In this study of patients who were prescribed a VMAT2 inhibitor for TD, 92% were aware of having TD symptoms in the neck and shoulders, but awareness was lower with mild symptoms than with moderate or severe symptoms; in the hips, awareness was highest with moderate symptoms (Figure 2).

In the wrists and fingers, patient awareness of TD was lower with mild or moderate symptoms than with severe symptoms; in the arms and hands, awareness was similar across mild, moderate, and severe symptoms (Figure 3).

In the neck and shoulders, patient awareness of TD tended to be higher with severe symptoms than with moderate or mild symptoms, although the results are limited by the number of patients with severe symptoms (Figure 4).

In the legs and toes, patient awareness of TD tended to be lower with mild symptoms than with moderate or severe symptoms; in the hips, awareness was highest with moderate symptoms.

Table 1. Patient and TD Characteristics

<table>
<thead>
<tr>
<th>Category</th>
<th>Total (n=601)</th>
<th>SCZD (n=66)</th>
<th>Mood (n=174)</th>
<th>No Psych (n=161)</th>
<th>Neuro (n=61)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>57 (18-89)</td>
<td>56 (18-89)</td>
<td>60 (19-89)</td>
<td>58 (18-89)</td>
<td>53 (18-89)</td>
</tr>
<tr>
<td>Sex</td>
<td>Male: 309</td>
<td>36 (55%)</td>
<td>63 (37%)</td>
<td>90 (56%)</td>
<td>39 (64%)</td>
</tr>
<tr>
<td>Duration (months)</td>
<td>13 (1-240)</td>
<td>11 (1-240)</td>
<td>14 (1-240)</td>
<td>13 (1-240)</td>
<td>13 (1-240)</td>
</tr>
<tr>
<td>TD severity</td>
<td>Mild: 112</td>
<td>12 (18%)</td>
<td>32 (19%)</td>
<td>47 (29%)</td>
<td>11 (18%)</td>
</tr>
<tr>
<td></td>
<td>Moderate: 285</td>
<td>34 (51%)</td>
<td>75 (44%)</td>
<td>86 (53%)</td>
<td>26 (43%)</td>
</tr>
<tr>
<td></td>
<td>Severe: 204</td>
<td>23 (34%)</td>
<td>68 (40%)</td>
<td>57 (35%)</td>
<td>20 (33%)</td>
</tr>
</tbody>
</table>

Figure 1. Patient Awareness of TD by Symptom Severity in the Head

Figure 2. Patient Awareness of TD by Symptom Severity in the Trunk

Figure 3. Patient Awareness of TD by Symptom Severity in the Upper Extremities

Figure 4. Patient Awareness of TD by Symptom Severity in the Lower Extremities

REFERENCES

1. Vascular monoamine transporter 2 (VMAT2) inhibitors are currently recommended as first-line therapies for tardive dyskinesia (TD), based on a persistent and potentially disabling drug-induced movement disorder.

2. Valbenazine (NALISEF) was the first VMAT2 inhibitor approved for the treatment of TD in adults, with efficacy and safety demonstrated in 3 randomized, double-blind, placebo-controlled trials and 3 long-term studies.

3. This real-world study describes the association between clinician-reported patient awareness of TD symptoms and clinician-assessed symptom severity in patients treated with a VMAT2 inhibitor.

4. INTRODUCTION

• Moderate symptoms were generally similar between those who were aware of their TD and those who were not aware (Table 1).

• Patients’ characteristics were generally similar between those who were aware of their TD and those who were not aware (Table 1).

• Patients’ characteristics were generally similar between those who were aware of their TD and those who were not aware (Table 1).

• More research is needed to understand how awareness and severity contribute to TD burden, and whether different treatment strategies are needed based on these factors.

CONCLUSIONS

• In this study of patients who were prescribed a VMAT2 inhibitor for TD, 92% were rated as being aware of having TD symptoms in at least 1 body region.

• Clinician rating of patient awareness did not appear to differ between patients with schizophrenia/schizoaffective disorder and those with a mood disorder or other psychiatric condition.

• Patient characteristics were generally similar between aware and non-aware patients, although comorbid depression and anxiety were slightly more prevalent in those who were not aware of having TD symptoms in any body region.

• Clinician rating of patient TD awareness was generally higher in those determined to have moderate to severe symptom severity as assessed by the clinician.

• More research is needed to understand how awareness and severity contribute to TD burden, and whether different treatment strategies are needed based on these factors.