

# Essential Strategies for Optimizing the Use of Long-Acting Treatments in Schizophrenia



long-acting injectables<sup>360</sup>



# Faculty Information & Disclosures

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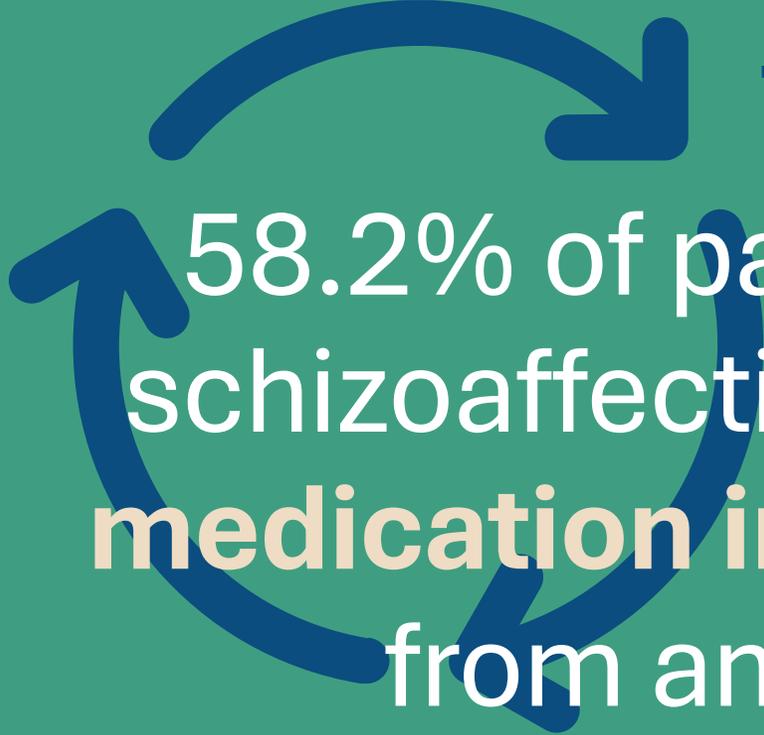
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# Learning Objectives

- Evaluate the optimal role of long-acting injectables (LAIs) vs oral antipsychotics in the treatment of schizophrenia according to the latest clinical and real-world data and current recommendations
- Assess the differing pharmacologic characteristics and practical requirements associated with available LAIs for schizophrenia to ensure optimal treatment selection for each patient
- Implement conversational strategies to improve discussion and initiation of LAI treatment with patients with schizophrenia, both in person and via telemedicine

# General Principles & Recommendations for Using LAIs in Schizophrenia

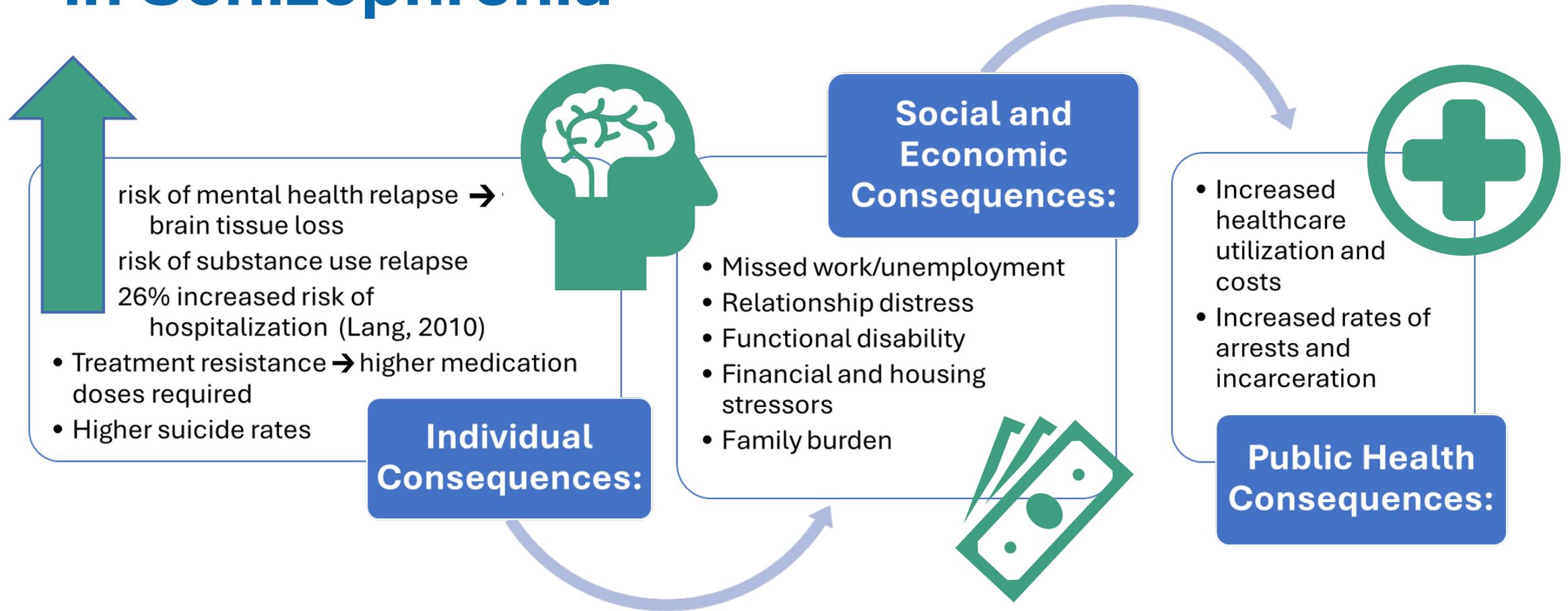




## The Problem

58.2% of patients with schizophrenia and schizoaffective disorder **discontinued their medication in the 6 months after discharge** from an inpatient psychiatric unit.

# Risks of Treatment Nonadherence in Schizophrenia



# Advantages of LAIs vs Oral Antipsychotics

**Oral Issue 1:**  
Variable plasma concentrations

**Oral Issue 2:**  
28 more opportunities for missed doses per month

**Oral Issue 3:**  
The primary effects of antipsychotics are on maintenance of brain tissue

**Clinical Consequence:**  
Increased opportunities for symptom relapse with increased relapse diminishing response to treatment over time

**Clinical Consequence:**  
Adherence improves outcomes in schizophrenia treatment (oral nonadherence is as high as 50% in some studies)

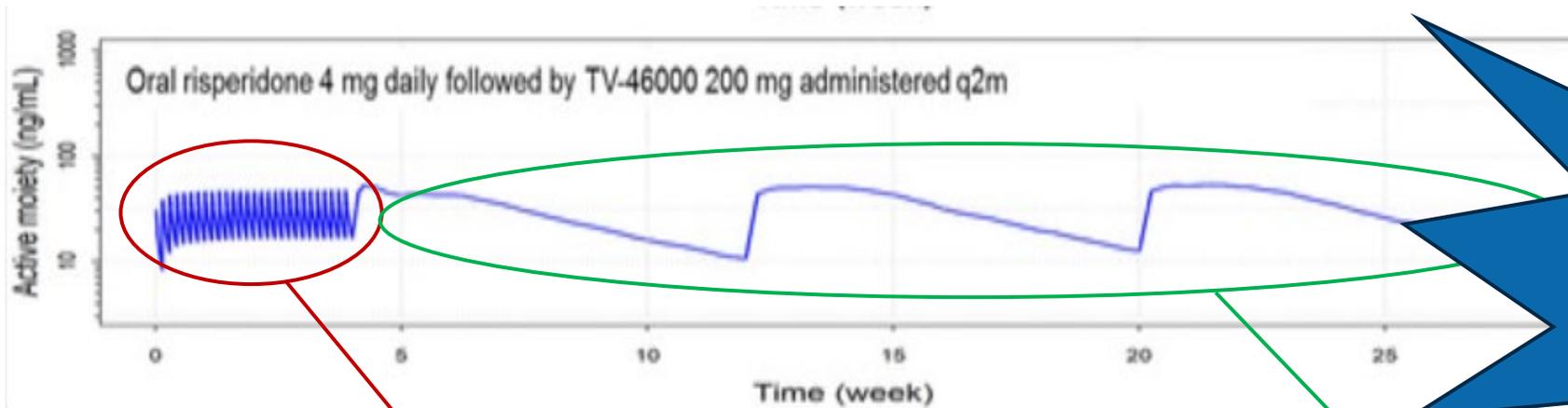
**Clinical Consequence:**  
Each psychotic episode and relapse results in progressive brain changes, potentially leading to irreversible loss of cognitive function

**How LAIs Help:**  
LAIs offer consistent plasma concentrations without the opportunity for missed doses

**How LAIs Help:**  
Adherence is a guarantee rather than a goal

**How LAIs Help:**  
LAIs help prevent unnecessary relapses, protecting against cognitive decline and further brain damage

# Pharmacokinetic Differences: LAI vs PO



Plasma concentration variability of oral (with *perfect adherence*)

Plasma concentration variability of LAI

Greater plasma stability = fewer relapse events

- Increased stability of plasma concentration
- Fewer opportunities for erratic plasma levels

# Impact of LAIs on Relapse Reduction

## Study Design

Real-world within-subject data analysis of 75,274 patients (over 10 yrs) from HIRA database in South Korea (132,028 episodes)

## Study Findings

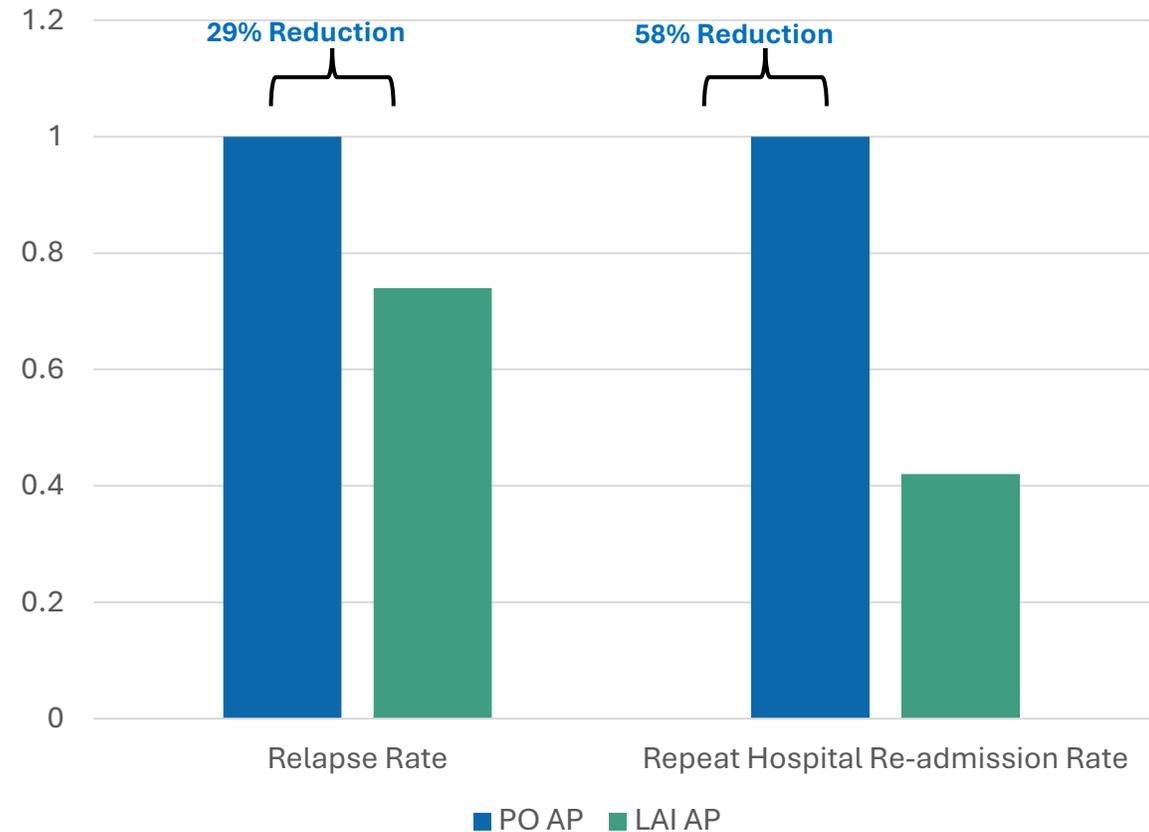
**29% reduction in relapse**

with LAIs ( $p < 0.001$ )

**58% lower readmission rates**

for repeat hospitalizations ( $p < 0.001$ )

Outcomes of PO vs LAI



# Patient Attitudes about LAIs Are Often Positive

Survey in France:

Patients (N=206) with schizophrenia with  $\geq 3$  months treatment with an LAI antipsychotic, injections were the favored dosage form

67% said they felt better having received an injectable treatment than they felt before

51% considered injectable therapy to be more effective than other medications

49% reported that injectable treatment could have a positive impact on their plans and aspirations

# Barriers to Wider Adoption of LAIs

## HCP Concerns



- Misconceptions
  - Misbelief that LAIs are solely for patients who are nonadherent
  - Limits proactive discussion about LAIs for wider patient groups
- Lack of training
  - HCPs may feel unprepared to recommend, educate on, and administer LAIs

## Patient Concerns



- Needle-related anxiety
  - Significant psychological barrier to acceptance
- Lack of awareness
  - Patients may be unaware of the long-term benefits and improved outcomes
  - They may even be unaware that LAIs exist at all

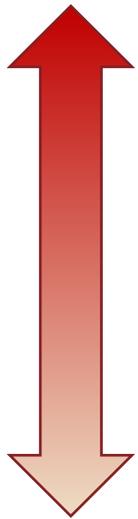


**41%–59% of HCPs acknowledge that LAIs are underutilized**

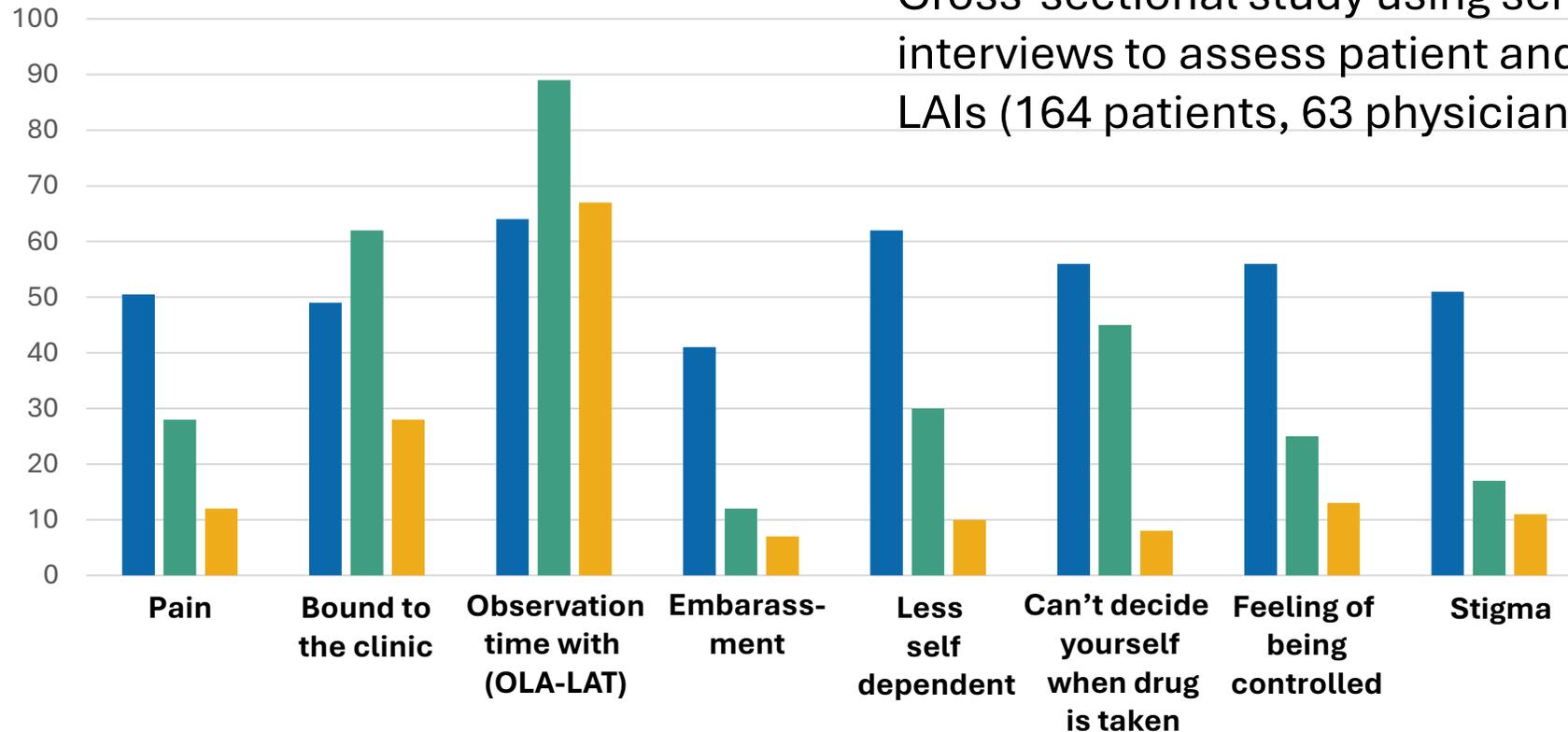
# Clinician Assumptions of Patient Concerns Regarding LAIs May Be Inaccurate

Cross-sectional study using semi-structured interviews to assess patient and HCP perceptions of LAIs (164 patients, 63 physicians/nurses) in Sweden.

Large impact to say NO to LAT



No impact



- Doctor or nurse **beliefs** (n=63)
- Patient **concerns** (pt on oral) (n=101)
- Patient **experience** (pt on LAT) (n=63)

LAT = long-acting treatment.

Cahling L, et al. *BJPsych Bull.* 2017;41(5):254-259.

# APA Practice Guideline Recommendations



- APA suggests that patients with schizophrenia receive treatment with a **long-acting injectable antipsychotic** medication **if they prefer such treatment** or if they have a **history of poor or uncertain adherence**
- This guideline statement should be implemented in the context of a **person-centered treatment plan** that includes evidence-based nonpharmacological and pharmacological treatments for schizophrenia

*Consistent themes across national guidelines  
(including APA 2020, NICE 2014, and BAP 2020)  
emphasize LAIs for adherence, relapse  
prevention, and patient preference*



## Key Learning Points

- ✓ **LAIs offer significant clinical and pharmacokinetic benefits** over oral medications, particularly for improving adherence, preventing relapse, and reducing hospitalizations
- ✓ **Underutilized despite effectiveness:** LAIs are effective for relapse prevention but remain underused in clinical practice
- ✓ **APA Recommendation:** APA advocates for offering LAIs to patients with a history of nonadherence or those who prefer injectables

# Scientific Poster Review

Summary of Characteristics & Clinical Trial Data  
for Available LAIs for Schizophrenia

+

Recent Research Updates on the Potential Advantages & Perceptions of LAIs

*Poster 1 of 4*

**Summary of Characteristics &  
Clinical Trial Data for  
Aripiprazole-Based LAIs**

*Poster 2 of 4*

**Summary of Characteristics &  
Clinical Trial Data for  
Paliperidone-Based LAIs**

*Poster 3 of 4*

**Summary of Characteristics &  
Clinical Trial Data for  
Risperidone-Based LAIs**

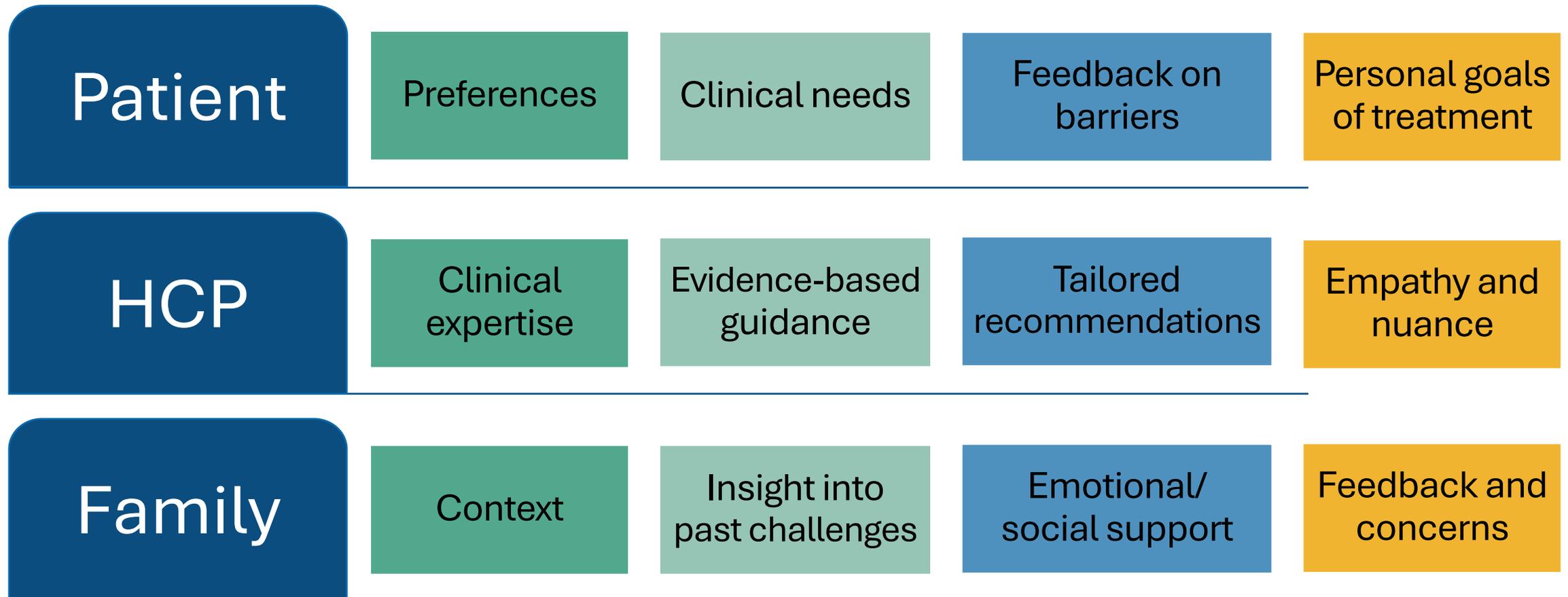
*Poster 4 of 4*

**Recent Research Updates on  
the Potential Advantages &  
Perceptions of LAIs**

# Strategies for Discussing & Initiating LAIs



# Initial Discussions and Shared Decision-Making



# Motivational Interviewing

## **Coercive Interviewing (What NOT to Do)**

### **Fear tactics**

“You’ll relapse again if you don’t start LAIs”  
“Do you really want to end up back in the hospital?”

### **Pressure**

“You don’t have any other good choice.”

### **Ignoring their perspective**

“This is the best thing for you, so just agree to it”

## **Motivational Interviewing (What to Do)**

### **Open-ended questions**

“What are some things that get in the way of you taking your medication?”

### **Addressing concerns with empathy**

“Tell me more about why this is concerning to you.”

### **Focus on goals and benefits**

“It’s great that you’re motivated to reach your goals.  
Can we talk about some ways that we can work together to help you reach these goals?”

# Responding to Patient Concerns: Needle Pain/Anxiety

"I don't like needles... and it's going to HURT!"

- "Most patients find gluteal injections minimally invasive and report little to no pain—oftentimes, it's more comfortable than they expect."
- "Would you like to know how others with needle anxiety felt after their first injection?"



Encourage breathing exercises

Distract the patient by engaging in conversation



# Responding to Patient Concerns: Gluteal Injections

“An injection in my butt sounds awkward or embarrassing.”

- "We can demonstrate with a simulated injection to show how discreet it is."

“Why can’t it just be in my arm (deltoid)? Gluteal seems unnecessary.”

- "The medicine releases more slowly in gluteal muscle, so the maximum concentration is lower compared to deltoid injections. This minimizes side effects and ensures more stable medication levels, especially early in treatment."

“I don’t want to get half-naked to get a shot”

- “The injection actually goes more in the hip— right below your waistline, so you’d just need to lower your pants a little bit, not take them all the way off.”
- “And it may be more convenient in the winter if you wear layers, and a deltoid injection might require taking off your shirt if you’re wearing long sleeves.”



# Using Telemedicine for LAIs

Telehealth  
visit

Telehealth  
prescriber  
orders LAI

Collaborate with pharmacy/  
pharmacist or other site for  
LAI injection plan

**The primary difference is operational.**

**Key Takeaway: Build a reliable network of care**

- Pharmacies
- Primary care offices
- Community mental health centers



# Initiating LAI Treatment Plans via Telemedicine

Video Example

# Practical Takeaways



LAI s have certain advantages over oral antipsychotics, and longer-duration LAI s may extend these advantages



LAI s should be offered with a shared decision-making approach and by leading with the potential benefits an individual could obtain rather than the route of administration



Patient concerns, such as fear of needle pain, embarrassment about gluteal injections, or others, should be acknowledged and explored rather than dismissed

# Q&A

