Results. All 41 patients reported a lifetime burden with schizophrenia adversely impacting employment, relationships, emotional health, social activities, and daily tasks. Hospitalization for schizophrenia management was another reported aspect of disease burden. Although most (n=32) patients reported previous medication benefits, side effects affecting physical, emotional/behavioral, and cognitive functioning were reported by all (n=41). Following OLZ/-SAM treatment, 39/41 patients (95%) reported improvements in symptoms including hallucinations, paranoia, depression, sleep, and concentration. Furthermore, patients described improvements in self-esteem, social activities, relationships, and daily activities. Twenty-three patients (56%) reported side effects attributed to OLZ/SAM; lack of energy (n=12 [29%]) and dry mouth (n= 5 [12%]) were most common. Twenty-four (59%) patients were "very satisfied" with OLZ/SAM; most (n=35 [85%]) preferred to continue OLZ/SAM vs switching to another medication. As most substudy patients (n=40; 98%) completed the extension study, satisfied patients may be overrepresented in this analysis.
Conclusion. This qualitative interview approach provided valuable insight into patients' experiences with previous medications and OLZ/SAM. Overall, most patients reported treatment satisfaction and improvements in symptoms, function, and health-related quality of life with OLZ/SAM.
Funding. Alkermes, Inc.

Disease Prevalence, Comorbid Conditions, and Medication Utilization Among Patients with Schizophrenia in the United States

Brittany Roy, MPH[1], Ankitaben Shah[1], Gary Bloomgren, MD[1], Made Wenten, PhD, MPH[1], Jianheng Li, MPH[2] and Cathy Lally, MSPH[2]

[1]Alkermes, Inc., Waltham, MA, USA, and [2]Epidemiologic Research & Methods, LLC, Atlanta, GA, USA

Presenting Author: Brittany Roy

Abstract

Objective. Disease prevalence, comorbid conditions, and pharmacological treatments were examined in a large population of US commercial- or Medicaid-insured individuals with schizophrenia.
Methods. This retrospective, cross-sectional claims analysis sourced data from the IBM MarketScan Commercial and Medicare Supplemental Databases and the Multi-state Medicaid Database (01Jan2009 to 30Jun2016). Cases were defined by =1 diagnostic claim (ICD-9-CM/ICD-10-CM) for schizophrenia during the study period. Comorbidities (=1 ICD-9-CM/ICD-10-CM diagnosis code) were grouped according to Clinical Classifications Software (CCS) level 2 categories. For the per-database analysis of comorbidities, schizophrenia cases were matched with controls by demographic characteristics. Case-control comorbidity comparisons were performed using prevalence rate ratios (PRRs) and 95% CIs. Per-database medication exposure (=1 National Drug Code in outpatients grouped by Redbook classification) was also assessed.
Results. Schizophrenia prevalence was 0.11% and 0.99% in commercially and Medicaid-insured patients, respectively. In both databases, comorbidity prevalence was higher among schizophrenia cases versus controls in approximately =80% of the CCS level 2 categories assessed. Common top categories of comorbidities for schizophrenia cases were mood disorders, anxiety disorders, other connective tissue disease, and diseases of the heart. Comorbidities with the highest case-control PRRs included personality disorders, suicide and intentional self-inflicted injury, and impulse control disorders. Across databases, the most commonly prescribed medications in cases were antipsychotics, antidepressants, and analgesics/antipyretics opiate agonists; the most highly prescribed antipsychotics were risperidone, quetiapine, aripiprazole, and olanzapine.
Conclusions. This large-scale analysis quantifies the high prevalence of medical and psychiatric comorbidity burden in patients with schizophrenia, highlighting the importance of integrated medical and psychiatric care.
Funding. Alkermes, Inc.

Long-Term Safety and Efficacy of Deutetrabenazine in Younger and Older Patients With Tardive Dyskinesia

Martha Sajatovic, MD[1], Amanda Wilhelm, PhD[2], Stacy Finkbeiner, PhD[2], Hadas Barkay, PhD[3], Nayla Chaijale, PhD[2], Nicholas Gross, MS[2] and Mark Forrest Gordon, MD[2]

[1]University Hospitals Cleveland Medical Center, Case Western Reserve University School of Medicine, Cleveland, OH, USA, [2]Teva Pharmaceutical Industries Ltd., West Chester, PA, USA, and [3]Teva Pharmaceutical Industries Ltd., Netanya, Israel

Presenting Author: Stacy Finkbeiner

Abstract

Background. Tardive dyskinesia (TD) is an involuntary movement disorder that is more prevalent in older patients. However, there is limited information on TD treatment for this population. In two 12-week pivotal trials (ARM-TD and AIM-TD), TD patients demonstrated significant improvements in Abnormal Involuntary Movement Scale (AIMS) score with deutetrabenazine versus placebo.
Methods. Patients who completed ARM-TD or AIM-TD enrolled in an open-label extension (OLE) study. This post hoc analysis assessed change and percent change from baseline in AIMS score, response rates for ≥50% AIMS improvement, Patient Global Impression of Change (PGIC), Clinical Global

https://doi.org/10.1017/S1092852920002515 Published online by Cambridge University Press