Results

Characteristics of clinicians

- The study sample consisted of 379 United States-based clinicians (302 psychiatrists and 77 psychiatric nurse practitioners [NPs]/physician assistants [PAs]) who currently manage patients with schizophrenia (**Table 1**)
 - Compared with NPs/PAs, psychiatrists reported more time in psychiatry practice (22.3 versus 13.4 years)
 - Psychiatrists reported seeing more patients overall (mean patients per week: 76.3 versus 46.5) and more patients with schizophrenia (mean patients per month: 45.6 versus 20.9) than NPs/PAs
 - The percentage of pediatric patients was similar between psychiatrists and NPs/PAs (17% versus 21%, respectively)
 - The majority of clinicians reported working in an urban or suburban location

Table 1 Characteristics of clinicians^a

Characteristic	Psychiatrist (n = 302)	NP/PA (n = 77)
Years in psychiatry practice, mean (SD)	22.3 (9.0)	13.4 (9.1)
Patients seen per week, mean (SD)	76.3 (53.2) ^b	46.5 (27.0)
Patients with schizophrenia seen per month, mean (SD)	45.6 (40.4) ^b	20.9 (27.8)
Pediatric patients, ^c %	17	21
Pediatric patients ^c with schizophrenia seen per month, mean (SD)	5.5 (11.7)	1.6 (4.1)
Academic setting, %	19	30
Certification in child/adolescent psychiatry, %	25	30
Practice location, %		
Urban	45	48
Suburban	45	39
Rural	10	13
Present employment, %		
Group single-specialty practice	27	22
Solo practice	25	10
Academic/university/medical school	16	21
Group multi-specialty practice	8	12
Government/military/VA hospital	8	7
Non-government community hospital	5	9
Other	11	20

^aTotals may not equal 100% because of rounding. ^bBased on n = 300. ^cAge <18 years. SD, standard deviation.

LAI suitability

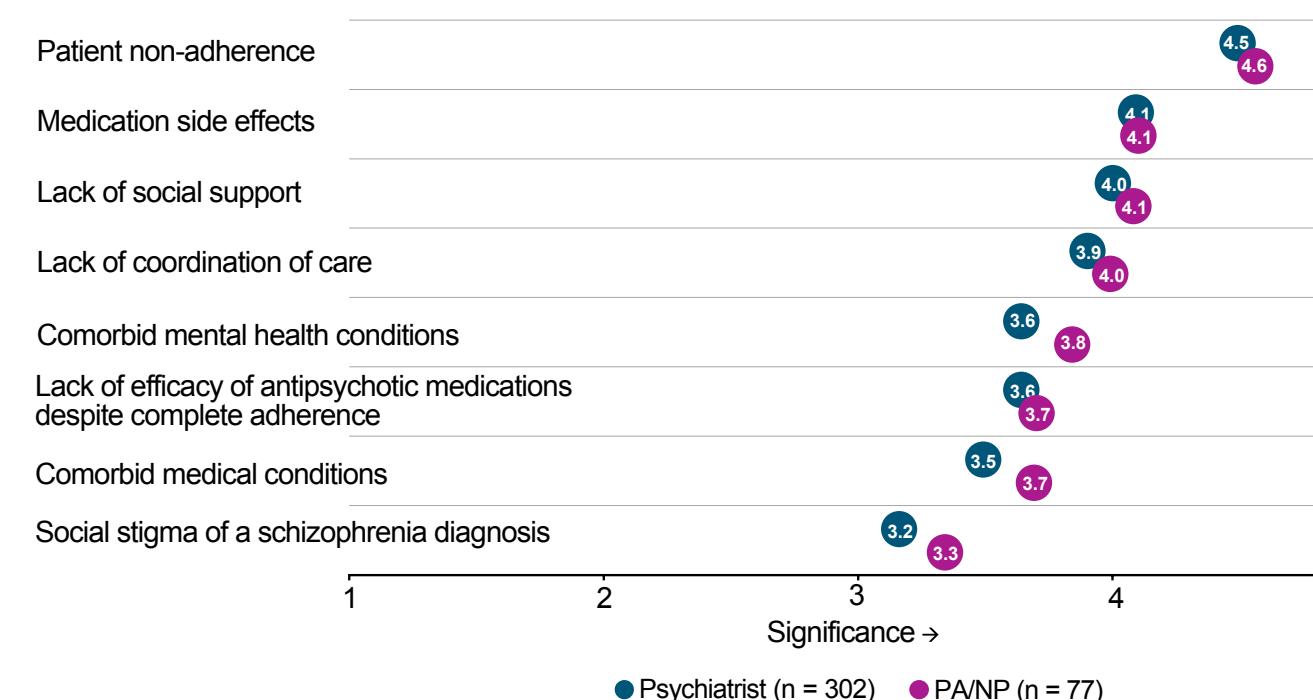
- There was consensus among clinicians that patients who are non-adherent to treatment and have poor insight into their disease are the most suitable candidates for LAI antipsychotics
- Patients who are adherent to treatment, stable and well controlled on oral therapies were determined to be the least suitable candidates for LAI antipsychotics

Barriers to optimal patient management

- Major barriers to the optimal management of patients with schizophrenia include patient non-adherence, medication side effects, lack of social support and lack of coordination of care (**Figure 1**)

Figure 1 Barriers to Optimal Patient Management

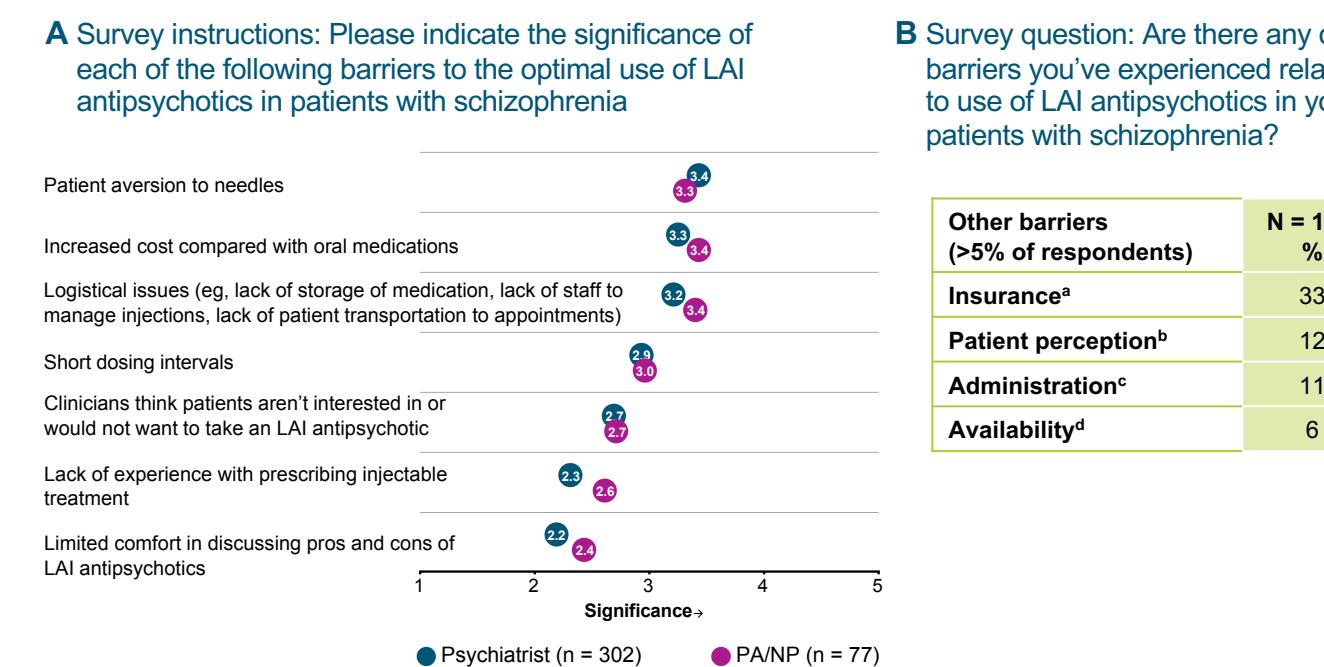
Survey instructions: Please indicate the significance of each of the following barriers to the optimal management of patients with schizophrenia



Barriers to optimal use of LAI antipsychotics in schizophrenia

- Specific to the use of LAI antipsychotics for schizophrenia management, clinicians were most concerned with patient aversion to needles, increased cost compared with oral medications, logistical issues and short dosing intervals (**Figure 2A**)
- Other key barriers included insurance (33%), patient perception (12%), administration (11%) and availability (6%) (**Figure 2B**)
- Psychiatrists with higher schizophrenia patient load were more likely to consider patient needle aversion to be a barrier; those with lower schizophrenia patient load were more likely to consider logistical matters and costs of LAI antipsychotics to be barriers

Figure 2 Barriers to Optimal Use of LAI Antipsychotics in Schizophrenia



^aCoverage, denials, prior authorizations, delay, formulary requirements, reimbursement, PAs, lack of coverage, Medicaid, managed care. ^bFeel less control and autonomy, thinks it means they are more ill than others, equate newer medications with older side effects, trust, delusions, anxiety, paranoia, lack of insight. ^cPersonnel, apprehension to administer LAI antipsychotics, dosage, treatment options, case coordination, doctors won't give shots, difficulty in thin patients. ^dChoices of LAI antipsychotics limited, availability of medication, outpatient availability, appointments at specific time intervals, clinic hours, pharmacy.

Confidence in schizophrenia management

- Although clinicians reported being very confident in determining when to begin treatment (mean of 4.23 on a 5-point Likert scale), selecting treatment (4.15/5) discussing the use of injectable therapy (4.08/5) and initiating injectable therapy (3.90/5), they were less confident in transitioning a patient to an injectable treatment (3.80/5) and administering injectable therapy (3.55/5) (**Figure 3**)
- Higher schizophrenia patient load was associated with greater confidence in all aspects of care

Figure 3 Confidence in Schizophrenia Management

Survey question: How confident are you in the following aspects of schizophrenia management?

Response, mean (SD)	N = 379
Determining when to begin treatment	4.23 (0.75)
Selecting treatment	4.15 (0.78)
Discussing the use of injectable therapy with my patients	4.08 (0.87)
Initiating injectable therapy	3.90 (1.02)
Transitioning a stable patient from an oral to an injectable antipsychotic	3.80 (0.99)
Administering injectable therapy in my practice	3.55 (1.33)

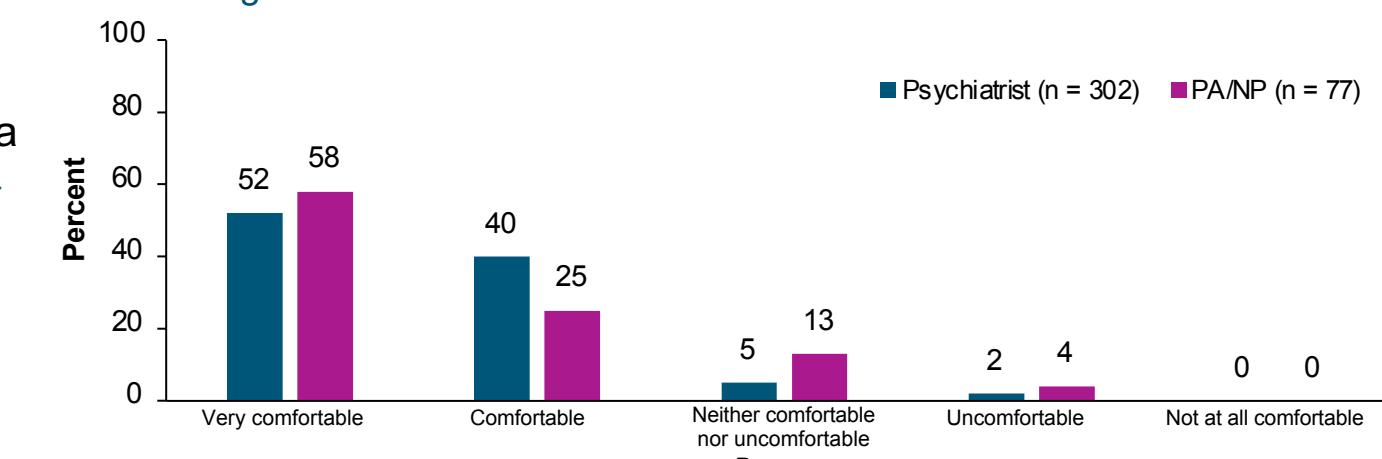
SD, standard deviation.

Comfort in LAI transition conversation

- Approximately 90% of clinicians indicated that they were "comfortable" or "very comfortable" initiating a discussion related to transitioning a patient to an injectable treatment (**Figure 4**)
- Higher schizophrenia patient load was associated with increased comfort initiating conversations

Figure 4 Comfort in LAI Transition Conversation

Survey question: How comfortable are you in initiating a conversation related to transitioning from an oral medication to an LAI?



Future information seeking

- When asked to provide educational topics that they would consider valuable, 38% of clinicians indicated a topic related to new and emerging treatments, and 13% indicated initiating or transitioning a patient to LAI antipsychotics (**Figure 5**)

Figure 5 Future Information Seeking

Survey instructions: Please list one or two topics that you would find valuable for upcoming continuing education opportunities related to schizophrenia

Topic (>5% of respondents) ^a	N = 379, %
New/emerging treatment	38
Initiating/transitions to LAIs	13
Management of side effects	9
Efficacy/comparison of multiple therapies	8
Comorbidities	7
Management of negative symptoms	7
Neurobiology of schizophrenia	7
Social support	6

^aOther topics (<5% of respondents): information on child/adolescent care, cognitive symptoms, metabolic syndrome, addiction/substance use, cost/insurance coverage, safety/tolerance, tardive dyskinesia, relapse, first-time events and general treatment options/sequencing.

Conclusions

- In order to drive change, future education should focus on specific areas of need
- The results of this study suggest that education on the topic of schizophrenia management should focus less on knowledge of LAI antipsychotics and more on benefits of newer therapies, strategies to smoothly transition patients from oral treatments and ways to reduce key barriers
- Further analysis of this clinician-focused data will aim to identify factors that drive the choice to recommend LAI antipsychotic therapy; a separate survey will also assess the educational needs of caregivers in the management of schizophrenia

