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.

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 psychiatric 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 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, anticholinergic 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 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).

- 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 widely and across HCP specialties, but a shared and more standard 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.

*HCPs: healthcare professionals; HCPs (physician, nurse, allied health & office staff).

**Subjects were asked about their experiences:
- What are you afraid about?
- Do you notice your movements?
- Can you identify other movements?
- Have you or anyone else noticed your movements?
- Do you receive treatment?

***Telephone interviews were conducted to understand:
- How often are you able to perform a tele-visit and perhaps include an instructional video?
- Are you satisfied with/without a checklist if needed?
- Conduct nurse/staff check-in at the start of the visit and perhaps include an instructional video.

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