Helping Patients Make Decisions about LAI Treatment

The Care Transitions Network

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Overview

Surveys show that most patients who might benefit by LAI treatment report never being informed of the option of LAI treatment.

This webinar will...

• Review how to provide patients and their families the information they need to make informed decisions about LAI treatment
• Discuss the properties of LAI options currently available in the US
Learning Objectives

By the end of this webinar you will be able to...

• Overcome the Balancing Act
• Engage Patients and Families in Shared Decision-Making
• Promote the Benefits of LAI treatment
• Dispel Myths surrounding the use of LAIs
• Integrate the REAP Model into your practice

...but first, a poll...
The Balancing Act

You do not want to be “coercive”

But if you are not proactive in dispelling incorrect beliefs about Long Acting Formulations, patients will never get the chance to make informed choices.
Patients Choose Long Acting Antipsychotic Therapy When Properly Informed

• In a survey of psychiatrists:
  • Patient refusal was cited as a primary reason for not prescribing Long Acting Formulations¹
• In a survey of patients without experience with these agents:
  • 79% cited having never been informed about the option by their psychiatrist²
  • 75% of psychiatrists felt that they informed the patient, but only 33% of patients felt informed²

Patients Do Choose Long Acting Antipsychotic Therapy When Properly Informed

- In a survey of patients with >3 months of experience with a long acting formulation:
  - Injectable antipsychotics were the preferred formulation\(^3\)
  - 70% of patients felt better supported in their illness by virtue of regular contact with the doctor or nurse who administered their injection\(^3\)

Talking to Patients About Long Acting Formulations

• Start the conversation from the beginning of treatment
• Involve everyone that the patient identifies as important for their decision making
• Discuss potential benefits first
• If the patient does not see any benefits to a treatment, it is not for them
"I'M SORRY. WHAT OTHER OPTIONS ARE THERE?"

Shared Decision-Making

Helping the patient make an informed choice
Patient Choice

- The need for patient involvement, empowerment, and choice is widely recognized.
- Many clinicians may be unaware that their counseling style may stifle a patient's ability to ask questions.
- Patients fear challenging the authority of their doctors or being labeled as "difficult".
Shared Decision-Making

• Shared decision making means that you and your patients make medication choices within the evidence base.

• Patients are supported to consider options. The goal is to achieve informed preferences.

• The clinician and patient are equal partners. The decisions are made together.

• Evidence-based medicine is used but is tailored to the individual.

Elwyn tell al. 2012
A Basic Fact

• Difficulty with adhering to chronic medical treatments is a human characteristic
• It isn’t just people with psychosis, it is most people
• Despite your excellent relationships with your patients, your patients are human so they have adherence problems like everyone else
• Help should be the norm, not just given to select people
Non-adherence in the Treatment of Chronic Disorders

• In developed countries, about 50% of patients with chronic diseases adhere to long-term therapy\(^1\)
• 33–69% of all medication-related hospital admissions in the US are due to poor medication adherence\(^2\)
• One-third of all prescriptions are never filled\(^3\)
• >50% of filled prescriptions are associated with incorrect administration (not taken as prescribed)\(^3\)

1. WHO Report 2003; Adherence to long-term therapies: evidence for action;
Psychiatrists Cite Multiple Reasons for Not Prescribing Long Acting Formulations

EPS=extrapyramidal symptom; LAI=long-acting injectable.


EPS=extrapyramidal symptom; LAI=long-acting injectable.
Challenges to Shared Decision-Making

• Contrary to these views, patients’ attitudes towards LAIs are frequently positive.

• Patients who remain on LAIs either prefer them over oral medications (Walburn et al. 2001) or feel they prevent relapse (Iyer et al. 2013).
Challenges to Shared Decision-Making

- Well meaning clinicians may be unaware that a didactic style of counseling about LAIs may stifle a patient’s ability to ask questions.
- Patients may feel they are not being listened to.
- They may feel they are not given choice in the management.
- They may be less likely to divulge barriers to adherence.
- They may be more likely to miss appointments and disengage from treatment.
Psychoeducation

Customize patient education... Meet the patient where they are

• Once the patient has engaged with the idea, provide accurate, factual information to help inform their decision.

• Start with the patient’s own knowledge about LAIs.

• Using this information as a baseline, specific questions can be asked.

• Gaps in knowledge or misconceptions can be corrected.

• Questions can be encouraged.
Psychoeducation

Provide Information... Keep it Simple

• Discuss the pros and cons of each alternative.
• Provide this information in an open and honest way.
• Give specific information in simple language.
• Limit information to a few major points per discussion.
Psychoeducation

**Reinforce Information**

- Repeat and reinforce psychoeducation
- Use recaps, summaries, and handouts
- Regularly check the patient’s understanding using questions.
Psychoeducation

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

• The **therapeutic relationship is the vehicle** through which the clinician helps the patient make an informed choice.
Therapeutic Alliance

• The therapeutic alliance itself can produce desired outcomes.
• Patients who perceived a positive therapeutic alliance with their psychiatrist and other staff had improved medication adherence (Sylvia et al. 2013)
Key techniques

• Connect with our patients.
• 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.

Modified based on material from: Maria Arpa, Founder of The Centre for Peaceful Solutions (Kemp et al. 1997).
Long Acting Antipsychotic Formulations: Balancing Pros and Cons for Patients

- Continuous antipsychotic coverage
- No need to remember
- Less conflict over suspected non-adherence
- Confidentiality
- Possibly decreased relapse & hospitalization rates

- More appointments with some agents
- Perceived stigma
- Conversion from oral to LAI
- Fear of pain
- Inflexible dosing / stopping
- Lack of experience
- Negative clinician appraisal

Promoting Benefits

These are fine, but what's in it for me?
Potential Benefits for Patients

No need to remember to take the medication

• Most people need help taking medications
• It is a hassle to remember to take medications daily
• Long acting formulations means the patient does not have to make an effort to remember
Potential Benefits for Patients

No more misunderstandings about dose strengths

- Many people who take oral medications take the medications at dose strengths different from what is prescribed.
- Long acting formulations eliminate the discrepancy between what the patient takes and what the prescriber thinks is being taken.
Potential Benefits for Patients

Confidentiality

• Using long acting formulations means that no one sees them taking pills.

• This includes young people in their first episode of psychosis who tend to respond well to monotherapy.

• This population may have limited privacy due to living in dorms.

• Patients with less frequent privacy concerns (e.g. privacy at home but less while on vacation) may also prefer the option of LAIs.
Potential Benefits for Patients

**Less conflict over suspected non-adherence**

- Medication taking is often an area of conflict between patients and their families.
- Using long acting formulations can decrease these conflicts.
Dispelling Myths
Common Misperceptions About Potential Negative Aspects

• Confusing the decision to take an antipsychotic with the decision to take an antipsychotic in a long acting formulation

• These are separate questions:
  • LAIs are only a method to take antipsychotics
  • If a patient questions about whether to take antipsychotics at all, these need to be addressed first before any discussion of LAIs
A Recent Review That Maybe Helpful for Discussions With Patients About Whether to Take Antipsychotics in Any Formulation.

The Long-Term Effects of Antipsychotic Medication on Clinical Course in Schizophrenia

Concerns have been raised that treatment with antipsychotic medication might adversely affect long-term outcomes for people with schizophrenia. The evidence cited for these concerns includes the association of antipsychotic treatment with brain volume reduction and with dopamine receptor sensitization, which might make patients vulnerable to relapse and illness progression. An international group of experts was convened to examine findings from clinical and basic research relevant to these concerns. Little evidence was found to support the efficacy of antipsychotics for the acute treatment of psychosis and prevention of relapse. Correlational evidence suggests that early intervention and reduced duration of untreated psychosis might improve longer-term outcomes. Strategies for treatment discontinuation or alternative non-pharmacologic treatment approaches may benefit a subgroup of patients but may be associated with incremental risk of relapse and require further study, including the development of biomarkers that will enable a precision medicine approach to individualized treatment.

*AJP in Advance (doi: 10.1176/appi.ajp.2017.16091016)*
Common Misperceptions About Potential Negative Aspects

**Loss of control/cannot stop once I start**

• Just like any medication, the patient decides whether they take the medication

• Patients stop long acting formulations just like they do oral medication

• First determine if the medication works.

• If it works well, then one can discuss how long to take it.

• Encourage the patient to start with one injection and see how it goes.
Common Misperceptions About Potential Negative Aspects

**Pain/fear of needles**

- It is important to acknowledge that no one likes needles
  - **BUT** millions of people get shots around the world
- It is often beneficial to focus the conversation on what supports the patient feels they would need to try an injection
- Example: Often staff going with the patient to the first injection is a simple but powerful support for patients
Common Misperceptions About Potential Negative Aspects

**Stigma/Injections are for sicker or court mandated for treatment patients**

- Everyone appropriate for daily oral antipsychotic therapy is appropriate for long acting formulations.
- This includes first episode psychosis patients and those in recovery on oral medications.
- For these groups, the goal of considering long acting formulations is to keep people well.
- Only offering long acting formulations after relapse due to non-adherence reinforces false beliefs and stigmatizes them as “only for sicker people”.
- Medication non-compliance is a common reality in all aspects of medicine, not only in psychiatry.
Common Misperceptions About Potential Negative Aspects

Many agents come in what to patients seem odd dosing strengths.

• Dosages for LAIs are often much higher than for the oral formulation.
• Understanding pharmacokinetics can be a challenge for patients and their families. Graphics if available often help.
• Educate patients and families that efficacy and side effects are much more related to blood levels than amount taken.
Pharmacokinetics: Comparing oral to LAI

- Plasma concentrations are often more stable and often peak at lower levels with long acting vs. oral formulations.
- Using visuals like these to compare LAI to oral pharmacokinetic specific to the medication in question can be very useful in dispelling fears about dosage differences.
Addressing common negative perceptions

• Injections are a hassle
  → Depending on the medication you choose, it could be as infrequent as four times a year. You won’t have to remember to take meds every day

• Someone always nags me about taking my pills
  → won’t happen again

• Control over me → control over your illness
Addressing common negative perceptions

• “What if I want to stop?”
  → You can stop anytime, and if you do, there is less chance of a withdrawal reaction.

• “Means I’m sicker”
  → it actually means you are more likely to stay well

• “Start with one injection and let’s see how it goes”
• “Why not give it a try!? You might just like it!”
Integrate Goals: Put the pieces together with the REAP Model for Treatment with Long Acting Formulations

“Will these new glasses help him see things my way?”
Recognize Life Goals

• Establish Clinical Needs
  • Discover what the patient’s life goals are
  • Talk about current treatment (good/bad) and relationship to goals

• Develop Goal Plan
  • Small, concrete, attainable steps to achieve 1 or 2 goal(s)

• Develop a Plan of Action with the Patient
Explain how an LAI antipsychotic can support life goals

- Talk about current treatment (good/bad) and its relationship to goals
- Explore links between use of long acting treatments and achieving goals
- Elicit support of family/caregivers
Acknowledge Patient Concerns

• Explore the advantages and disadvantages of LAIs from the patient’s perspective
• The perspective of family members may be important—for example, they may be relieved to no longer have to worry about the patient’s adherence

Provide Accurate Information to Patients and Families

• Step by step explanation of treatment process including trial of oral medications first to assess tolerability (if relevant)

• Explain who will administer the LAI and how this is done

• Listen for negative perceptions of injections and put these into an understandable context (e.g., flu shot, vaccinations, etc.)

• Explore any side effects or negative experiences and assure the patient that you will address the concerns immediately

• Identify other aspects of the total treatment plan that may help the patient achieve goals (supported employment/education, job training, therapy, etc.)

• Reassess or reaffirm goals
Summary

• Long acting formulations are underutilized.
• LAIs should be offered to all patients with psychotic disorders appropriate for daily antipsychotic therapy.
• A substantial number do choose long acting formulations if they are given proper information
• Our job is to make the information available
  • Discuss this option early in treatment, not just when relapse occurs
  • If a patient declines long acting formulations when first presented the option, do not assume that this decision will never change
    • Just like everyone else, patients and their families sometimes change their minds about a treatment
Next Steps

1. Develop a list of patients at high risk for non-adherence using PSYCKES to identify patients who have medication gaps based upon pharmacy claim data
2. Develop a plan/process for reviewing these high risk patients
3. Spread the word about the LAI Innovation Community to your fellow staff members
Upcoming Events

• **Affinity Group #1: Current Reimbursement for LAIs**
  • Thursday 8/31 from 12-1pm
  • Who should attend: Administrators

• **Affinity Group #2: Setting up a LAI Program**
  • Thursday 9/14 from 12-1pm
  • Who should attend: Administrators

• **Affinity Group #3: Switching Strategies, Dosing and Other Prescribing Issues**
  • Thursday 9/28 from 12-1pm
  • Who should attend: Prescribers

• **Affinity Group #4: Sustaining a LAI Program**
  • Thursday 10/12 from 12-1pm
  • Who should attend: Administrators and Clinicians
Questions?
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References


References


References


