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

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Purpose
A study was conducted to understand the evolving continuing medical education (CME) needs of US-practicing healthcare providers managing patients with tardive dyskinesia (TD). TD is a persistent and potentially disabling movement disorder associated with prolonged exposure to antipsychotics and other dopamine receptor blocking agents. The study was conducted in 2018 and again in 2020 to understand the shifting educational needs of psychiatrists, as well as differences in educational need among neurologists.

Methodology
A case-based survey instrument was developed to assess current practice, knowledge, and attitudes of psychiatrists and neurologists 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 neurologists and psychiatrists in May 2018. The updated surveys were distributed to another random sample of US physicians in March 2020. Descriptive and inferential data analysis were performed.

Resident Demographics
A total sample of 400 US-practicing physicians were included in the 2018 study and 253 US-practicing physicians were included in the 2020 study.

2018 Study
2020 Study
Physician (N = 231) Neurologist (N = 187) Psychologist (N = 125) Psychiatrist (N = 187)
Physician (N = 128) Neurologist (N = 187) Psychologist (N = 125) Psychiatrist (N = 125)
Individual patients with TD personally managed each month (mean) 18 patients 10 patients 15 patients 10 patients
Number of years in practice (mean) 29 years 26 years 31 years 29 years
Practice location
Urban 44% 44% 44% 44% 44%
Rural 38% 42% 40% 40% 38%
Suburban 18% 16% 26% 16% 20%

Physicians report they are moderately familiar with therapies for TD; neurologists are most familiar with tetrabenazine; and psychiatrists are most familiar with valbenazine. Reported familiarity increased among psychiatrists across agents since the 2018 study.

Approach to managing ongoing movement symptoms

<table>
<thead>
<tr>
<th>2018</th>
<th>2020</th>
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<tbody>
<tr>
<td>Aripiprazole</td>
<td>20%</td>
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<tr>
<td>Haloperidol</td>
<td>6%</td>
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<tr>
<td>Tetrabenazine</td>
<td>1%</td>
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<tr>
<td>Valbenazine (Ingrezza)</td>
<td>4%</td>
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Despite evidence indicating anticholinergics are usually ineffective or may even exacerbate TD symptoms, 15% of physicians would use an anticholinergic to manage TD symptoms. Only about half of physicians would use a VMAT2 inhibitor. The use of VMAT2 inhibitors increased 10% for psychiatrists and 18% for neurologists since the 2018 study. About 10% would not begin pharmacotherapy.

Conclusions
Findings support an increased need for tailored CME on TD among psychiatrists and separately for neurologists. Both types of specialists would benefit from CME on the topics of TD epidemiology and approaches to discontinuation of the offending agent, when feasible. Though both groups would benefit from CME that includes treatment updates, there is an increased need for education on this topic among psychiatrists.

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