

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

1 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.

2 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.

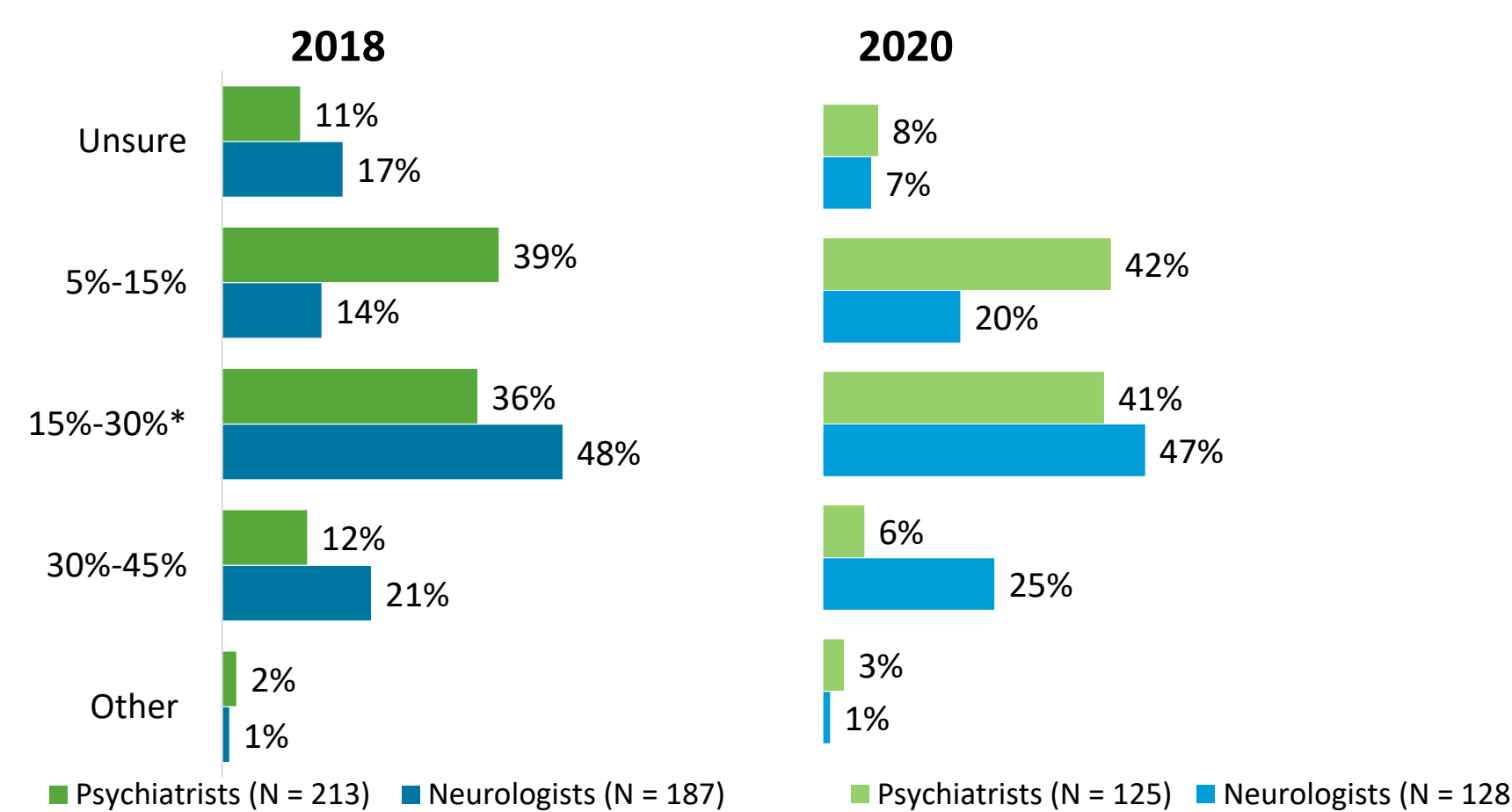
3 Descriptive and inferential data analysis were performed.

Respondent 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.

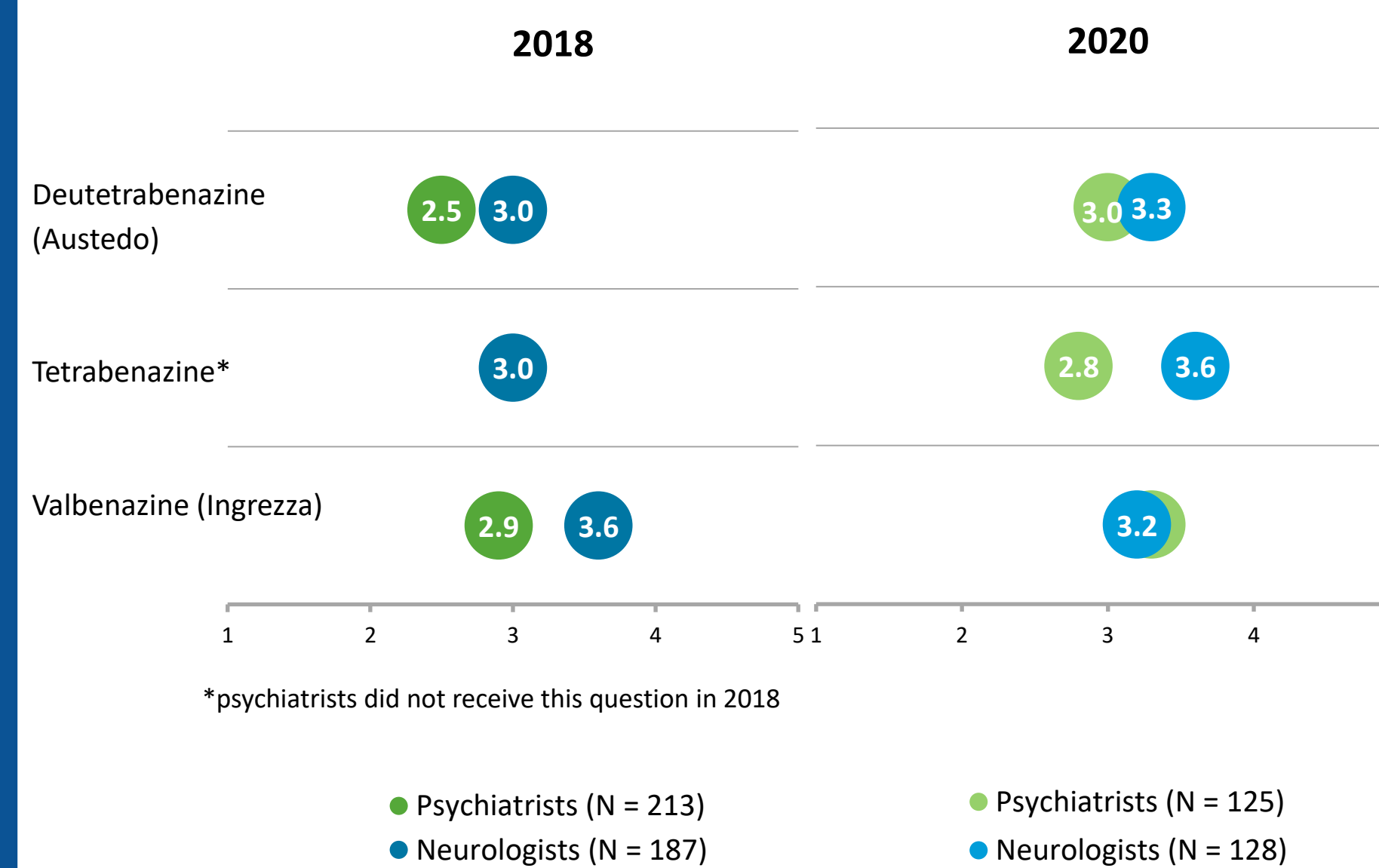
	2018 Study		2020 Study	
	Psychiatrists (N = 213)	Neurologists (N = 187)	Psychiatrists (N = 125)	Neurologists (N = 128)
Individual patients with TD personally managed each month (mean)	18 patients	10 patients	15 patients	10 patients
Number of years in practice (mean)	29 years	26 years	31 years	29 years
Practice location				
Urban	46%	50%	44%	38%
Suburban	44%	42%	49%	56%
Rural	10%	8%	7%	6%

Estimated prevalence of TD in mentally ill populations on maintenance antipsychotics



Less than ½ 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.

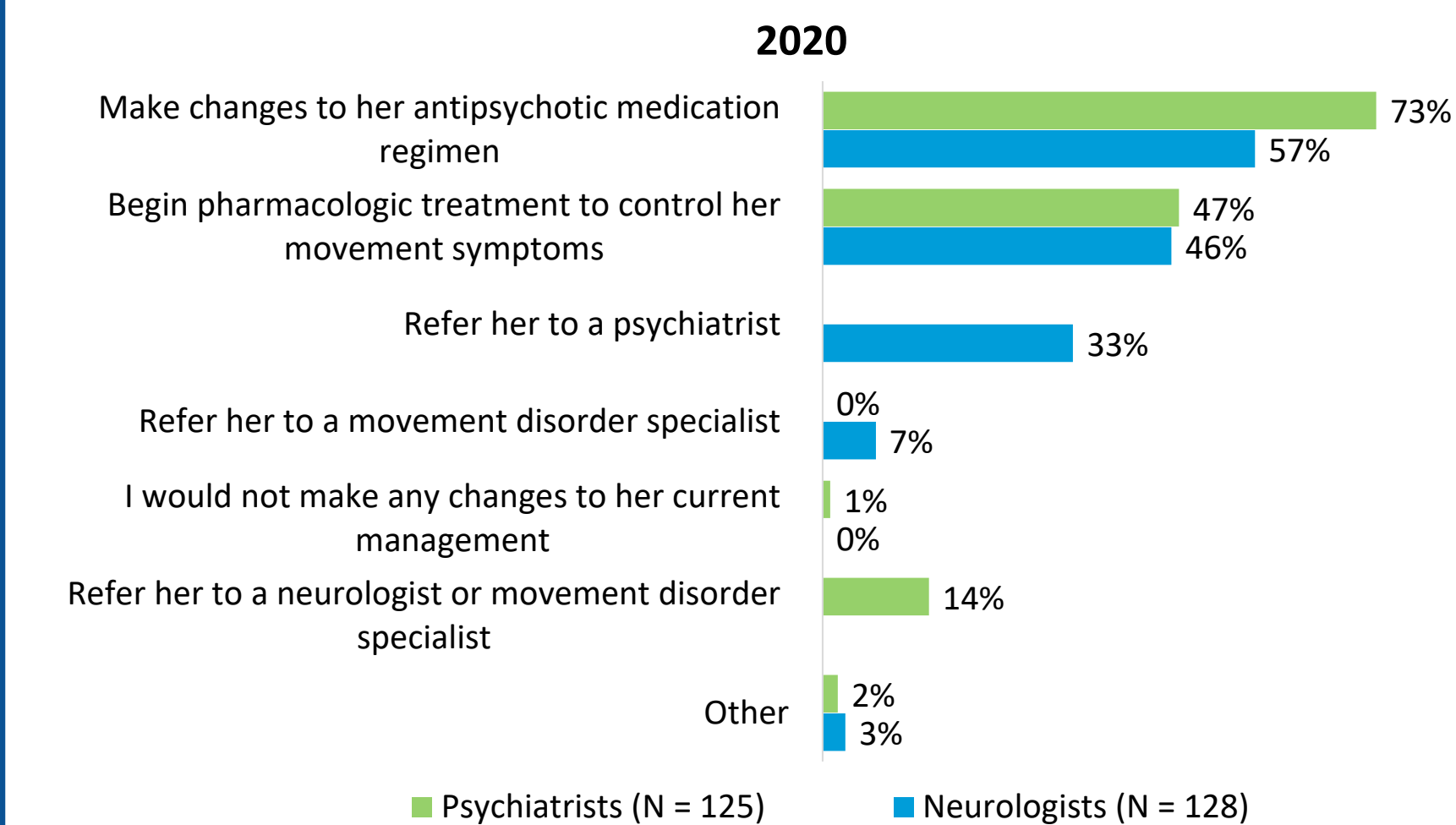
Familiarity with therapies for TD



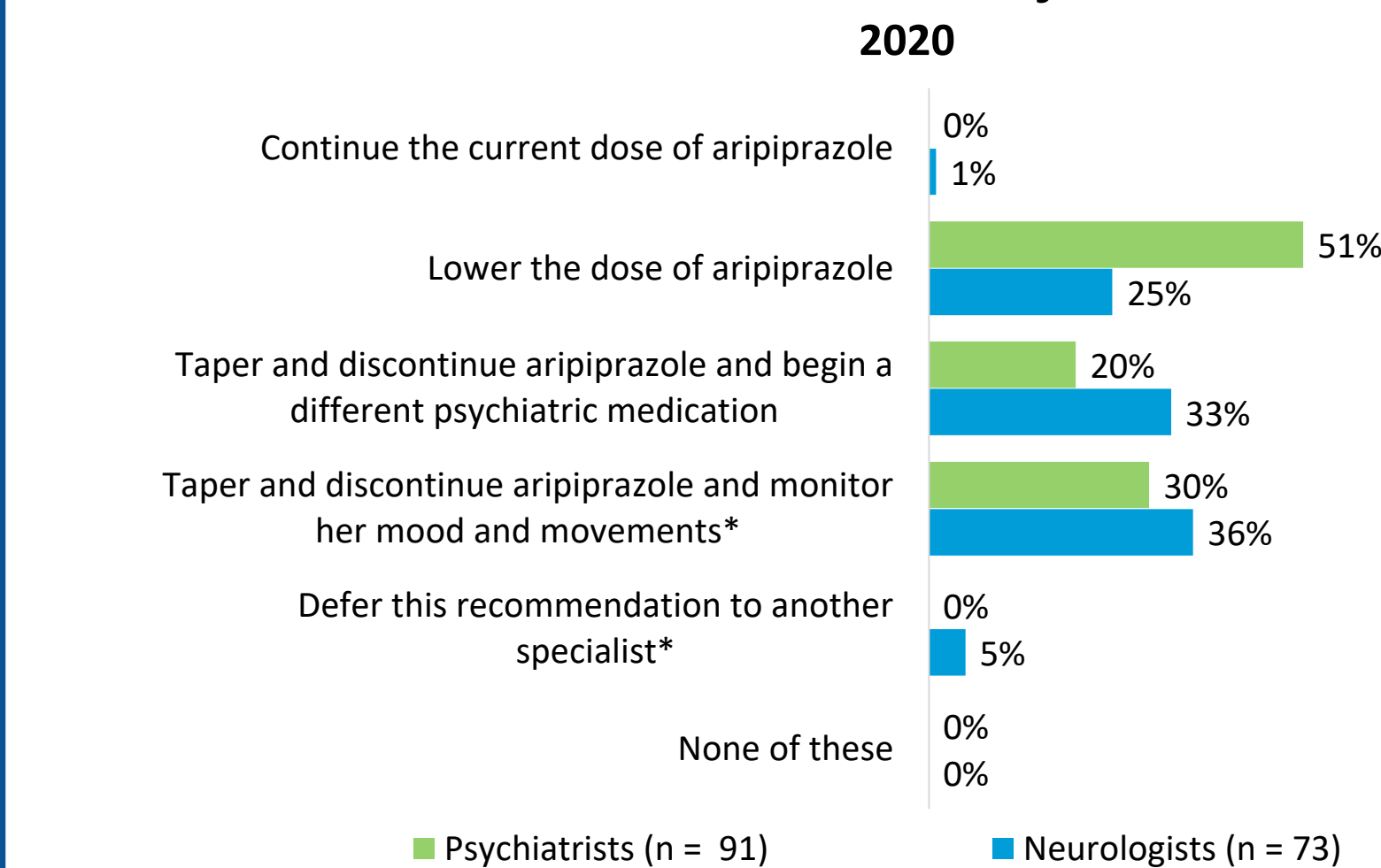
Physicians report they are moderately familiar with therapies for TD; neurologists are most familiar with tetrabenazine; and psychiatrists are most familiar with valbenazine. Reported familiarity increased among psychiatrists across agents since the 2018 study.

Case: A 62-year-teacher complains of 3 weeks of “twitching” movements that caused embarrassment when her students noticed them. She takes paroxetine and aripiprazole for depression that was resistant to treatment with an SSRI alone. Exam reveals bucco-lingual-masticatory dyskinesias and moderate to severe repetitive jerking movements of the fingers.

Initial approach to managing a patient with new TD*



Recommendations for adjustment*

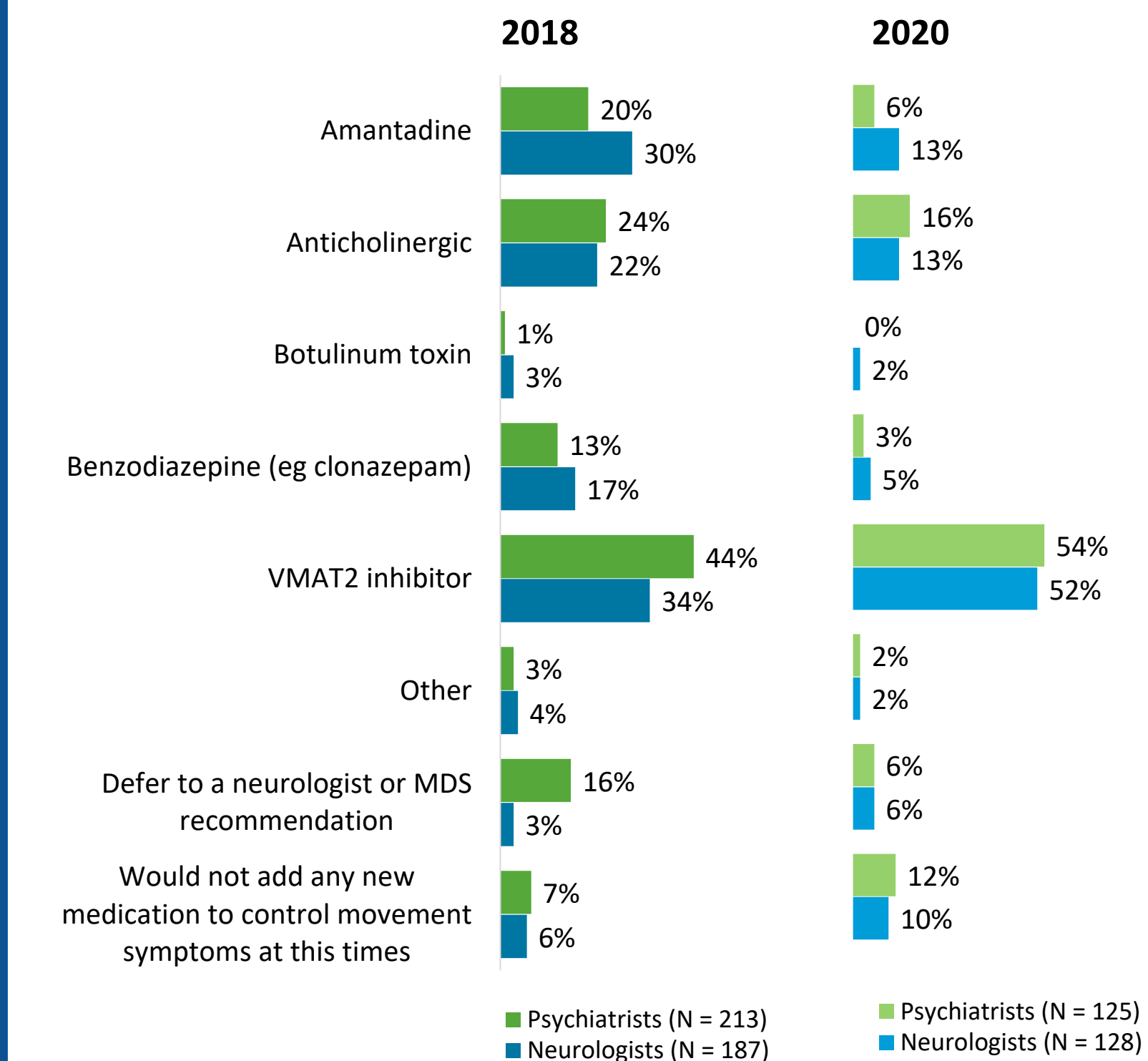


*Note: Question not asked on the 2018 survey

Psychiatrists are more likely than neurologists to take responsibility for medical management of TD symptoms and antipsychotic medication adjustment. Further, just under ½ would begin pharmacologic treatment to control her movement symptoms.

Case continued: After discussions with the patient, you lower her dose of aripiprazole. At follow-up 3 months later, her mood and anxiety seem stable and she has no evidence of suicide risk; however, her movements persist and continue to interfere with her functioning at work.

Approach to managing ongoing movement symptoms



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 opt for 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.