



# Metrics and Outcomes Report

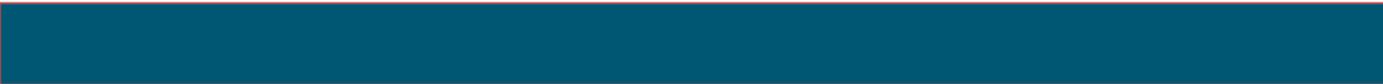
## Final Outcomes Data and Analysis: Bipolar Depression: Diagnosis Confirmed, Next Steps?

*neuroscienceCME Snack*

*Launch: February 19, 2015*

*Supported by Sunovion Pharmaceuticals, Inc.*

*Designed, Analyzed and Prepared By: CME Outfitters, LLC*



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## Educational Outcomes Analysis

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This analysis presents educational outcomes data for the neuroscienceCME Snack entitled, *Bipolar Depression: Diagnosis Confirmed, Next Steps*, launched December 24, 2015. The target audience for the activity was psychiatrists, primary care physicians, physician assistants, pharmacists, and other health care professionals who manage patients with bipolar depression.

Filmed at the University of Toronto, the neuroscienceCME Snack was designed as a case consult between a psychiatry resident portrayed by Rodrigo B. Mansur, MD, and a senior attending psychiatrist played by Roger S. McIntyre, MD, FRCPC. The clinical consult featured initial presentation of Ms. Lee, a 26-year-old woman with bipolar depression, a discussion of the challenges of her case between Dr. Mansur and Dr. McIntyre, and a follow-up visit with Ms. Lee.

Ms. Lee is a 26-year-old woman hospitalized one year ago for bipolar I disorder, single episode mania. Her primary care physician maintained her on her discharge medications, olanzapine 15 mg/d and lamotrigine 100 mg/d. Stable, but with weight gain. She became depressed and was prescribed venlafaxine 150 mg/d. Referred because of mixed hypomanic and depressive symptoms. Weight gain has caused nonadherence; she has tried “eating better” and exercising, but “nothing seems to work” to control weight gain.

### Learning Objectives

- Develop a partnership with patients with bipolar depression to establish treatment goals and integrate effective strategies to monitor therapeutic goals and evaluate and concurrently manage comorbidities.
- Implement strategies to optimize long-term pharmacological management and comprehensive assessment of metabolic risk of bipolar depression.

### Methods

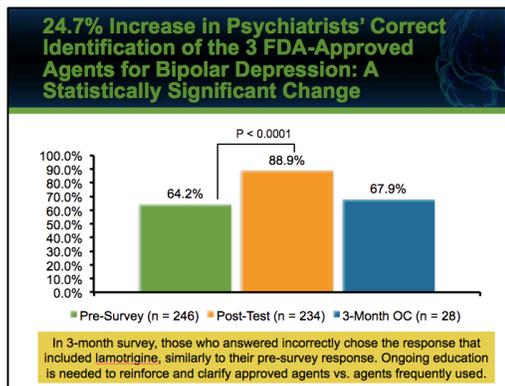
A survey was designed by CME Outfitters to assess whether the clinical decisions of participants were consistent with the evidence presented in the educational activity. Clinician beliefs surrounding self-reported practice patterns and barriers to practice implementation were also collected. Survey mechanisms were programmed and delivered to participants at least 30 days after participation in the activity. A sample of 28 responses was collected by email. There was no statistical difference with regards to degree ( $p = 0.75$ ) or specialty ( $p = 0.46$ ) between the participant and follow-up groups. Chi-square tests were conducted to identify significant difference between responses of the participant and follow-up groups.

## Top Outcomes Data and Activity Impact

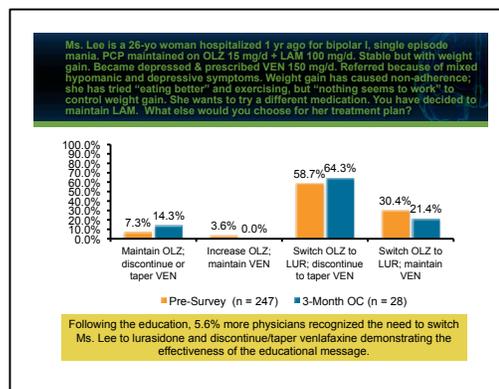
### Knowledge

Knowledge change and retention was measured immediately following education, and again at three months to determine participants' proficiency in relation to the evidence. Overall, participants demonstrated a strong understanding of the educational content presented to them.

- At baseline, 64.2% of participants (n = 246) were able to correctly identify the three FDA-approved pharmacological agents for the treatment of bipolar depression. Following the education, the percentage of correct answers increased to 88.9% (p < 0.0001). At three months, some of the gains were lost as 68% of participants answered correctly. Interestingly, like the pre-survey respondents, those who answered incorrectly chose the response that included lamotrigine. Ongoing education is needed to reinforce those agents that have rigorously demonstrated efficacy and received FDA approval for bipolar depression.



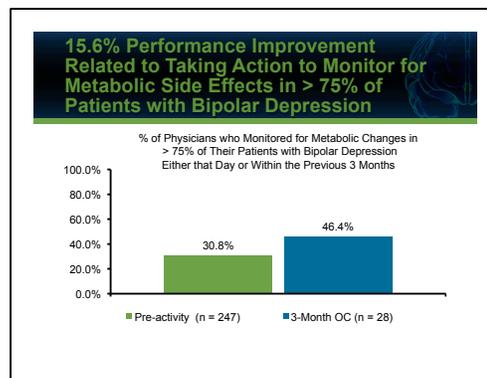
- Sixty-four percent (64.3%) of participants at the three-month follow-up chose the correct treatment plan for a 26-year-old patient with bipolar I disorder who struggles with weight gain and wants to try a different medication. A large percentage of participants at post-activity and at the three-month follow-up recognized the need to switch to a more metabolic-friendly agent such as lurasidone. The majority also recognized, and maintained the knowledge presented in the activity, that venlafaxine should be discontinued.



- Eighty-nine percent (89%) of participants at follow-up were able to correctly identify antidepressant medication as having been commonly shown to destabilize patients with bipolar I disorder presenting with depression.

- Seventy-one percent (71%) of participants at follow-up were able to correctly identify weight gain as the most common side effect concern of patients with bipolar disorder, caretakers, and clinicians.

- Seventy-nine percent (79%) of participants at follow-up were able to correctly recognize that in addition to regular monitoring, providers should first choose a medication with established efficacy least associated with metabolic side effects because some medications used to treat bipolar depression have a propensity to affect weight and metabolic parameters.



Participants demonstrated improved performance in applying the knowledge gains in practice. Prior to participating in the activity, 30.8% of participants monitored their patients with bipolar depression for metabolic changes greater than 75% of the time. Three months after their engagement in the educational content, that number increased to 46.4%.

## Future Educational Needs

Participants were queried on their educational needs. Frequently requested topics for additional education included:

- Switching, augmenting medications and how to taper medications if patient is stable
- Modification of treatment when patients only achieves a partial response
- Medication adherence
- Differentiating unipolar depression from bipolar depression
- Comorbidities and their impact on nonadherence
- Solutions for the side effects that keep residents from wanting to take their meds
- Best practices for treatment of pregnant women with bipolar depression

## Conclusions

Participants enjoyed the departure from the typical didactic presentation, instead focusing on a portrayal of the real-world challenges and patients that they see in clinical practice each day. Most psychiatrists have had a mentor that assisted them with complex patients, and Dr. McIntyre excelled in that role with Dr. Mansur.

- “This was one of the best CME activities I have done. The slide show, the case study, and the excellent discussion of the topic by the participants kept me interested and gave a lot of new knowledge. Usually when a lot of information is covered, it can get rather boring, but Dr. McIntyre was very good at explaining things in an interesting way, and the slide show was very concise. It was technical to the extent necessary, but avoided going too far into scientific explanations that would not have been needed.”
- “This was very easy to understand. Info is clinically relevant and easily applicable; no mumbo-jumbo research type numbers; consultant was careful to use/include indefinite words like ‘may cause’ and not dogmatic ‘will cause.’”
- “I really liked the interaction between the patient and the physician.”
- “Very thorough, comprehensive, and well organized presentation. I appreciate the conciseness.”
- “Very well done, please keep me on your email list for programs like this.”
- “Outstanding education and I will definitely share this with our entire team.”