What's Next for Tardive Dyskinesia? Expert Insights from a Cross-Disciplinary Virtual Treatment Panel

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INTRODUCTION

- Tardive dyskinesia (TD) is a persistent and potentially disabling movement disorder associated with prolonged exposure to antipsychotics and other dopamine receptor blocking agents
- Despite the availability of approved TD medications (e.g., valbenazine), diagnosis of this disorder remains complex and education about appropriate treatment is important
- Virtual interviews with a cross-disciplinary panel of healthcare professionals (HCPs)
 were conducted to understand the challenges of diagnosing, assessing, and treating
 TD virtually

METHODS

- In July 2020, 12 expert HCPs (6 neurologists, 3 psychiatrists, 3 psychiatric nurse practitioners) participated in individual semi-structured qualitative interviews about how TD is diagnosed and treated in real-world clinical settings
- Individual interviews with the TD experts focused on the following areas: TD screening, diagnosis, assessment, and treatment; opportunities for improving TD diagnosis and treatment outcomes; barriers to treatment; and patient/caregiver perspectives
- In November 2020, separate group discussions with psychiatry HCPs and neurology HCPs were conducted to discuss the implementation of telehealth (or telepsychiatry) in diagnosing and treating TD
- No quantitative or statistical methods were applied; key findings from the individual interviews and group discussions are intended to be narrative in nature

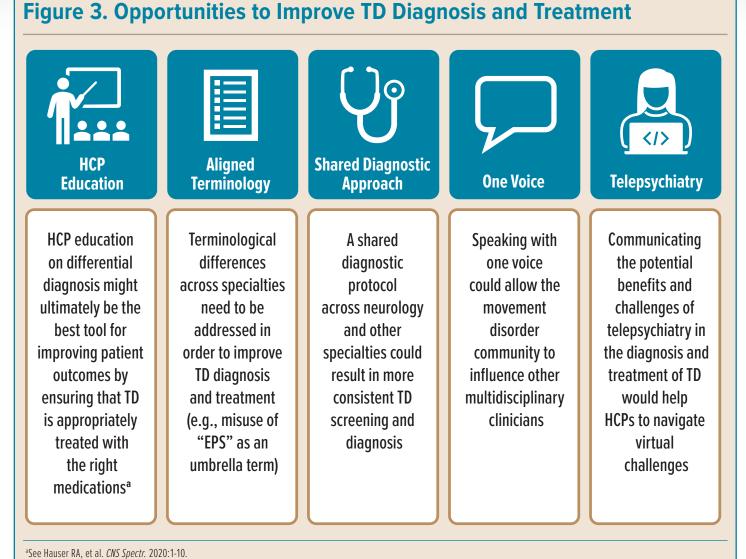
RESULTS

■ Key overall points for TD screening, diagnosis/assessment, and treatment are presented in **Figures 1-3**, along with comments based on individual interviews

Figure 1. Perspectives on TD Screening from Interviews with TD Experts Key Overall Points From Individual Interviews What DRBAs has patient been Look at family history of • Any history of DRBA use raises taking? How long? neurodegenerative disorders the suspicion for potential TD SGAs may cause less TD, • Every patient treated with a SGAs are increasingly used but they do cause TD to treat depression and anxiety. DRBA should be screened for TD which means we are seeing TD in a broader range of patients Nurses are often the first Informal observations for ones to observe possible TD possible TD can be performed because they spend more Sometimes TD is immediately throughout the patient's time with patients evident; you see the movements office visit Take off their Early TD often The best exam is when With appropriate training, these appears as the patient doesn't know shoes and socks "little waves" on to see their it is an exam observations can be performed the surface of the toes; have by HCPs (physicians, NPs, PAs, them sit on tongue; ask I ask them to turn patients to stick table to dangle allied health) and office staff to me and relax out their tongues their feet DRBA, dopamine receptor blocking agent; HCP, healthcare professional; NP, nurse practitioner; PA, physician assistant; SGA, second generation antipsychotics; TD, tardive dyskinesia.

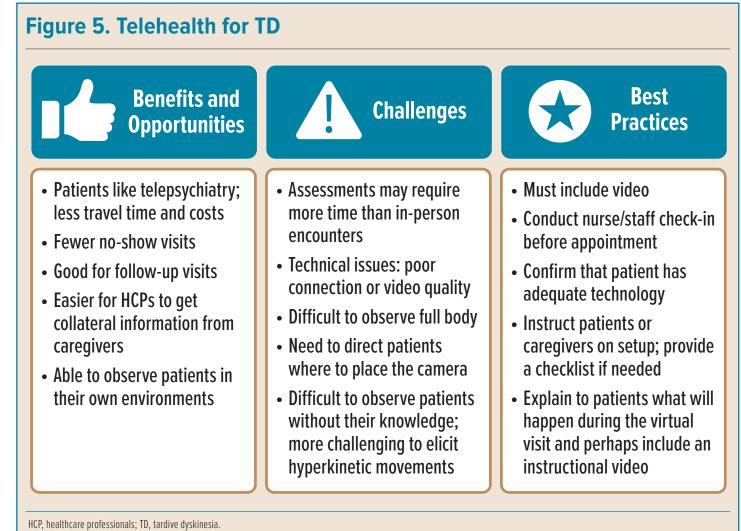
Figure 2. Perspectives on TD Diagnosis and Assessment from Interviews with TD Experts From Individual Interviews **Key Overall Points** Some doctors use You need to break EPS is a "EPS" is an outdated "TD" for all tardive it down to treat big box umbrella term for different of DIMDs syndromes it appropriately DIMDs; it lacks the specificity needed for accurate Writhing, jerky, Look at the of occurrence nvoluntary movements diagnoses, which can lead to movements; they are inappropriate treatments for TD symptoms can Abrupt, brief, irregular distinguishable TD (e.g., anticholinergics) wax and wane involuntary movements There is often misdiagnosis If there is a combination of TD and Patients can have between TD, drug-induced >1 movement parkinsonism. I need to find out what bothers the patient most disorder at parkinsonism, and other and treat it accordingly a time tardive syndromes Comorbidities add another laye I will do an AIMS Clinical response my own assessment every matters more than of complexity to TD diagnosis once in a while assessments any assessment Utilization of a formal AIMS AIMS is great but Ask the patient (or caregiver) questions: exam is variable across it is not the only Does the TD bother you? specialties thing to consider Does it interfere with your daily life? NMS, Abnormal Involuntary Movement Scale; DIMD, druq-induced movement disorder; EPS, extrapyramidal symptoms; HCP, healthcare professional; TD, tardive dyskinesia

- Key points regarding TD treatment were as follows:
- The two VMAT2 inhibitors approved for TD, valbenazine and deutetrabenazine, are prescribed by psychiatry and neurology HCPs as first-line treatments for TD
- These VMAT2 inhibitors are perceived as efficacious, durable, and generally well-tolerated; many patients prefer once-daily dosing (valbenazine)
- Maintaining the stability of the underlying psychiatric condition is paramount;
 therefore, antipsychotic switching is becoming a less common strategy for managing TD
- Treating TD with anticholinergics is not recommended
- The evidence for treating TD by switching/discontinuing antipsychotics or using anticholinergics is limited, weak, or non-existent
- Patient functionality is as important as symptom severity in terms of the social impact of TD; therefore, treatment decisions need to be a collaboration between HCPs and patients
- Opportunities such as HCP education and more standardized terminology can help address the challenges of TD diagnosis and improve treatment outcomes (Figure 3)
- Barriers to treatment include misconceptions about TD among HCPs and patients' unwillingness to accept treatment; these barriers may be addressed through HCP education (Figure 3) and communication with patients and caregivers (Figure 4)



EPS, extrapyramidal symptoms; HCP, healthcare professional; TD, tardive dyskinesia. Figure 4. Barriers to Treatment and Communication Strategies **Potential Barriers to Treatment HCP Misconceptions Patient Perceptions About TD About TD Treatment** Common misconceptions include: Patients are generally willing to accept treatment, although some have objections, including: • TD does not bother patients · Not bothered by the movements TD symptoms are part of the underlying · Too impacted by the underlying disease (patients psychiatric condition who are unwell do not care about treating TD) All movement disorders can be categorized as EPS Aversion to neuroactive drugs Anticholinergics are effective in treating all • Fear of adding another medication movement disorders - Taking too many drugs already In addition, some HCPs may be reluctant to - TD was caused by a medication acknowledge that TD resulted from an Information on internet is scary antipsychotic that they prescribed · Pharmacy can't fill the prescription **Communicating with Patients and Caregivers** Educate patients on TD Engage family members or other caregivers as Ask patients about their experiences: early as possible in order to: What do you know about TD? Record patients' movements • Help describe TD symptoms to unaware Do you notice your movements? and show them the videos patients (e.g., tongue movements) When do you notice the movements? Provide information about symptom severity Do the movements affect your life? and how TD affects patients' lives **Explain how TD medication** Are they bothersome enough for treatment? Assist with treatment decisions can help; continue to Do you want to be treated or not? • Encourage medication compliance offer treatment EPS, extrapyramidal symptoms; HCP, healthcare professional; TD, tardive dyskinesia.

■ Findings from group discussions about the potential benefits, challenges, and best practices for telehealth are presented in **Figure 5**



CONCLUSIONS

- Every patient taking a dopamine receptor blocking agent should be screened regularly for TD; with proper training, screening can be done by any clinician (physician, nurses, allied health professionals)
- Diagnostic protocols vary within and across HCP specialties, but a shared and more standardized approach to TD screening and diagnosis could lead to better patient outcomes
- Moreover, HCPs misconceptions about TD and patients' reservations about treatment can be barriers to treatment and better outcomes
- These challenges could be addressed through HCP education and communication with patients and caregivers
- Telehealth with video can be used to diagnose TD and assess changes over time; audio-only visits may be insufficient in this patient population

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Please email medinfo@neurocrine.com if you have any questions on this presentation.

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