

# Trending the educational needs of US physicians related to managing patients with tardive dyskinesia

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## Background and Study Objective

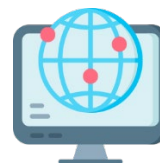
Tardive dyskinesia (TD) is a persistent and potentially disabling movement disorder associated with prolonged exposure to antipsychotics and other dopamine-receptor blocking agents.

This study sought to understand the evolving continuing medical education (CME) needs of US physicians managing patients with TD by assessing the knowledge, practice, in 2018, 2020, and 2021.

## Methods



A case-based survey was developed in 2018, and updated in 2020 and 2021, to assess practice, knowledge, and attitudes of US-practicing psychiatrists and neurologists in the management of patients with TD.



Surveys were fielded in May 2018, March 2020, and December 2021. Survey respondents (N = 400 in 2018, N = 253 in 2020, N = 202 in 2021) included psychiatrists, neurologists, with a subset of movement disorder specialists (MDS). 75 respondents completed surveys at all timepoints; additional responders varied over time.



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

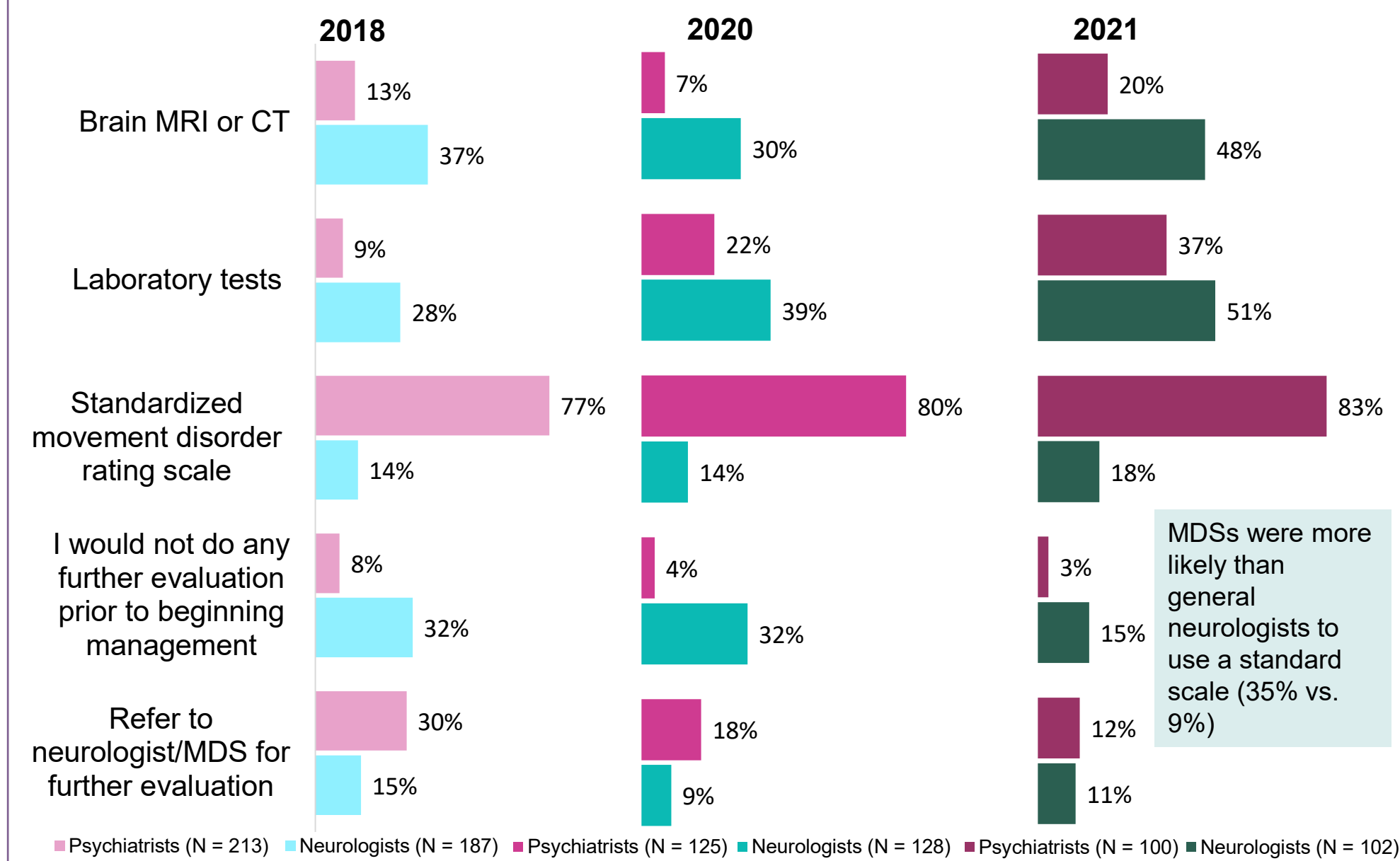
## Respondent Demographics

	Psychiatrists			Neurologists		
	2018 (N = 213)	2020 (N = 125)	2021 (N = 100)	2018 (N = 187)	2020 (N = 128)	2021 (N = 102)
# of patients with TD managed each month (mean)	18 patients	15 patients	18 patients	10 patients	10 patients	15 patients
Number of years in practice (mean)	29 years	31 years	24 years	26 years	29 years	22 years
Practice location	Urban	46%	44%	44%	50%	47%
	Suburban	44%	49%	48%	42%	48%
	Rural	10%	7%	8%	8%	6%

## Results

**TD Assessment:** When assessing patients with TD, most psychiatrists reported using a standardized movement disorder rating scale while few neurologists would. Of those using a standardized scale, the most frequently used instrument was the Abnormal Involuntary Movement Score (AIMS).

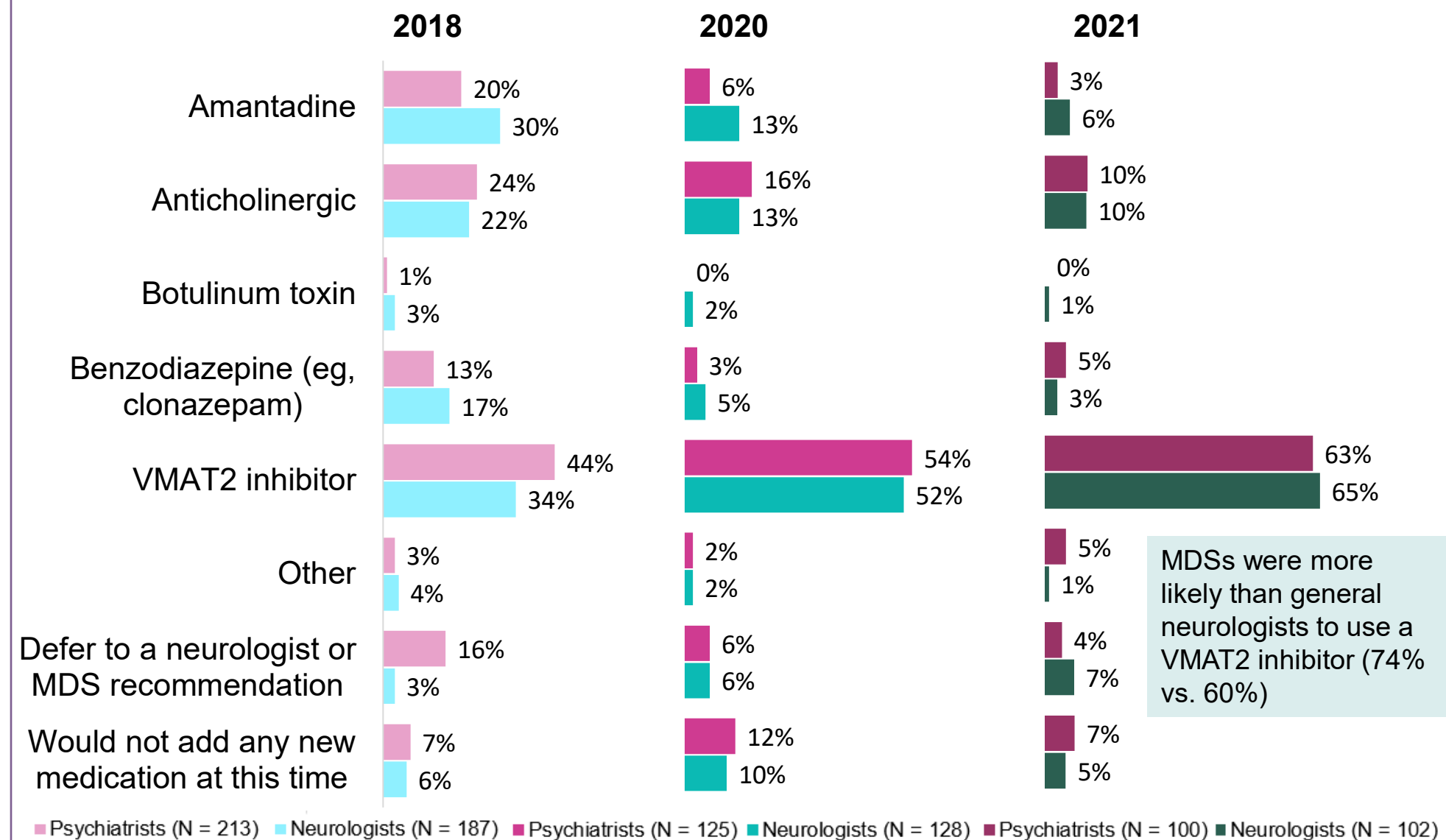
**Approach to initial evaluation in a patient with symptoms suggesting TD (select all that apply)**



**TD Medication Usage Patterns:** Over time, more respondents are considering pharmacologic therapy as initial management for patients with TD symptoms. Adjustment of antipsychotic dose is often used for treatment of TD despite lack of supportive evidence.

More respondents would now opt for a VMAT2 inhibitor to manage TD symptoms that persist despite dose adjustment.

**Approach to managing movement symptoms that persist despite antipsychotic dose adjustment**



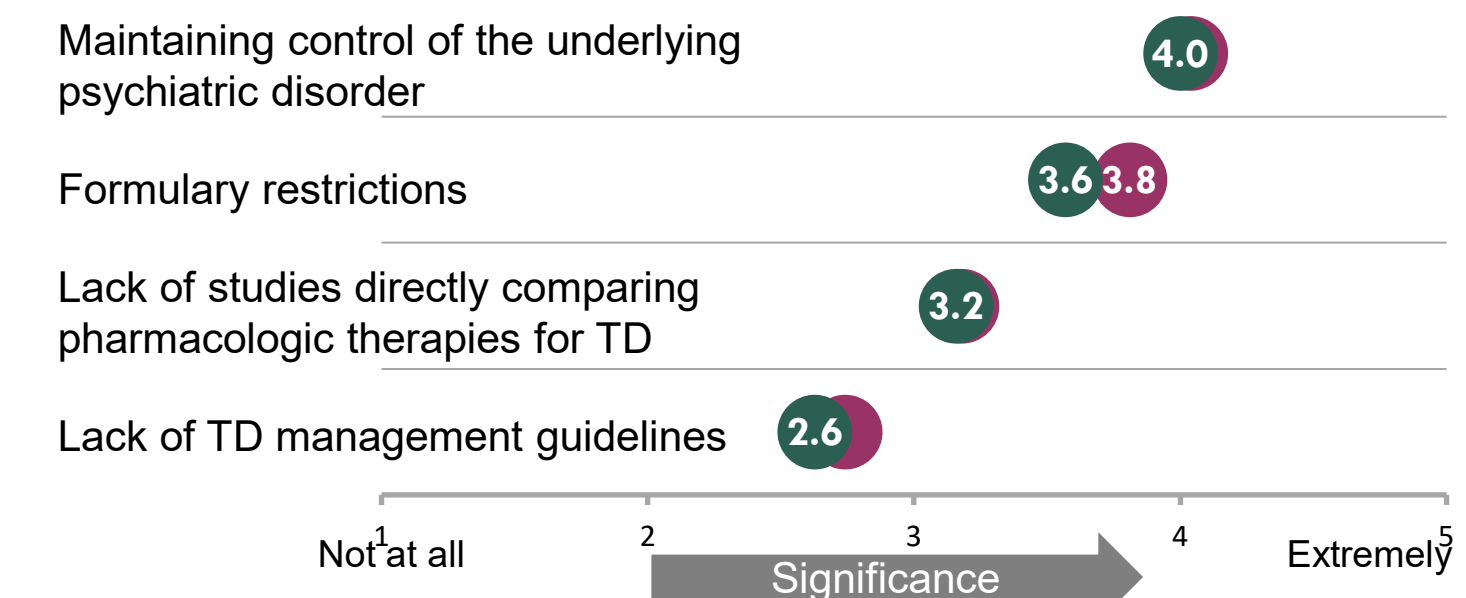
**Patient Reported Concerns:** Respondents reported patient embarrassment and effect on quality of life as the most common patient complaints prompting treatment.

**Most common patient complaints prompting clinicians to begin treatment for TD (open-ended, 2021 study; n = 202)**

- Brain MRI or CT
- Patient embarrassment/social anxiety (n = 86)
- Affecting patient quality of life/daily living (n = 56)
- Involuntary, uncomfortable, or bothersome movement (n = 55)

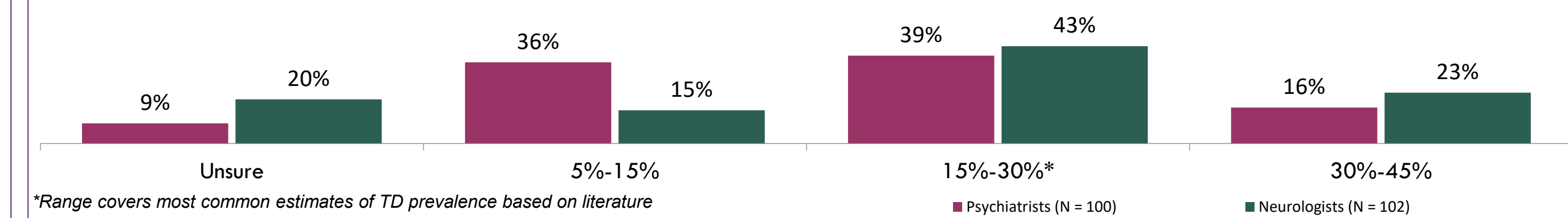
**Barriers to Care:** The most significant barrier to optimally managing TD symptoms continues to be maintaining control of the underlying psychiatric disorder.

**Significance of barriers to optimally managing patients with TD**



**TD Prevalence:** Across the studied timepoints, many psychiatrists and neurologists estimated TD prevalence to be lower than 15% or were unsure of the prevalence of TD for patients who are on antipsychotics.

**Based on published literature, what is the estimated prevalence of TD in mentally ill populations on maintenance antipsychotics?**



## Conclusions

The results of this study show changes in the management of patients with TD in the last few years, with an increase in physician use of VMAT2 inhibitor use and a decrease in anticholinergic use. While more psychiatrists and neurologists are considering appropriate pharmacologic therapy for patients with TD symptoms, physicians' estimates of TD prevalence is lower than reported in the literature. Further, physicians report that controlling a patient's underlying psychiatric disorder is a very significant barrier to optimally managing their patients with TD. Additional continuing medical education is needed on supportive evidence of best approaches to managing TD symptoms while maintaining control of the underlying psychiatric disorder.

## Acknowledgements and Disclosures:

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