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From Doubt To Dedication: How Long-Acting Injectables Became A Provider Favorite

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Our Featured Speaker

Stephanie Stecker, PMHNP-BC

On Demand Counseling
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Our Moderator

Taylor A. Ochalek, PhD

Medical Science Liaison
Otsuka Pharmaceutical Development
& Commercialization, Inc.

Our Featured Speaker

Jessica Bettinger, PMHNP-BC

BlueRidge Vista Behavioral Hospital
Cincinnati, OH

Our Moderator

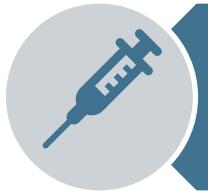
Michael Aldape, PhD

Senior Medical Science Liaison
Otsuka Pharmaceutical Development
& Commercialization, Inc.

Objectives

Review evolution of antipsychotic treatments

Discuss the advantages and disadvantages of long-acting injectable antipsychotics



Explore the potential reasons for low long-acting injectable antipsychotic use

Discuss perceptions of long-acting injectable medications as an option in mental health treatment

Typical And Atypical APs Have Been Studied For >70 Years

Introduction of typical APs 1950s

- Phenothiazines first used in clinical practice[1]
- Allowed patient discharge; shift from custodial care[2]

Additional typical APs and introduction of atypical APs 1960s-1990s

- Additional typical APs introduced[3]
- First LAI introduced[2]
- Molecular targets of pharmacological agents expanded to DA, 5-HT, and NE[1]
- First atypical AP approved in Europe in 1989[4] and in the United States in 1990[3]

Addition of new formulations and treatment modalities 1990s-present

- Additional oral atypical APs introduced[3]
- First atypical LAI introduced[5]
- Development of novel formulations, including oral disintegrating, sublingual, transdermal APs,[6] subcutaneous LAI injections,[7] and digital medicine[8]

AP, antipsychotic; DA, dopamine; 5-HT, serotonin; LAI, long-acting injectable; NE, norepinephrine.

1. Lehmann HE, Ban TA. *Can J Psychiatry.* 1997;42(2):152-162.
2. Johnson DAW. *Br J Psychiatry Suppl.* 2009;52:S7-S12.
3. Tandon R. *J Clin Psychiatry.* 2011;72(suppl 1):4-8.
4. Ayano G, et al. *J Schizophr Res.* 2016;3(2):1027.
5. Patel MX, et al. *Br J Psychiatry Suppl.* 2009;52:S1-S4.
6. Citrome L, et al. *J Clin Psychiatry.* 2019;80(4):18nr12554.
7. Karas A, et al. *P T.* 2019;44(8):460-466.
8. Papola D, et al. *Epidemiol Psychiatr Sci.* 2018;27(3):227-229.

Advantages Of LAIs May Be Overshadowed By Negative Perceptions

Advantages

- Promotion of treatment adherence[1-3]
- Transparency of adherence[2]
- Ease of administration[4]
- Reduced peak-trough plasma levels[2]
- Improved patient outcomes, including functioning and quality of life[2,5]
- Improved patient and physician satisfaction[2]
- Lowered relapse rate[2,6]
- Decreased rehospitalizations[7]

Disadvantages

- Patient concerns regarding potential pain of injection[8]
- Slow dose titration and longer time to reach steady state[4]
- May prolong side effects[4]
- Difficult to adjust small doses[8]
- Limited number of available formulations[8]
- Potential for small amount to leak into subcutaneous tissue[4]
- Association with involuntary hospitalization and related trauma[9]
- Perception that treatment is punitive or forced by clinicians without consideration of patient feelings or rights[10]

LAI, long-acting injectable.

1. Patel MX, et al. *Br J Psychiatry Suppl.* 2009;52:S1-S4.
2. Geerts P, et al. *BMC Psychiatry.* 2013;13:58.
3. Lang K, et al. *Psychiatr Serv.* 2010;61(12):1239-1247.
4. Agid O, et al. *Expert Opin Pharmacother.* 2010;11(14):2301-2317.
5. Alavi M, et al. *Schizophr Bull Open.* 2024;5(1):sgae011.
6. Zhornitsky S, Stip E. *Schizophr Res Treatment.* 2012;2012:407171.
7. Lafeuille M-H, et al. *BMC Psychiatry.* 2013;13:221.
8. Jeong H-W, Lee MS. *Clin Psychopharmacol Neurosci.* 2013;11(3):1-6.
9. Iyer S, et al. *Can J Psychiatry.* 2013;58(5 suppl 1):14S-22S.
10. Brissos S, et al. *Ther Adv Psychopharmacol.* 2014;4(5):198-219.

Potential Reasons For Low LAI Use In Serious Mental Illness

LAI utilization rates in the US have been estimated between 13%-28%, while estimates of LAI use from countries such as Austria, Belgium, Sweden, Australia, and New Zealand range from 15%-50%[1,2]

Challenges in perception[3]

- Overestimate of adherence
- Bias against injections
- Perception of inappropriate use in early-phase disease

Challenges in education[3]

- Poor understanding of LAI benefit
- Lack of LAI training
- Inadequate training in shared decision-making
- Communication strategies needed

Challenges in clinical use[3]

- Impact on therapeutic alliance
- Inadequate implementation by in-patient referrals
- Insufficient caregiver involvement
- Mixed results of oral vs LAI trials

LAI, long-acting injectable.

1. Sajatovic M, et al. *Neuropsychiatr Dis Treat.* 2018;14:1475-1492.
2. Agid O, et al. *Can J Psychiatry.* 2022;67(3):226-234.
3. Kane JM, Correll CU. *J Clin Psychiatry.* 2019;80(5):IN18031AH1C.

Clinicians May Generally Believe Patients Do Not View LAIs Favorably

Clinicians should consider self-reflecting on their own beliefs as negative assumptions about patient preferences may result in a pessimistic style of delivering information[1]

Clinicians generally viewed LAIs as being less acceptable to patients[1]

In a survey of 83 patients with schizophrenia and 81 psychiatrists, 75% of psychiatrists felt that they informed the patient about LAIs, but only 33% of patients felt informed[2]

In a survey of 102 consultant psychiatrists, 33% believed patients always preferred oral medications over LAIs[1]

While studies have shown that patients with serious mental illness prefer LAIs over oral medications, prescribing rates from clinicians do not reflect this. [3-5]

Clinicians may perceive BP-I as a "milder" disorder in comparison to schizophrenia and have a preconceived notion of patients preferring oral medications[3]

BP-I, bipolar disorder-I; LAI, long-acting injectable.

1. Patel MX, et al. *J Psychopharmacol.* 2010;24(10):1473-1482.
2. Jaeger M, Rossler W. *Psychiatry Res.* 2010;175(1-2):58-62.
3. Vieta E, et al. *Bipolar Disord.* 2024;00: 1-10.
4. Blackwood C, et al. *Patient Prefer Adherence.* 2020;14:1093-1102.
5. Greene M, et al. *J Med Econ.* 2018;21(2):127-134.

Questions

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