

Understanding the Continuing Educational Needs of US Clinicians Managing OFF Episodes in Parkinson's Disease

Authors: Shereta Wiley¹, Wendy Cerenzia¹, Sylvie Stacy, MD¹, Brandon Coleman¹, Khody Farahmand², Eric Jen²

1. CE Outcomes, LLC Birmingham, AL USA 2. Neurocrine Biosciences, Inc. San Diego, CA USA

Background

As Parkinson's Disease (PD) progresses, patients often experience a "wearing-off" phenomenon, characterized by the return of PD motor and nonmotor symptoms before the next scheduled dose.

Given the emergence of newer therapies to manage OFF episodes, it is imperative that clinicians assess for and develop treatment approaches with their patients to manage these episodes.

This study sought to understand the continuing medical education (CME) needs of US-practicing neurologists and neurology advanced practice providers (APPs) including nurse practitioners and physician assistants in managing patients with PD experiencing OFF episodes by assessing current approaches to management.

Methods



An online survey including two patient case scenarios was developed in collaboration with a clinical expert in PD.



The survey was fielded in December 2021 via an online survey platform. Responses were collected from 102 US neurologists and 34 neurology advanced practice providers (APPs).



Descriptive analyses and subanalyses were used to observe overall trends in the clinician data.

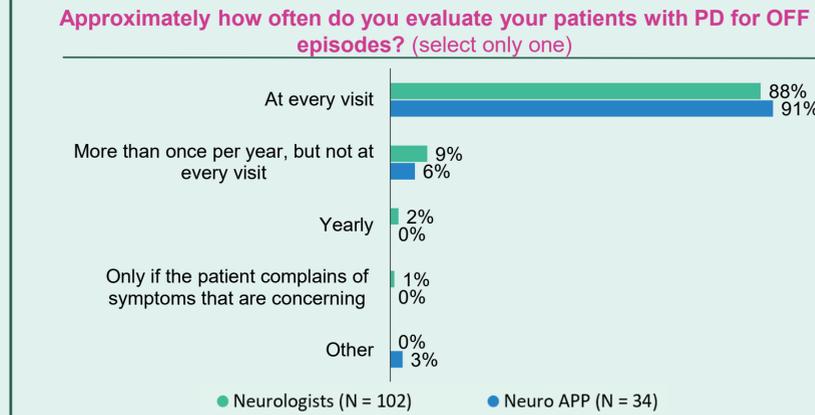
Respondent Demographics

	Neurologists (N = 102)	Neurology APP (N = 34)
% academic affiliation	36%	44%
Number of years in practice (mean)	22 years	16 years
Practice location		
Urban	48%	41%
Suburban	48%	53%
Rural	5%	6%
Gender		
Female	14%	76%
Male	86%	24%
Non-binary	0%	0%
Number of patients with PD seen per month (mean)	44 patients	48 patients
% who are movement disorder specialists	33%	--

Results

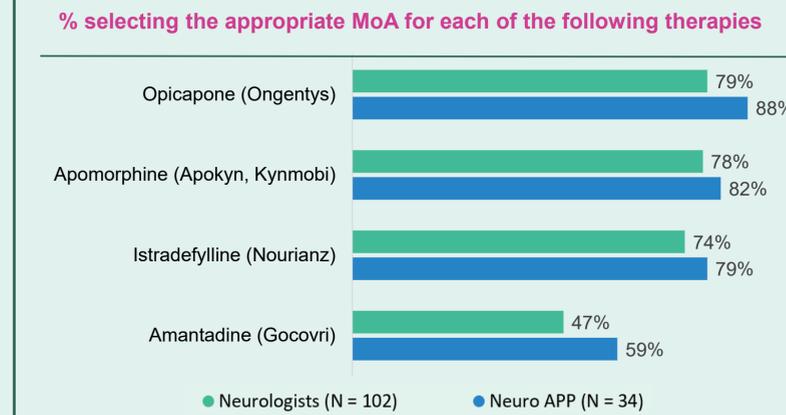
Approach to Evaluating OFF Symptoms

Most respondents reported evaluating their patients with PD for OFF episodes at every visit.



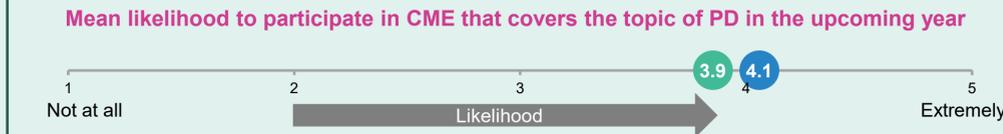
Awareness of Treatment MoA

Most knew mechanism of action (MoA) of apomorphine, istradefylline, and opicapone, but fewer knew the MoA of amantadine.



Future CME on PD

Respondents are very likely to participate in CME on PD and are interested in topics including a comparison of newer treatments, managing nonmotor PD symptoms, and managing OFF episodes.



Top topics on PD that clinicians are interested in learning more in future CME (open-ended)

1. Newer treatments/current treatment comparison
2. Managing nonmotor symptoms (insomnia, anxiety, depression, cognition, etc)
3. Managing OFF episodes
4. Emerging therapies and clinical trial data (DMT/gene/targeted therapy)

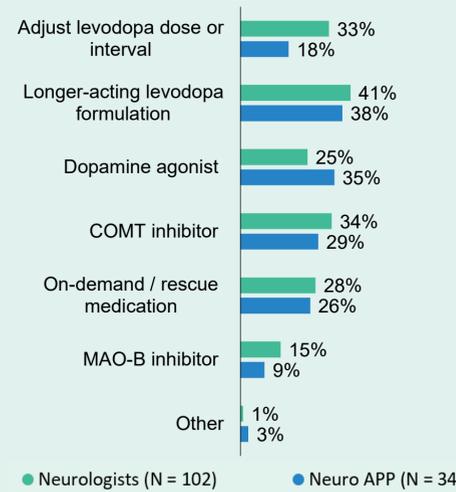
Approach to Treating OFF Symptoms

There was little consensus in approach or preference for treating OFF episodes in the cases presented. In selecting an adjunctive therapy, respondents were divided across a COMT inhibitor, a dopamine agonist, or an on-demand medication. The potential for side effects and efficacy of therapy were rated as top factors in therapy selection. Psychiatric effects (e.g., from dopamine agonists) were rated as the most significant potential side effect to influence treatment approach. In reporting their primary goals for treating the patient's symptoms, most would aim to decrease the total OFF time, improve daily functioning, improve QoL, and reduce the frequency of OFF episodes.

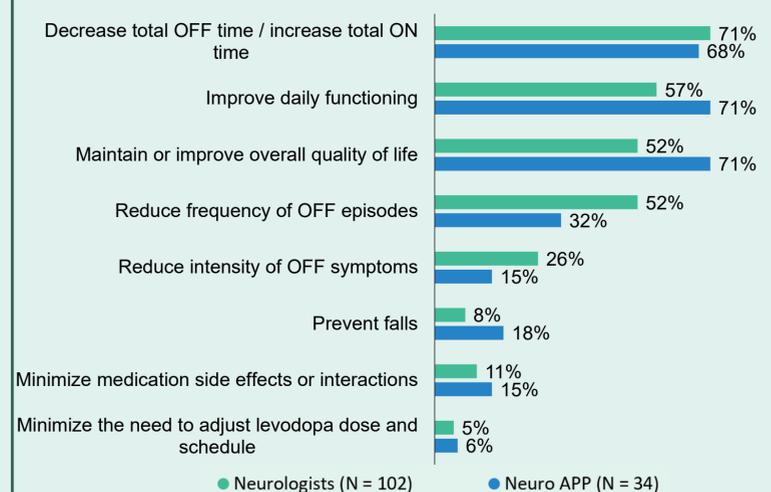
Patient scenario:

A 62-year-old man with a 5-year history of PD presents with reports of intermittent periods of tremor, slowing of movements, and reduced dexterity lasting 30 minutes to an hour. Further questioning reveals that symptoms have been ongoing for 4 months and variable symptoms. He denies dyskinesias, lightheadedness, or depressed mood. His only medication is carbidopa/levodopa 25/100 mg 1.5 tablets four times daily, and he reports that he is compliant with this regimen.

How would you initially treat this patient?



What are your primary goals in treating this patient? (select up to 3)



How significant are each of the following factors in selecting between available therapies for OFF episodes in your patients with PD? (select one for each item)



Conclusion

The results of this study demonstrate variability in approach among US-practicing neurologists and neurology APPs to managing patients with PD who are experiencing OFF episodes. Clinicians are balancing concerns for potential side effects with efficacy of therapies as they make decisions regarding treatment. Clinicians report high likelihood to participate in CME on PD and are most interested in new and emerging treatments as well as managing nonmotor symptoms and OFF episodes associated with PD. Given recent and continuing therapeutic developments in managing OFF episodes, CME will be an important avenue for educating clinicians. Furthermore, as OFF episodes present differently across patients, educational activities that include a range of patient presentation scenarios with evidence-based management approaches may be helpful.

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For more information on this study, please contact: Eric Jen E.Jen@neurocrine.com

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