Introduction

- Schizophrenia is a chronic and severe mental disorder characterized by disturbances in thought, perception, and behavior that impair daily functioning and quality of life (QoL)
- Primary treatment goals include long-term stabilization and relapse prevention
- Data suggest that long-acting injectable (LAI) antipsychotics may improve long-term adherence compared with oral medications, likely because of improved treatment adherence. However, LAI antipsychotics are often used late in the course of the disease as a last resort.

Methods

- A survey approach was used to assess multiple facets of clinical practice patterns, clinicians' attitudes and barriers to the use of LAI antipsychotics
- The survey was developed in collaboration with a schizophrenia expert, tested among 4 practicing psychiatric clinicians and distributed via email in September 2019
- Responses were collected via an online survey platform
- Results were organized into specific topics, including
  - LAI suitability
  - Barriers to optimal patient care

Conclusions

- In order to drive change, future education should focus on specific areas of need
- The results of this study suggest that education on the topic of schizophrenia management should focus less on knowledge of LAI antipsychotics and more on benefits of newer therapies, strategies to smoothly transition patients from oral treatments and ways to reduce key barriers.
- Further analysis of this clinician-focused data will aim to identify factors that drive the choice to recommend LAI antipsychotic therapy; a separate survey will also assess the educational needs of caregivers in the management of schizophrenia.

Objective

- To identify key barriers to the treatment of schizophrenia and the use of LAI antipsychotic therapy in order to better understand and inform continued educational efforts for clinicians.

Results

- **Characteristics of clinicians**
  - The study sample consisted of 379 United States-based clinicians (392 psychiatrists and 77 psychiatric nurse practitioners [NPs]/physician assistants [PAs]) who currently manage patients with schizophrenia (Table 1)
  - Compared with NPs/PAs, psychiatrists reported more time in psychiatry practice (22.3 versus 13.4 years)
  - Psychiatrists reported seeing more patients overall (mean patients per week: 78.8 versus 48.8) and more patients with schizophrenia (mean patients per month: 45.6 versus 20.9) than NPs/PAs.
  - The percentage of pediatric patients was similar between psychiatrists and NPs/PAs (17% versus 21%, respectively).
  - The majority of clinicians reported working in an urban or suburban location.

References


Acknowledgments and Disclosures

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Support for this study was provided by Teva Pharmaceutical Industries Ltd.
Introduction

- Schizophrenia is a chronic and severe mental disorder characterized by disturbances in thought, perception and behavior that impair daily functioning and quality of life (QoL)\(^1\).

- Primary treatment goals include long-term stabilisation and relapse prevention\(^1\).

- Data suggest that long-acting injectable (LAI) antipsychotics may improve long-term QoL compared with oral medications, likely because of improved treatment adherence;\(^2\) however, LAI antipsychotics are often used late in the course of the disease as a last resort\(^3\).
Objective

- To identify key barriers to the treatment of schizophrenia and the use of LAI antipsychotic therapy in order to better understand and inform continuing educational efforts for clinicians
Methods

- A survey approach was used to assess multiple facets of clinical practice patterns, clinicians’ attitudes and barriers to the use of LAI antipsychotics.
- The survey was developed in collaboration with a schizophrenia expert, tested among 4 practicing psychiatric clinicians and distributed via email in September 2019.
- Responses were collected via an online survey platform.
- Results were organised into specific topics, including:
  - LAI suitability
  - Barriers to optimal patient management
  - Barriers to optimal use of LAI antipsychotics in schizophrenia
  - Confidence in schizophrenia management
  - Comfort in LAI transitioning conversation
  - Future information seeking
- A combination of qualitative and quantitative methodology was used to analyse the data.
Table 1. Characteristics of Clinicians

<table>
<thead>
<tr>
<th>Comorbidities</th>
<th>Prevalence (%)</th>
<th>N = 379</th>
<th>NOS = 306</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>34%</td>
<td>76.3%</td>
<td>69.2%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>42%</td>
<td>81.7%</td>
<td>77.2%</td>
</tr>
<tr>
<td>Substance Use</td>
<td>12%</td>
<td>24.7%</td>
<td>21.6%</td>
</tr>
<tr>
<td>Poor Mental Health</td>
<td>31%</td>
<td>63.7%</td>
<td>59.7%</td>
</tr>
</tbody>
</table>

South America: Brazil, Colombia, Costa Rica, Peru, and Uruguay.

LAH latitudes

- A higher percentage of patients who entered LAH treatment and had a significant difference in disease area and were more likely to be referred to LAH treatment.
- The percentage of patients who entered LAH treatment and had a significant difference in disease area and were more likely to be referred to LAH treatment.

Figure 1. Barriers to Optimal Patient Management

A. Barriers to optimal use of LAH in psychosocial intervention

- Higher comorbidity rates with increased comorbidity

Figure 2. Barriers to Optimal Use of LAH Antipsychotics in Schizophrenia

- Higher comorbidity rates with increased comorbidity

Figure 3. Confidence in Schizophrenia Management

- Higher comorbidity rates with increased comorbidity

Figure 4. Comfort in LAH Transition Conversation

- Higher comorbidity rates with increased comorbidity

Figure 5. Future Information Seeking

- Higher comorbidity rates with increased comorbidity

Details of comorbidities:

- The percentage of patients with depression (35% in Brazil, 37% in Mexico) and a significant difference in disease area and were more likely to be referred to LAH treatment.
- The percentage of patients with anxiety (42% in Brazil, 43% in Mexico) and a significant difference in disease area and were more likely to be referred to LAH treatment.
- The percentage of patients with substance use (12% in Brazil, 13% in Mexico) and a significant difference in disease area and were more likely to be referred to LAH treatment.
- The percentage of patients with poor mental health (31% in Brazil, 32% in Mexico) and a significant difference in disease area and were more likely to be referred to LAH treatment.

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Comorbidities of clinicians:

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- The percentage of patients with anxiety (42% in Brazil, 43% in Mexico) and a significant difference in disease area and were more likely to be referred to LAH treatment.
- The percentage of patients with substance use (12% in Brazil, 13% in Mexico) and a significant difference in disease area and were more likely to be referred to LAH treatment.
- The percentage of patients with poor mental health (31% in Brazil, 32% in Mexico) and a significant difference in disease area and were more likely to be referred to LAH treatment.
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