

Understanding the evolving continuing medical education needs of psychiatrists managing patients with TD

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Purpose

Tardive dyskinesia (TD) is a persistent and potentially disabling movement disorder associated with prolonged exposure to antipsychotics and other dopamine receptor blocking agents. As understanding of the pathophysiology of TD deepens and therapies become available, it is imperative that continuing medical education (CME) addresses knowledge gaps and needs reflective of these advances.

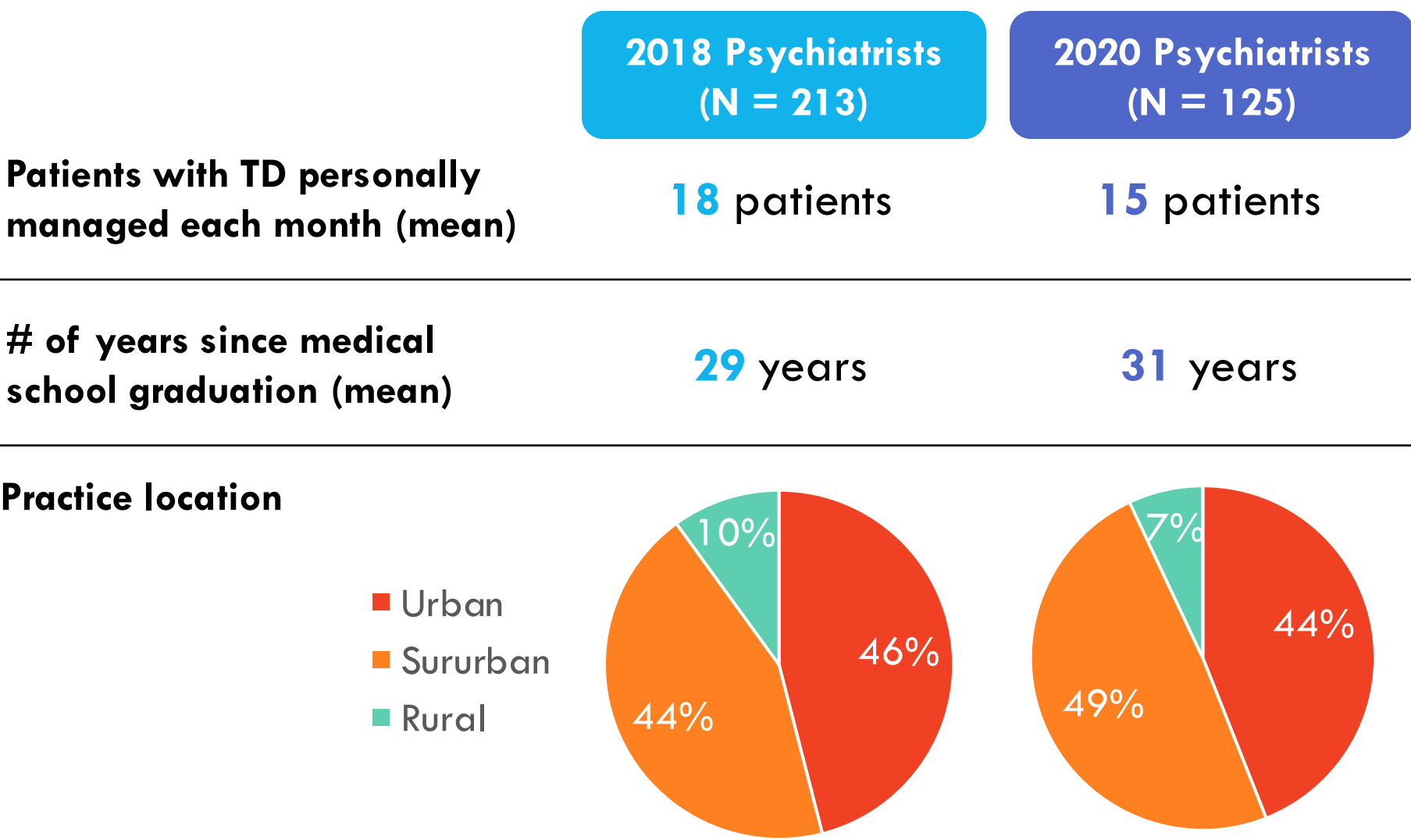
This study was conducted to understand knowledge, attitudes and clinical management of patients with TD by US-practicing psychiatrists. The data shows CME needs of US psychiatrists related to managing patients with TD. The study was conducted at two time-points (2018 and 2020) to understand evolving educational needs.

Methodology

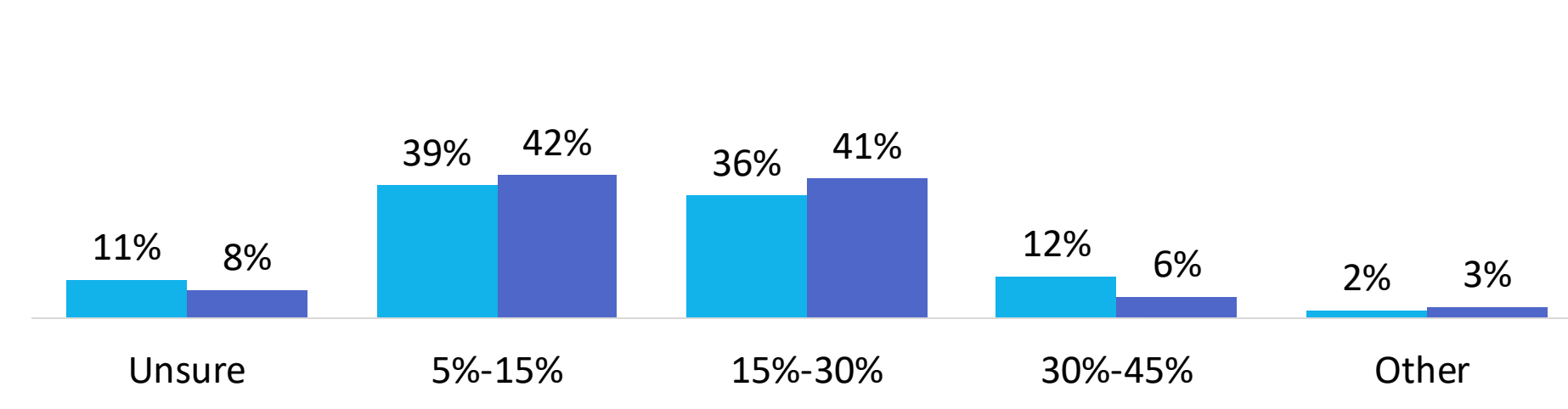
- A case-based survey instrument was developed to assess current practice, knowledge, and attitudes of psychiatrists managing patients with TD in 2018 and was updated in 2020 to reflect the latest approvals and new clinical evidence.
- The original surveys were distributed via email to a random sample of US practicing psychiatrists in May 2018. The updated surveys were distributed to another random sample of US psychiatrists in March 2020.
- Descriptive and inferential data analysis were performed.

Respondent demographics

A total sample of 213 US-practicing psychiatrists were collected in the 2018 study and 125 US-practicing psychiatrist were collected in the 2020 study.

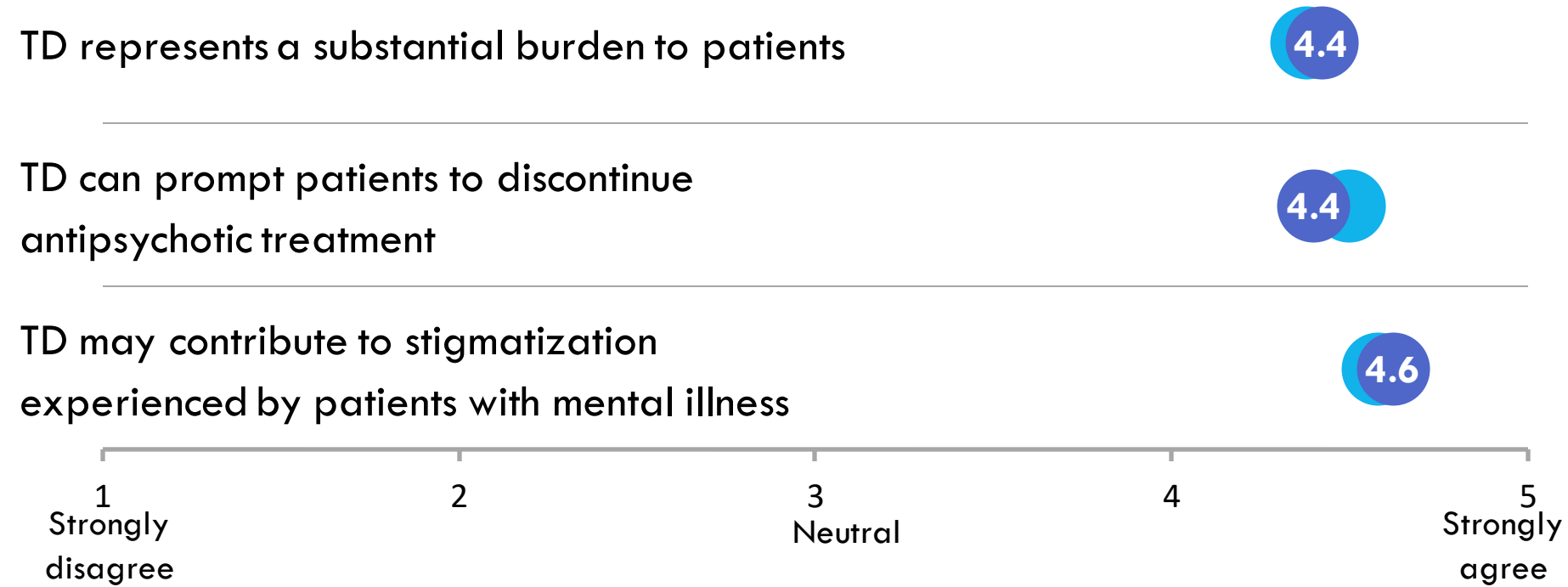


Estimated prevalence of TD in mentally ill populations on maintenance antipsychotics



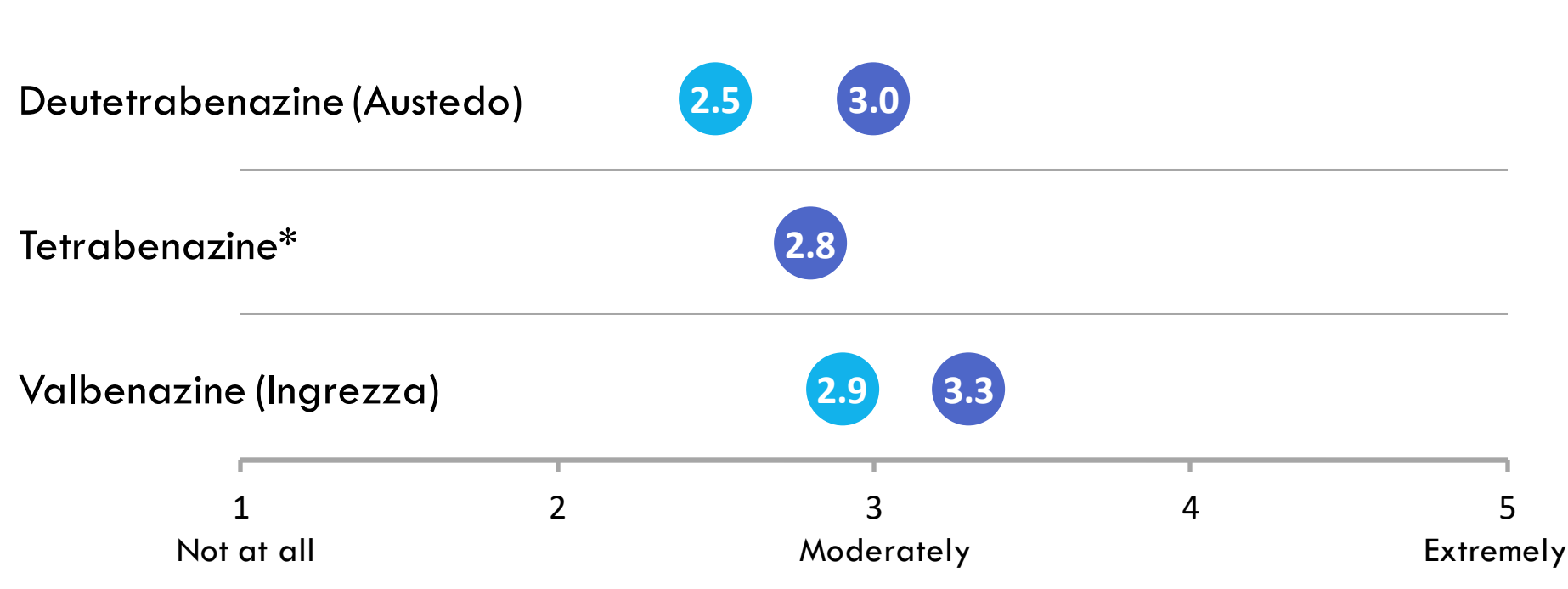
Less than 1/2 of physicians are aware of the prevalence of TD in mentally ill populations on maintenance antipsychotics, with many underestimating the prevalence. There has been little shift in awareness of prevalence since 2018.

Perceptions of the burden of TD



The majority of psychiatrist respondents from both 2018 and 2020 agree or strongly agree that TD represents a substantial burden to the patients and may contribute to stigmatization experienced by patients with mental illness. Further, most feel that TD can prompt patients to discontinue antipsychotic treatment.

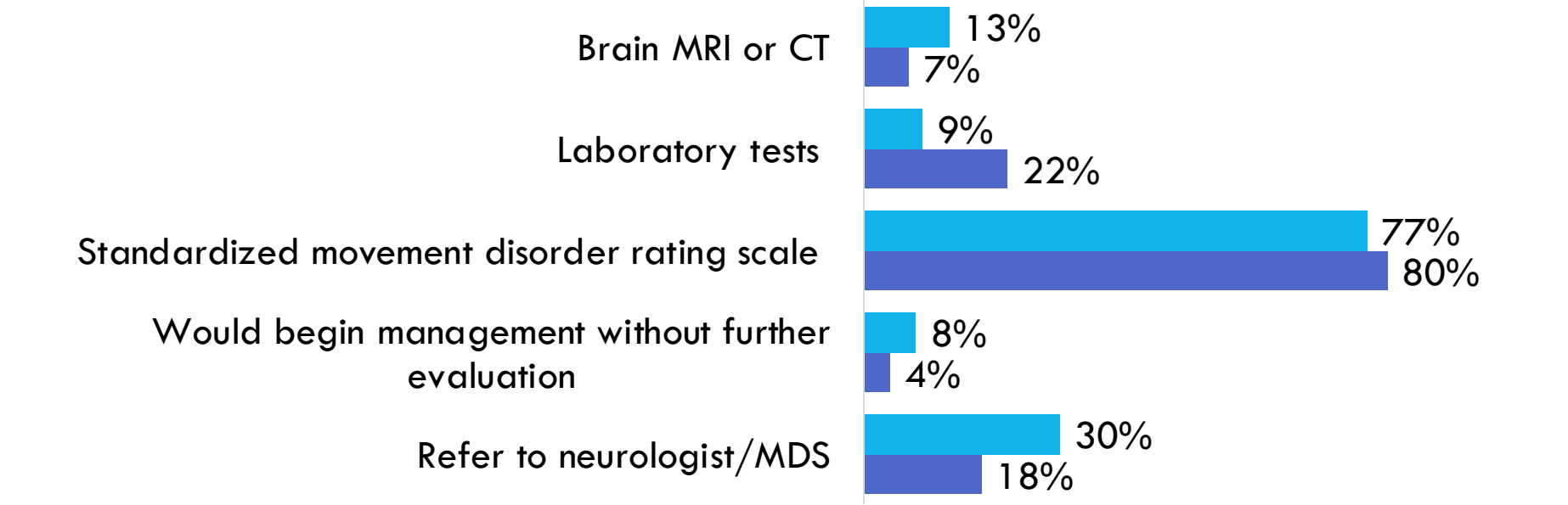
Familiarity with therapies for TD



Psychiatrists reported moderate familiarity with VMAT2 inhibitor therapies for TD. Respondents self-reported familiarity with deutetrabenazine and valbenazine increased slightly from 2018 to 2020.

*not asked in 2018 survey

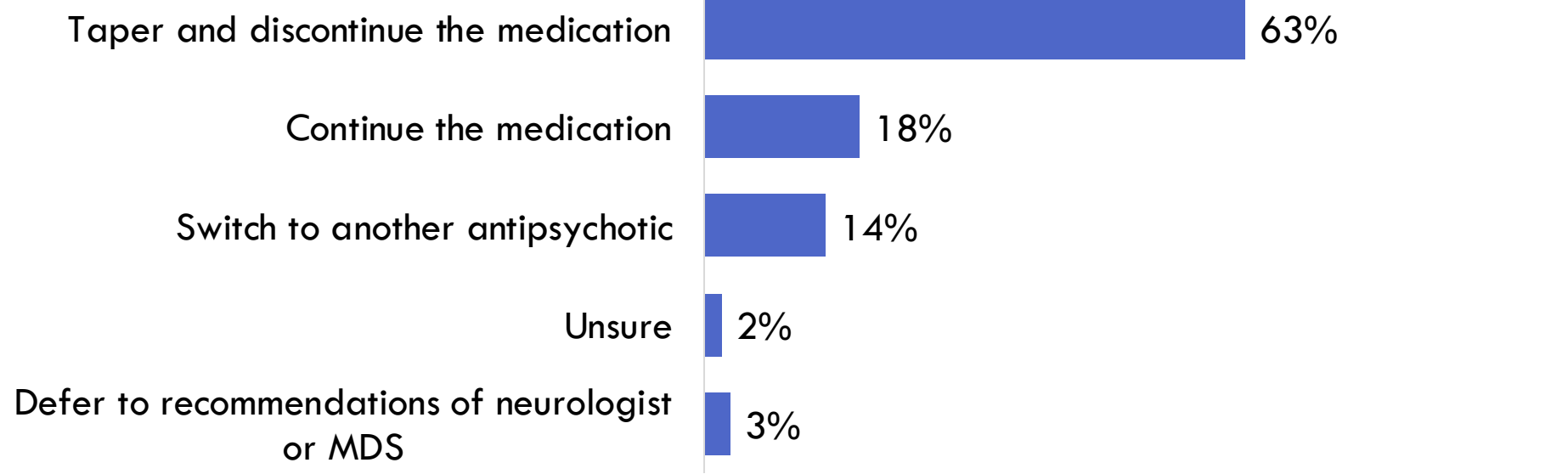
Approach to initial evaluation in a patient with symptoms suggestive of TD



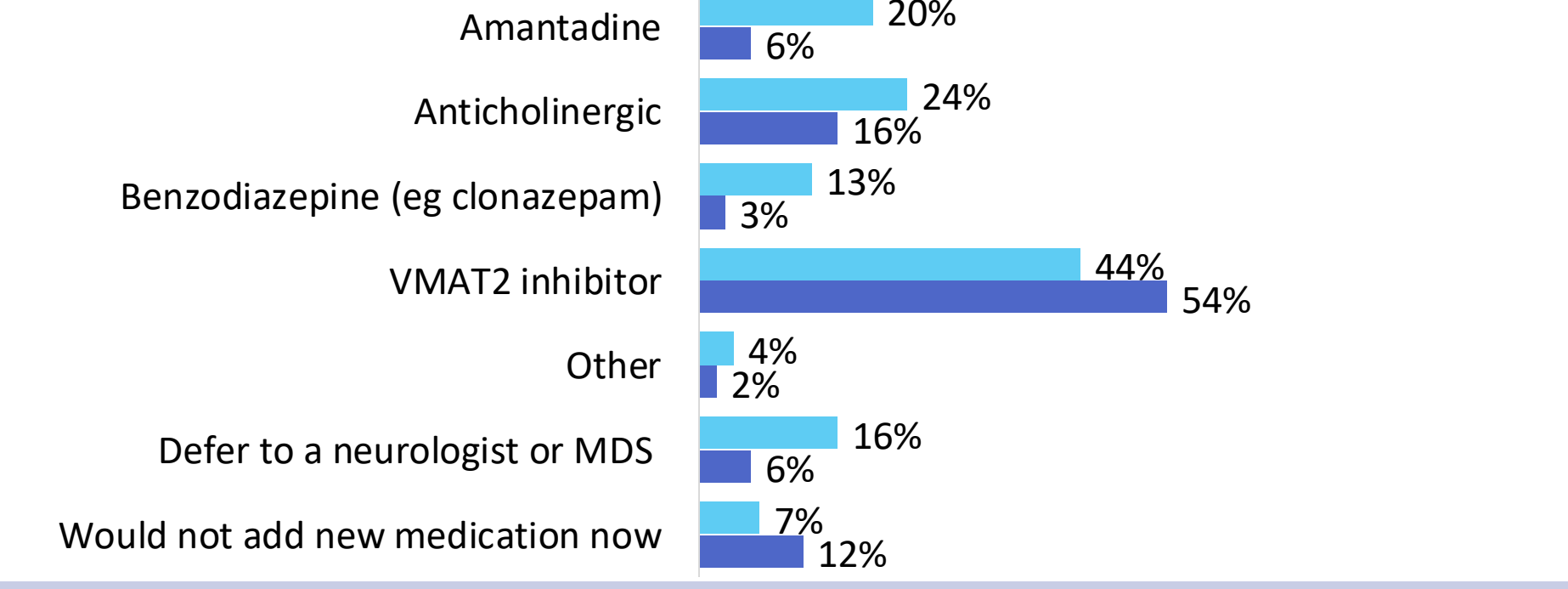
In initially evaluating a patient with symptoms suggestive of TD, most psychiatrists would use a standardized rating scale to assess movement symptoms in the initial evaluation in a patient with symptoms suggestive of TD.

A 62-year-old woman with SSRI-resistant depression presents with chewing movements of the jaw and darting tongue protrusion that began several weeks ago. She has been taking aripiprazole for one year. Her mood symptoms are well controlled; but her movement symptoms are bothersome and interfere with work.

Approach to managing patient's antipsychotic therapy

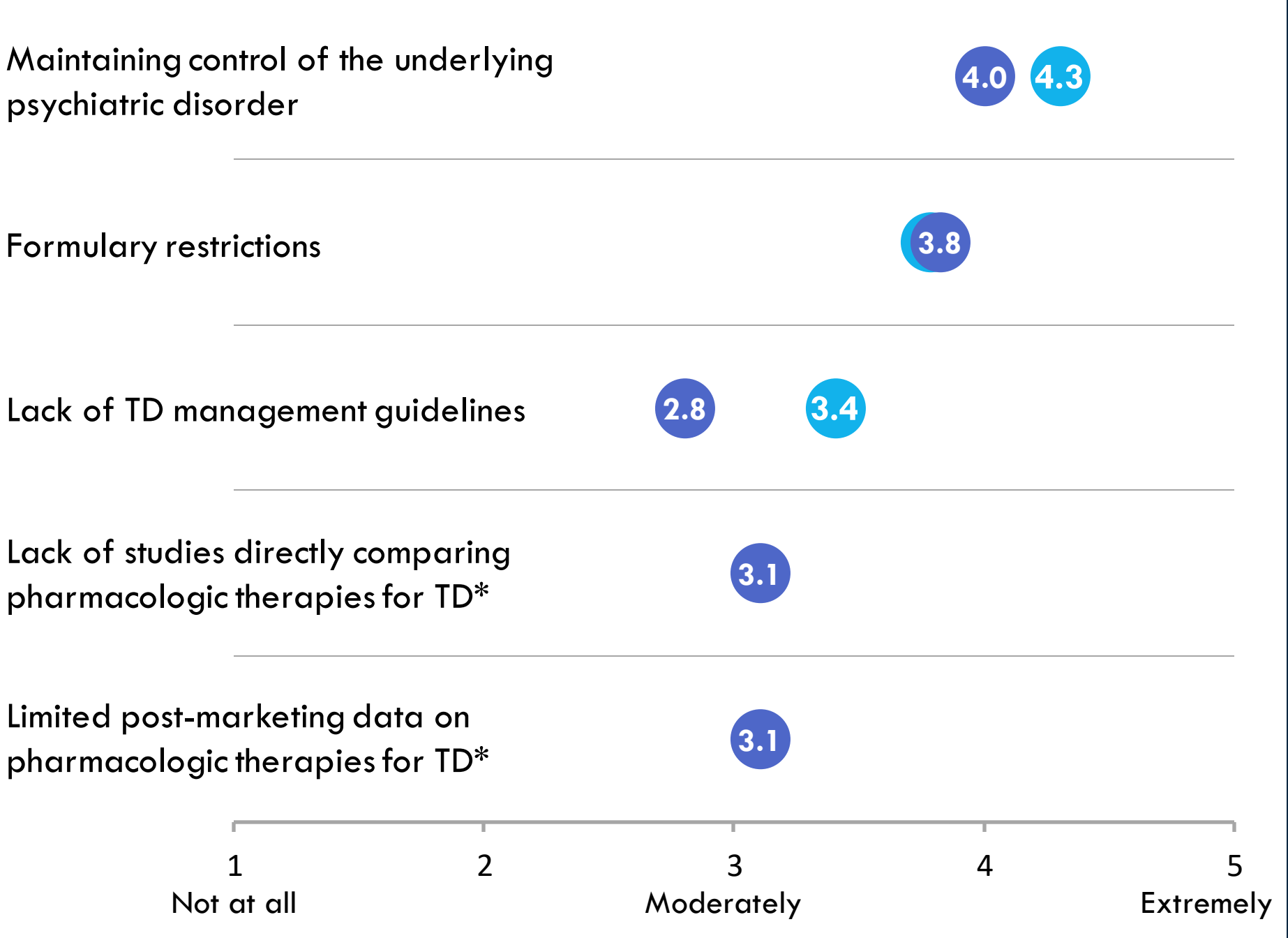


Approach to managing ongoing movement symptoms



Most physicians would taper a patient's antipsychotic, though evidence is insufficient to support that this is effective in TD treatment. Despite evidence that anticholinergics are usually ineffective or may even exacerbate TD symptoms, 16% would use these agents to manage TD symptoms. Just over half of would opt for a VMAT2 inhibitor, (a 10% since 2018). Deferral to a neurologist decreased 10% since the 2018 study.

Barriers to managing patients with TD



Psychiatrists reported the most significant barriers to the optimal diagnosis and management of patients with TD were maintaining control of the underlying psychiatric disorder while treating patients for TD and formulary restrictions. Respondents in 2020 consider lack of TD management guidelines to be less of a barrier compared to 2018.

*not asked in 2018 survey

Conclusions and implications

Despite recommendations from APA guidelines and evidence suggesting that anticholinergic drugs may exacerbate dyskinesias, these continue to be used for TD management. Moreover, standardized assessments, which can assist in objectively evaluation and tracking symptoms during treatment, are not routinely used by all psychiatrists.

The findings support the need for continued CME on TD focused to psychiatrists, specifically including information on TD prevalence, newer treatments for TD, and best approaches to maintain control of underlying psychiatric disorders when managing patients with TD.

● 2018 Psychiatrist responders (N = 213) ● 2020 Psychiatrist responders (N = 125)