

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

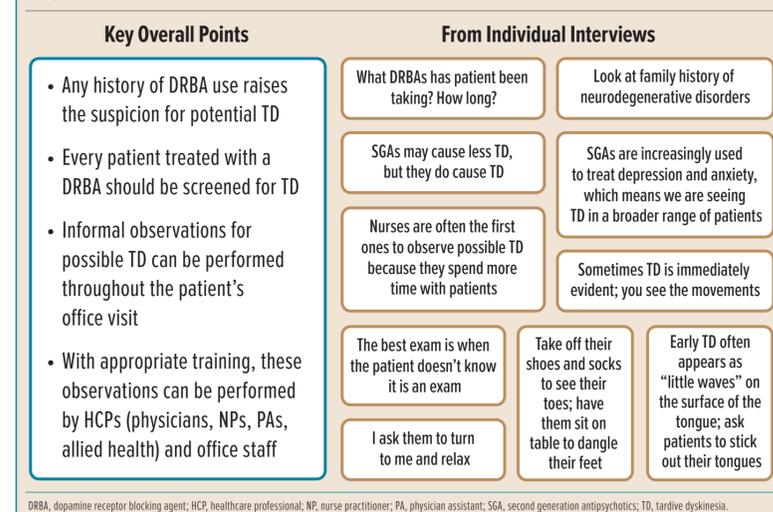
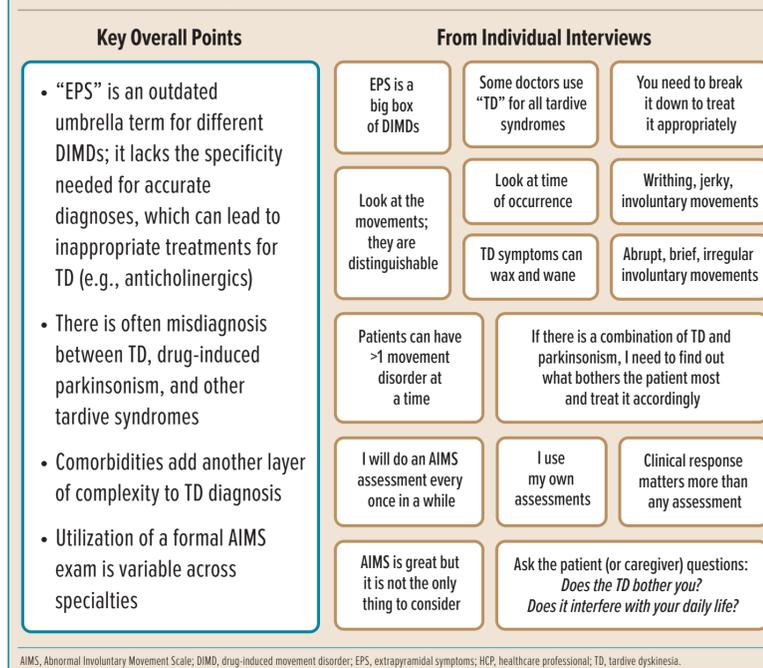


Figure 2. Perspectives on TD Diagnosis and Assessment from Interviews with TD Experts



- 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**)

Figure 3. Opportunities to Improve TD Diagnosis and Treatment

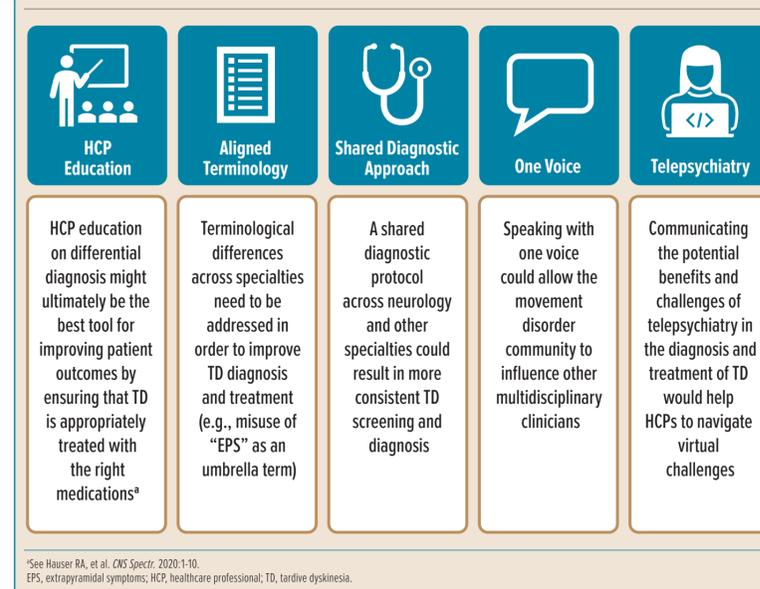
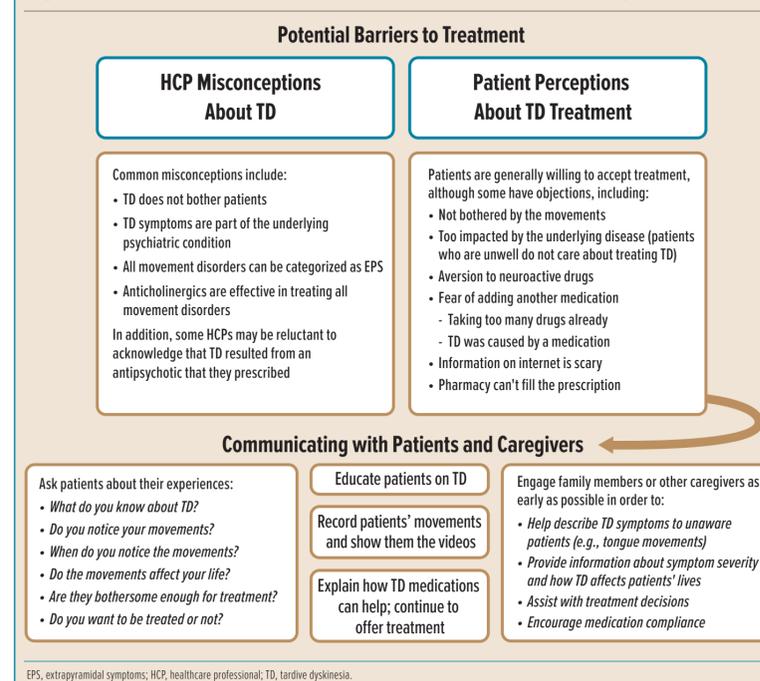
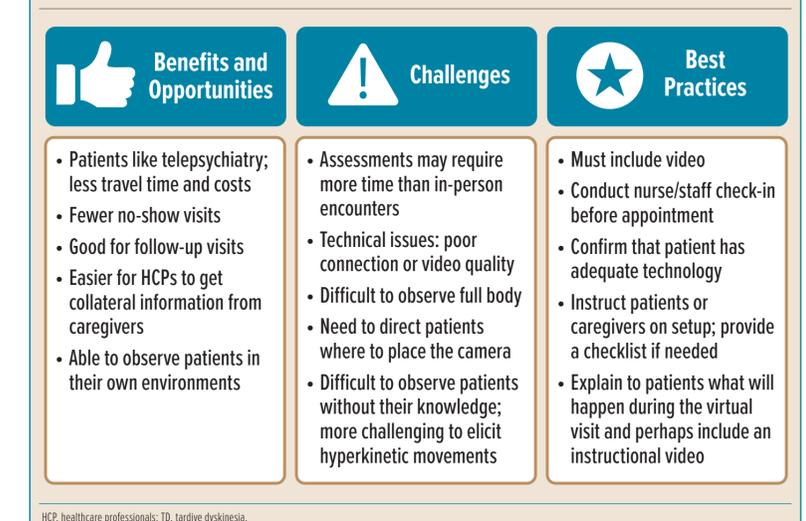


Figure 4. Barriers to Treatment and Communication Strategies



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

Figure 5. Telehealth for TD



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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