Long Acting Injectable Antipsychotics and Justice Involved Populations

Maintaining Continuity of Mental Health and Addictions Treatment for Jail Inmates
Today’s Presenters

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Challenges of Serious Mental Illness in Criminal Justice

- Continuity of care between incarceration and reentry is critical for success
- Better adherence to medications post-release can result in reduced recidivism
- Challenges to adherence
  - Access to treatment
  - Treatment coverage

Diagram:

- Release/Re-entry
- Insufficient access to treatment
- Increased potential for re-incarceration
- Increased risk of relapse
- Non-adherence to medication

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Mental Health First Aid
Adherence: Not All or Nothing

- Some persons stop taking medication
- Others miss or skip doses for a variety of reasons
- Adherence may be partial, variable or lacking
- Measurement reflects behavior only not belief or attitude about illness

Rates of Medication Non-Adherence Average

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>HIV</td>
<td>13.0%</td>
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<tr>
<td>Hypertension</td>
<td>19.0%</td>
</tr>
<tr>
<td>Alcohol Abuse/Dependence</td>
<td>35.0%</td>
</tr>
<tr>
<td>Bipolar</td>
<td>35.5%</td>
</tr>
<tr>
<td>Diabetes: oral meds</td>
<td>35.5%</td>
</tr>
<tr>
<td>ADHD</td>
<td>37.0%</td>
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<tr>
<td>Diabetes: insulin</td>
<td>37.0%</td>
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<tr>
<td>Coronary Heart Disease</td>
<td>45.0%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>45.0%</td>
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<tr>
<td>Asthma</td>
<td>50.0%</td>
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<tr>
<td>Anxiety Disorders</td>
<td>57.0%</td>
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<tr>
<td>Major Depression</td>
<td>60.0%</td>
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</table>

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MENTAL HEALTH FIRST AID
Antipsychotic Non-Adherence

• Schizophrenia
  – Self report: 20%
  – More accurate estimate is 50%
  – CATIE: ~40% of patients discontinued their antipsychotic medications on their own.²

Consequences of Nonadherence?

Failure to take medication as prescribed:

• Causes **10%** of total hospital admissions
• Causes **22%** of nursing home admissions
• Has been associated with 125,000 deaths
• Results in **$100 billion/year** in unnecessary hospital costs
• Costs the U.S. economy **$300 billion/year**

Consequences of Poor Adherence in Schizophrenia

- Individuals with schizophrenia who are non-adherent to pharmacologic treatment experience the following:
  - Higher rates of relapse,
    - 12.0% per month for patients who have discontinued antipsychotic therapy
  - More emergency department visits,
  - Higher rates of psychiatric hospitalization
    - 33-73% of re-hospitalization
  - Longer hospital stays, and/or
  - Higher rates of involuntary retention.

Adherence Related to Dosing Frequency

Overcoming the Adherence Challenge

Making the case for LAIs
Long Acting Injectables (LAIs)

- An injectable antipsychotic containing the same active medication as the oral form of medication
- Each injection provides between 2 weeks to 3 months worth of continuous antipsychotic medication
Eliminating covert non-adherence

Oral Medications

• Not always clear when a patient isn’t adhering to medication
• Detailed adherence assessments are needed at ALL visits

LAI

• Treatment team knows whether a patient is taking a medication and dosage
• Simplifies adherence assessment

Knowing 100% whether a patient is or is not taking a medication greatly improves making treatment decisions
Implications for Treatment

**Oral Medication**
- Often unclear if the lack of response it is because of non-adherence or non-response to the antipsychotic
- Mistaking the two can lead to frequent medication switches, adding unnecessary additional medications or escalating the prescribed dose

**LAIs**
- Non-response to an adequate trial of a LAI is a clear indication that a change to another antipsychotic is needed
Implications for Relapse

Oral Medication

• Often a time lag between the start of medication non-adherence and symptom relapse
• If a patient relapses, it is often unclear whether it was due to lack of adherence

LAIs

• If a patient relapses, it is clear that it was due to a failure of the medication and not a failure of the patient to take the medication
  – Eliminates the need to “grill” the patient about adherence
• Maintenance medication decreases the risk of relapse but does not eliminate the occurrence of relapse
Overview and Methodology

- **Objective:** Compare the effects of once-monthly paliperidone palmitate with daily oral antipsychotics on treatment failure in adults with schizophrenia.

- **Method:** 15-month U.S. multicenter, prospective, randomized, open-label, event monitoring board-blinded, active-controlled study
  - Participants randomized to either monthly INVEGA® SUSTENNA® (LAI) or one of seven daily oral medications

- **Participants:** 444 adults diagnosed with schizophrenia who were taken into custody by the criminal justice system at least twice in the previous two years, with at least one custody resulting in incarceration.
  - Must have been released from their most recent custody within 90 days of screening for the trial
The findings indicate that treatment with INVEGA® SUSTENNA® significantly delayed time to relapse, as well as reduced overall relapse, compared to the most commonly used oral treatments.

- Risk of relapse was 1.4 times higher in oral group.
- Median 416 vs 226 days to relapse for LAI compared to oral.
- Observed treatment failure rates over 15 months were 39.8% and 53.7%, respectively.
Implementing LAIs

Key Considerations
Provider Education and Training

Reasons for reluctance to offer LAIs

• Clinicians’ lack of knowledge of LAIs
  – Dose and pharmacokinetics
  – Lack of experience with LAIs among younger staff
  – Misconceptions (e.g., higher side effect burden with LAIs vs oral antipsychotics)

• Clinicians’ attitudes regarding of LAIs
  – Overestimate their patients’ medication adherence
  – Believe LAI is less acceptable to patients than oral antipsychotics
  – Concerns over stigma and coercion
For an LAI program to be successful

- Clinicians and ancillary staff need to be well educated about the potential benefits of LAIs
- Providers need to be comfortable and confident in:
  - Identifying patients best suited for LAIs
  - Making the offer
  - “Selling” the treatment
  - Addressing any questions or concerns on use of LAIs
Overcoming Myths and Misconceptions

Patient and family concerns
- More frequent appointments
- Fear of injection site pain
- Concerns of difficult treatment conversion
- Inability to stop the medication in the case of a severe side effect
- Perceived stigma
- Real or perceived increase in medication costs

Contrary to these views, patients’ attitudes towards LAIs are frequently positive.
- Patients who remain on LAIs either prefer them over oral medications or feel they prevent relapse
Patient Engagement and Informed Decision Making

Shared Decision Making

For a patient to make an informed choice about a long acting formulation, information must be:
- Accessible
- Understandable
- Accurate
- Relevant

Key Tips
- Connect with the patient
- Listen actively
- Understand patients' values, fears, qualities and skills
- Be non-judgmental, collaborative, genuine, flexible, empathic and respectful
- Summarize regularly
- Use Inductive Questioning
- Explore ambivalence
Making the Case for Justice Populations

Key Considerations for Implementation
Successful Transitions: APIC

- **Assess** individual’s clinical and social needs and public safety risk
- **Plan** for treatment and services required to address needs both in custody and upon reentry
- **Identify** required community and correctional programs responsible for post-release services
- **Coordinate** the transition plan to ensure implementation and avoid gaps in care
Key Considerations for LAIs

Assess

• Proper assessment of individual’s clinical and social needs
• Key questions
  – Mental health diagnosis
  – Medical history
  – Treatment history/challenges
Plan

- Developing and implementing a comprehensive treatment plan is necessary for successful re-integration.
- Early use of a LAI within the correctional facility critical in helping to reduce non-adherence with medications and maintaining early stability.
- Key questions when incorporating LAIs into a treatment plan:
  - What support programs are available to them?
    - Planning necessary application processes in advance to avoid lapses in coverage is key!
  - What coverage will they receive?
  - What are their treatment needs/how frequently will they need to access services?
  - Who are their social supports?
  - What is their community placement?
  - What other players will need to be knowledgeable on this treatment?
Key Considerations for LAIs

Identify

• The immediate periods following release are critical
• Effective transition relies on a combination of players and partners
• Identify who needs to be involved to ensure successful LAI treatment and what role they will play
  – Community hospital
  – Community organizations
  – Probation officer
  – Primary care
  – Housing providers
• Consider if there are any policies or procedures you will need to put into place with key players to ensure accountability
Key Considerations for LAIs

Coordinate

• Ensure that coordination among key players addresses all aspects of the treatment plan and takes into account additional needed resources

• Key considerations:
  – Who is responsible for arranging follow-up visit with community mental health center prior to release?
  – What communication and documentation will treatment teams receive (ex: discharge summary)?
  – What medications will patient receive at discharge?
Case Study: Ms. W
Profile

- **Demographic**: 36 year old female, employed as a teacher
- **Sentence**: 2-10 years for aggravated stalking, home invasion and assault
- **Diagnosis**: Bipolar Disorder
- **Behavioral Health History**
  - Diagnosed in early 20’s
  - Stopped medications when found out she and her boyfriend were pregnant for fear of harm to her baby, miscarried at 6 months
  - Relapse of bipolar disorder with manic episode
  - Increased severity of illness with psychosis
Ms. W’s Case

• History:
  – Boyfriend breaks up with Ms. W due to continued mental illness and refused treatment
  – Loses her job as a teacher for inappropriate behavior with students

• Incarceration
  – Charged with stalking and placed on probation for letting herself into boyfriend’s house repeatedly
  – Continued stalking and refusal of treatment
  – Short-term jail sentence of 90 days
  – Not allowed to return to boyfriend’s home after release, breaks into boyfriend’s home again
  – Sentenced to 2 to 10 years for a variety of charges
Corrections Mental Health Program

• Challenges with Ms. W
  – Disruptive, refused to consistently comply with mental health treatment
  – Received several tickets for disobeying direct orders, insolence assault, placed in Segregation
  – Referred to the RTP mental health program, kept in Observation

• Received involuntary treatment order for 90 days
Involuntary Treatment

• Reluctantly takes oral medication
  – Cheeks and throws out oral medication
  – Inconsistent with medication
  – Some mild improvement

• Transitions to injection of LAI
  – Responds slowly
  – After 3rd monthly injection becomes more cooperative
Stabilization and Insight

• Improved personal outlook
  – Reunites with mother
  – Begins to look at starting life again, planning for future without boyfriend and baby

• Continued treatment
  – Agrees to addition of oral mood stabilizer
  – More cooperative with individual therapy, looks at ways to increase her functioning

• Begins to work on the unit as a tutor, becomes unit rep
Release and Re-Integration

• Receives parole pending transition plan for community
  – Patient will reside with mother who agrees to supervise patient

• Community mental health treatment for continuation of medication
  – Plan to continue on LAIs with samples provided until patient establishes state Medicaid
  – Patient to be released after receiving 4 week injection

• Team tele-conference discharge meeting
  – Corrections mental health team meets with CMH treatment team to finalize discharge transition plan
Parole

- Parole granted for 2 years
- Transition plan approved
  - Participate in continued substance abuse program for relapse prevention
  - Continued individual, family and group therapy
  - Religious services, vocational rehab to look at alternative work settings
Release into the Community

- Patient receives LAI prior to release on parole
  - 30 day supply of oral medications also provided
- Court hearing grants 90 day alternative treatment order with initial outpatient treatment followed by subsequent inpatient treatment if required
- Prisoner to have a CMH intake assessment on day of release
- Prisoner to have medication review visit within 30 days of release from prison
  - Sample LAI arranged for after discharge with f/u at her local CMH
Ms. W’s Case

What Worked

• Assess
  – Identification of challenges with oral medications and transition to LAI

• Plan
  – Transition plan took into account all aspects of Ms. W’s situation, not just mental health needs

• Identify
  – Key players identified and engaged prior to release

• Coordinate
  – Team tele-conference to confirm discharge plan
  – Treatment prior to release, back-up treatment provided, medication review scheduled in advance
Summary

• Effective transition into the community relies on a combination of players and partners to establish and implement a comprehensive treatment plan to help ensure a successful re-integration into the community.

• Without up front resources and comprehensive treatment planning successful community integration and prevention of re-incarceration is much less likely
Questions?