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CHAIR SUMMIT

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Master Class for Neuroscience Professional Development

November 16 - 18, 2017 | Hotel Monteleone | New Orleans, LA

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Bringing the Patient and Caregiver into the Discussion of Treatment and Remission in Patients with Schizophrenia

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Disclosures



- **Research/Grants:** Clinical research site for study headed and paid by Florida Atlantic University – sponsored by Otsuka
- **Consultant:** Alkermes, Teva Pharmaceuticals

Learning Objective 1

Integrate evidence-based practice strategies to facilitate patient engagement for relapse prevention and treatment adherence.



Treatment Strategies for Schizophrenia



Psychotherapy plus medication therapy is considered the gold standard for the management of most psychiatric disorders.

Cognitive Adaptation Training (CAT)



“A psychosocial treatment that uses environmental supports such as signs, checklists, alarms, and the organization of belongings to cue and sequence adaptive behaviors in the home.”

CAT bypasses deficits in cognitive function

Velligan DI, et al. *Schizophr Bull.* 2008;34:483-493.

Using CAT to Address Nonadherence



- Reasons for nonadherence
 - Failure to establish routines that promote adherence
 - Chaotic surroundings
 - Unstable living arrangements
 - Lack of necessary household items to track time/days
- Utilizes supports for medication adherence
 - Alarms
 - Signs
 - Checklists
 - Technologies (eg, Med-eMonitor™ System)
- Shown to improve adherence and community function, and reduce rates of relapse

Prior to CAT Intervention: Dresser and Drawers



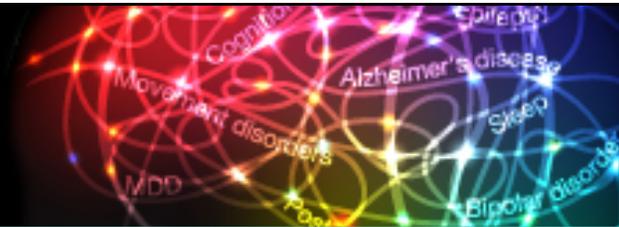
Pictures courtesy of Dawn Velligan, PhD

CAT Interventions



Pictures courtesy of Dawn Velligan, PhD

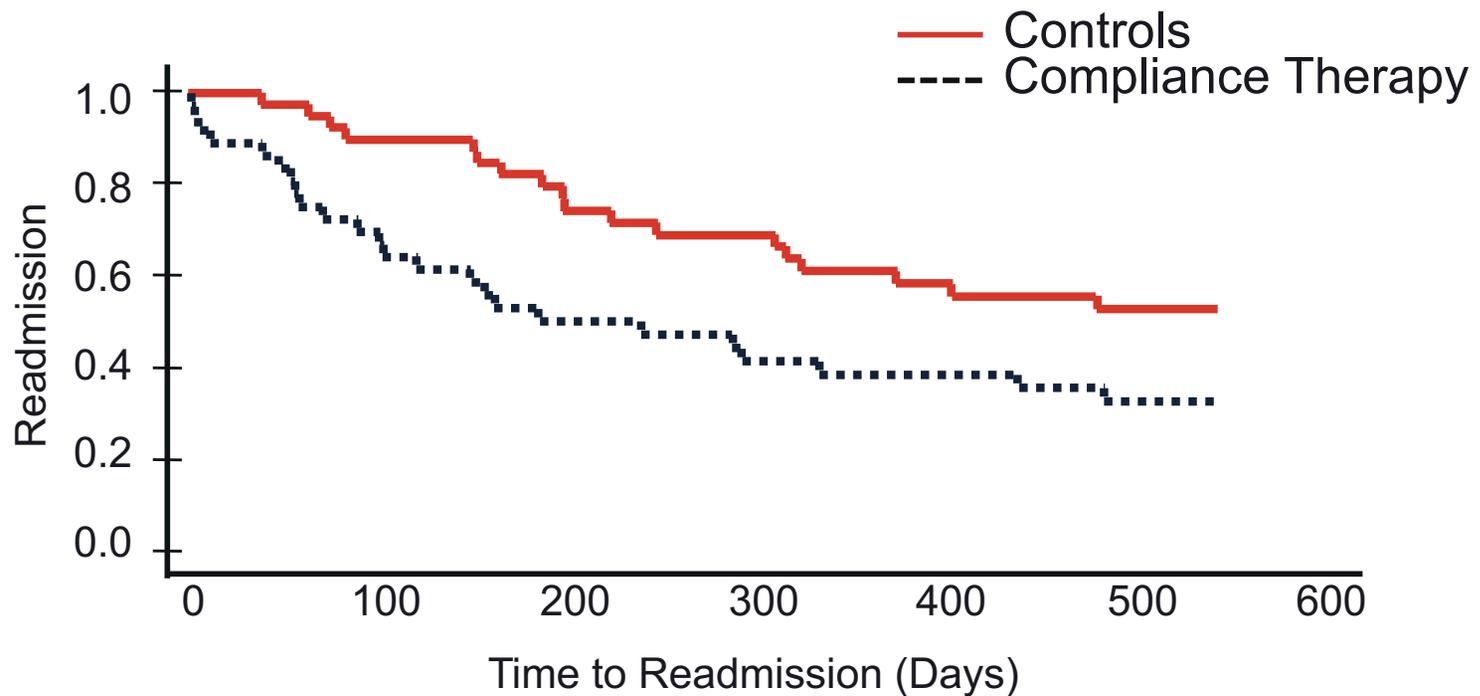
Compliance Therapy



- 4-6 sessions focused on
- Acknowledgment of illness (insight)
- Misgivings about medication
- Analogies for maintenance treatment of physical illness
- Medication to facilitate life goals
- Weighing of benefits and disadvantages

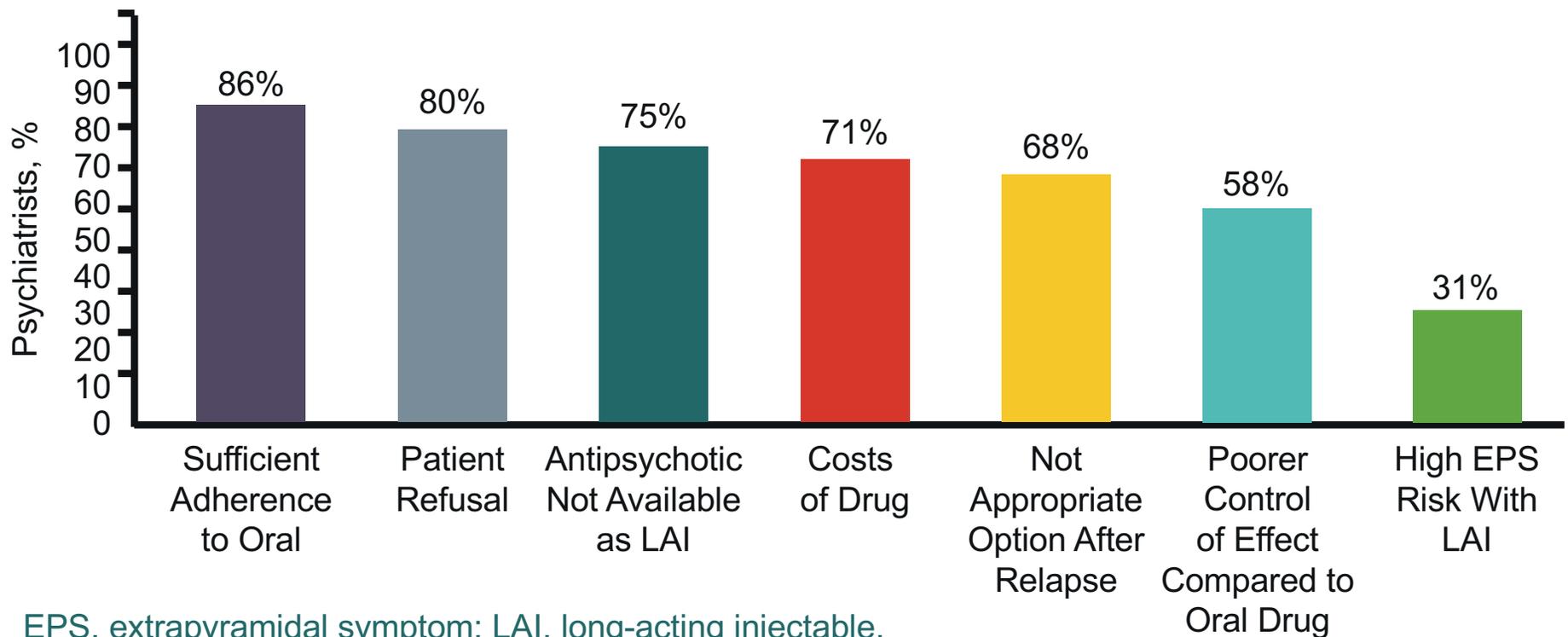
Kemp R, et al. *Br J Psychiatry*. 1998;172:413-419.

Effects of Compliance Therapy vs Control on Rehospitalization Rates



Kemp R, et al. *Br J Psychiatry*. 1998;172:413-419.

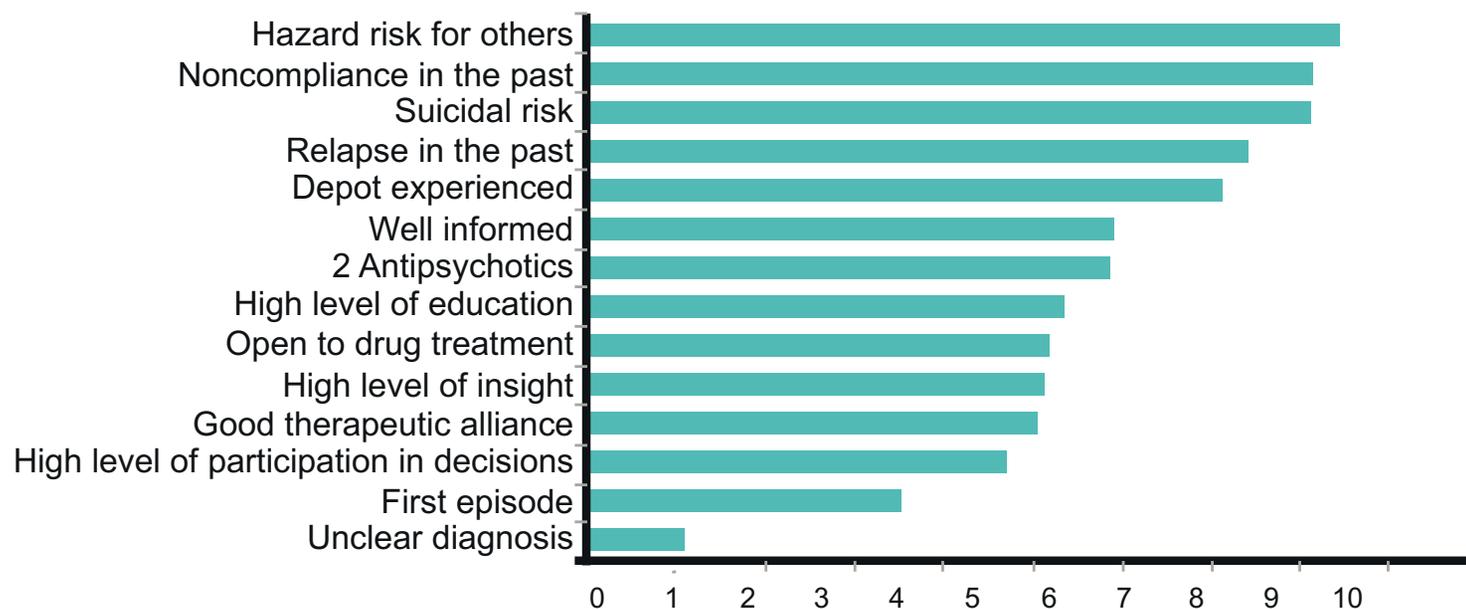
Psychiatrists Cite Multiple Reasons for Not Prescribing LAI Atypical Antipsychotics



EPS, extrapyramidal symptom; LAI, long-acting injectable.
Heres S, et al. *J Clin Psychiatry*. 2006;67(12):1948-1953.

Several Patient Attributes Were Cited as Influencing Qualification for LAI Antipsychotic Treatment

Mean rating of the attributes potentially influencing the qualification for LAI treatment



The primary patient characteristic influencing the psychiatrist's decision to initiate LAI antipsychotic therapy was "hazard risk for others"

0 = not qualifying for LAI treatment, while 10 = highly qualifying for LAI treatment.

Heres S, et al. *Prog Neuropsychopharmacol Biol Psychiatry*. 2008;32(8):1987-1993.

Patients Are Willing to Accept LAI Antipsychotic Therapy When Properly Informed

- In a survey of psychiatrists:¹
 - Patient refusal was cited as a primary reason for not prescribing LAI antipsychotics
- In a survey of patients without LAI antipsychotic experience:²
 - 79% cited having never been informed about the option by their psychiatrist
 - 75% of psychiatrists felt that they informed the patient, but only 33% of patients felt informed
- In a survey of patients with > 3 months of LAI antipsychotic experience:³
 - Injectable antipsychotics were the preferred formulation
 - 70% of patients felt better supported in their illness by virtue of regular contact with the doctor or nurse who administered their injection

1. Heres S, et al. *J Clin Psychiatry*. 2006;67(12):1948-1953. 2. Jaeger M, et al. *Psychiatry Res*. 2010;175(1-2):58-62. 3. Caroli F, et al. *Patient Prefer Adherence*. 2011;5:165-171.

Importance of Characteristics FOR and AGAINST Choosing LAI

10 = Extremely important: characteristic that trumps all other aspects when deciding on using an LAI.

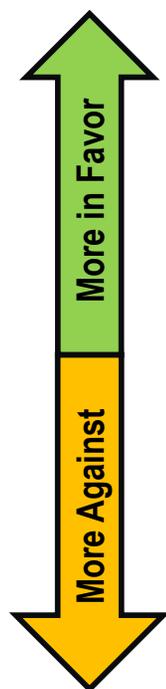
8–9 = Usually important: among the most important characteristics for the stakeholder to consider.

6–7 = Equivocal for LAI: characteristic the stakeholder would sometimes consider when deciding for an LAI.

4–5 = Equivocal against LAI: characteristic the stakeholder would sometimes consider when deciding against an LAI.

2–3 = Usually inappropriate: among the most important characteristics for the stakeholder not to consider an LAI.

1 = Extremely inappropriate: characteristic that trumps all other aspects when deciding against using an LAI.



Characteristic ^a	Total Mean Scores	Patients, Mean (SD)	Health Care Professionals, Mean (SD)	Family, Mean (SD)	Payers, Mean (SD)
Danger to self or others during relapse(s)	7.9	6.7 (1.5)	8.5 (1.9)	8.5 (2.1)	7.7 (2.2)
Level of nonadherence with oral medications	7.6	6.0 (1.9)	8.7 (1.9)	8.3 (1.0)	7.3 (2.1)
Number of prior relapses	7.6	6.5 (2.0)	8.5 (1.4)	7.8 (1.2)	7.5 (2.2)
Severity of episodes/relapse(s)	7.6	7.2 (1.5)	8.0 (2.0)	7.8 (1.6)	7.3 (1.9)
Recency of last relapse(s)	7.1	6.7 (1.2)	7.2 (1.9)	7.7 (1.6)	6.8 (1.8)
Family conflict over patient's adherence	6.9	6.0 (2.1)	7.5 (1.2)	8.0 (1.1)	6.0 (0.9)
Ease of use of the treatment	6.6	7.0 (1.4)	6.0 (2.1)	7.5 (1.6)	5.9 (2.1)
Potential for loss of function	6.5	5.7 (2.3)	6.8 (1.7)	7.3 (2.0)	6.2 (2.0)
Comorbid substance abuse/dependence	6.4	5.3 (2.2)	7.3 (1.4)	7.2 (1.5)	5.8 (1.5)
Degree of lack of social support	6.2	5.5 (1.0)	6.7 (1.4)	6.5 (1.2)	6.0 (0.9)
Level of cognitive/memory impairment	5.9	5.4 (1.4)	6.4 (1.1)	6.3 (1.1)	5.6 (1.0)
Stigma associated with treatment	4.5	3.9 (1.1)	4.8 (0.9)	4.3 (1.1)	5.1 (0.2)
Wish to be able to adjust dose quickly	4.5	4.3 (0.8)	4.0 (1.1)	4.8 (0.4)	4.8 (0.4)
Injection site pain	4.4	3.2 (1.2)	4.8 (0.4)	4.5 (0.8)	5.1 (0.2)
Patient is on chronic blood-thinning therapy	4.2	4.3 (1.7)	4.1 (1.7)	4.3 (1.7)	4.1 (1.8)
Coercion/diminished patient autonomy	4.2	3.0 (0.9)	4.5 (0.5)	4.3 (0.5)	4.9 (0.8)
Level of nonadherence with LAI medications	4.2	3.8 (2.1)	4.3 (1.5)	4.7 (1.3)	3.8 (0.8)
Access to/cost of treatment	4.2	4.4 (1.0)	4.2 (0.8)	4.3 (0.9)	3.7 (1.6)
Wish to be able to stop treatment abruptly if needed	4.0	3.3 (1.0)	3.7 (1.2)	4.0 (0.9)	5.1 (0.2)
First-episode/early-phase illness	3.8	3.0 (5.7)	4.8 (1.3)	4.1 (1.2)	3.3 (1.3)
Patient is afraid of needles	3.6	2.5 (1.5)	3.8 (1.2)	3.3 (1.5)	4.8 (0.9)
Patient had neuroleptic malignant syndrome on an antipsychotic	3.0	2.8 (1.8)	2.7 (1.6)	2.5 (1.5)	3.8 (2.1)

Correll CU, et al. *J Clin Psychiatry*. 2016;77(suppl 3):1-24.

What Is Motivational Interviewing?



- A style of dialogue between two parties, which is intended to motivate one party into making positive changes by compassionately challenging the status quo and helping them explore alternatives

Motivational Interviewing: Skills and Process



- To practice Motivational Interviewing we must:
 - Connect with our patients
 - Listen actively
 - Understand patients' values, fears, qualities and skills
 - Be non-judgmental, collaborative, challenging, genuine, flexible, empathic and respectful
 - Identify and work with stages of change

Modified based on material from: Maria Arpa, Founder of The Centre for Peaceful Solutions

Specific Communication Strategies For Presenting LAIs as a Treatment Option

- Be knowledgeable and enthusiastic about the treatment option
- Highlight the individual goals for the patient and link them to continued treatment
 - Live independently
 - Have a job working/go to school
 - Take less medication, have less side effects
 - Develop and maintain relationships
- Encourage the patient to ask all questions and discuss all concerns
- Involve family members or other important people in the patient's life
- Differentiate LAIs from short-acting emergency intramuscular treatment
- Use “once monthly” rather than “depot” or “long-acting injectable”
- Encourage the patient to try the injection for 1 to 2 times
- Consider involving peer counselors
- Repeatedly present the LAI as an option - even after initial rejection

Specific Communication Strategies For Presenting LAIs as a Treatment Option (Cont'd)

- Highlight the personal gain to the patient (“not having to worry about where your pills are or whether you took them or not that day...” – “helping you not getting sick again and working towards your own goals”)
- Share other patients’ experience (“Sometimes, patients think that this is easier...” - “patients who have tried this often prefer it over taking daily medications”)
- Put things into perspective (“...those voices, those paranoid thoughts are likely to come back. It may just be a matter of time...especially when one misses doses here and there, which is the rule rather than the exception”)
- Deconstruct resistance by understanding the superficial and deeper objections
- Work with ambivalence and open options for new ways of thinking and behaving
- Use motivational interviewing techniques
- Don’t give up

Call to Action



- Engage the patient and family/caregivers in treatment decisions for schizophrenia management
- Incorporate the use of long-acting injectables in discussions with patients and family/caregivers when discussing treatment options

Questions & Answers



Don't forget to fill out your evaluations to collect your credit.

