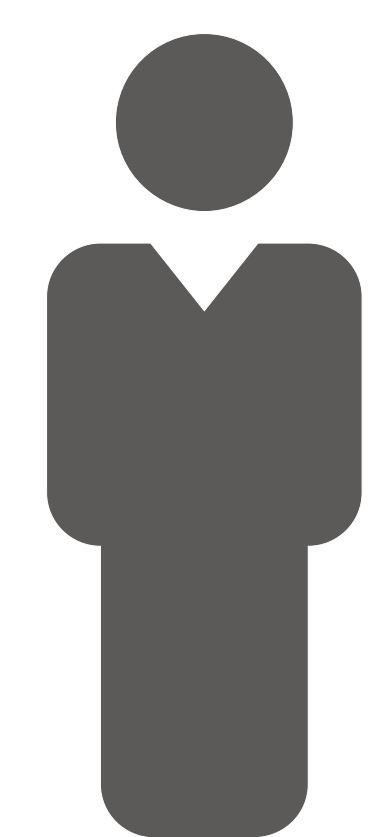


BACKGROUND

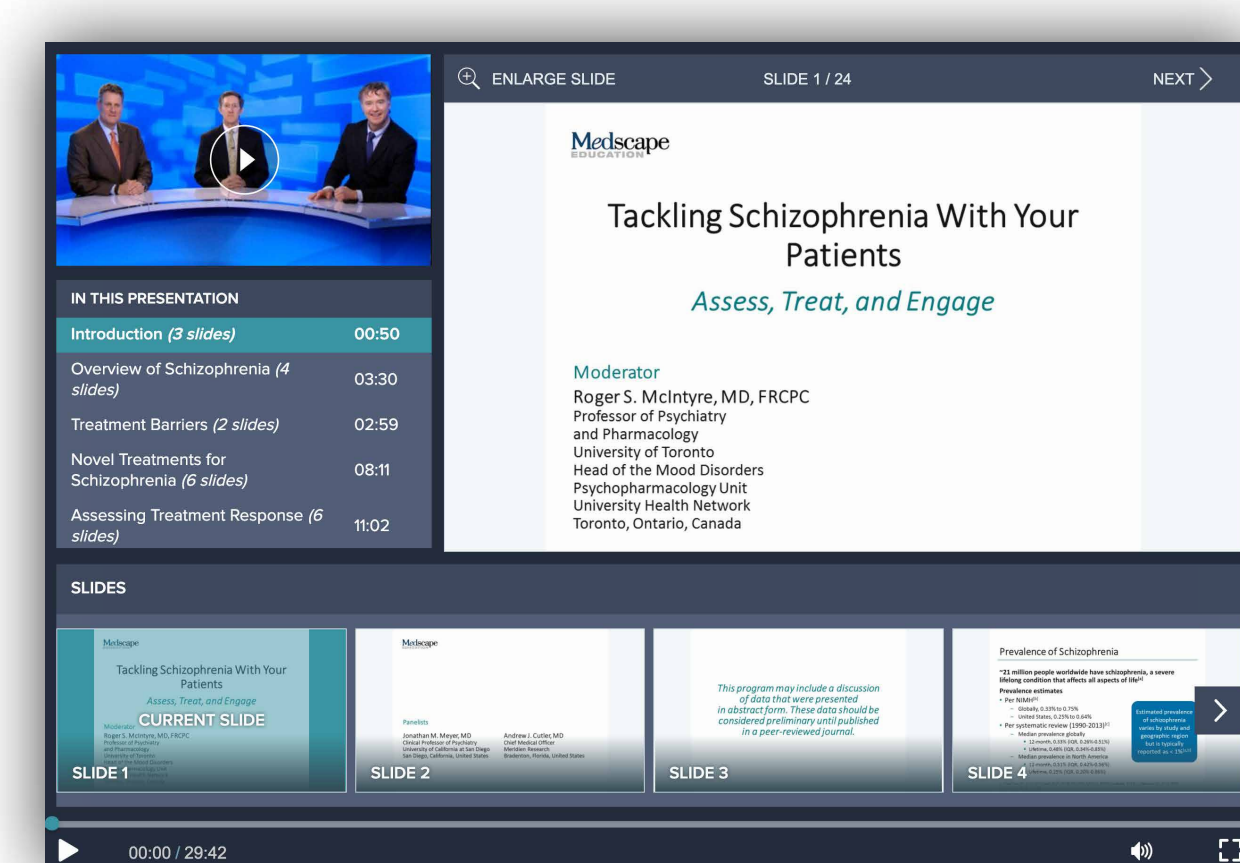
Schizophrenia is a severe chronic illness and a leading causes of disability.¹ Treatment goals include targeting symptoms, preventing relapse, and increasing societal function.²⁻³ An online CME activity consisting of a video panel discussion with synchronized slides was designed to educate clinicians on the use of assessment tools to evaluate schizophrenia symptoms, optimize treatment strategies and medication selection. We assessed learners' reported practice changes as a result of their participation in CME.



METHODS



Psychiatrists
(n=805)



An analysis of commitment to change and actual changes in practice was conducted with online learners. A 2-item questionnaire composed of an intent-to-change question with a list of possible intended changes and a barriers-to-change question with a list of possible barriers that may inhibit implementation of changes was administered immediately after participation in the activity. The follow-up survey assessed actual practice changes made by participants and any barriers encountered. The online CME initiative launched on December 17, 2018, and participant results were collected through May 29, 2019.[4]

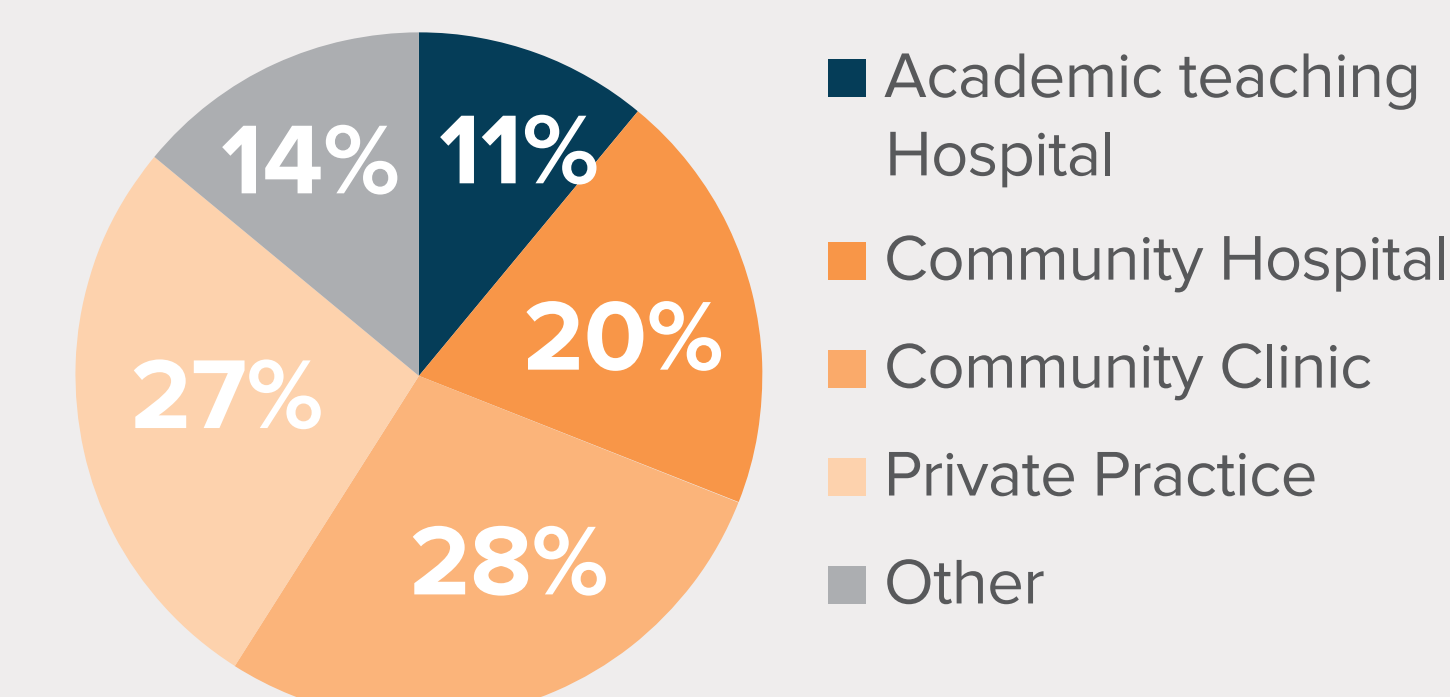
RESULTS

DEMOGRAPHICS

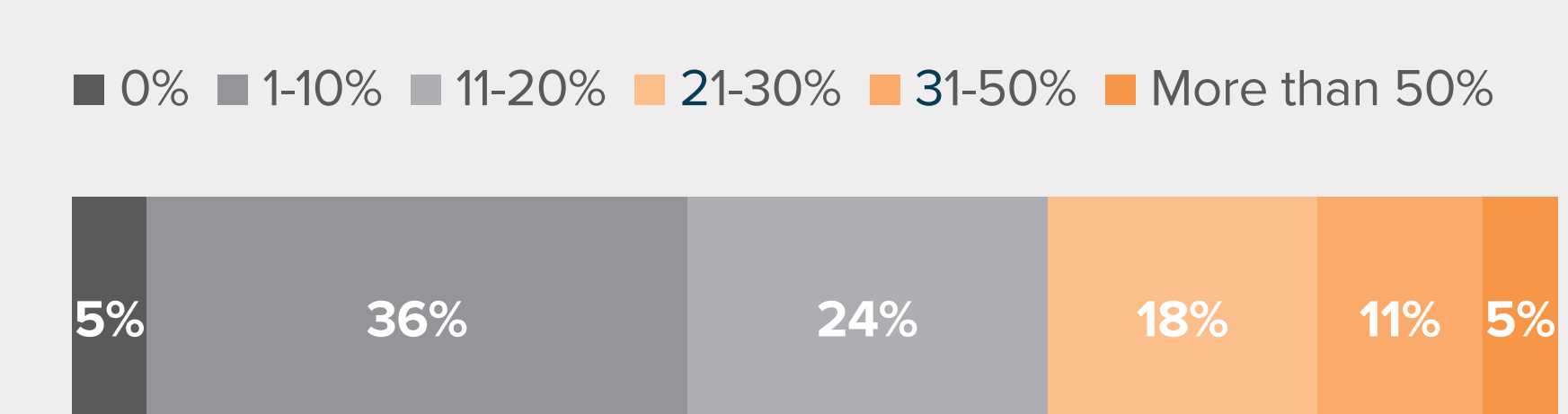
Among psychiatrists who completed the intent-to-change questionnaire.

- 75% of psychiatrists practice in the community or private practice setting.
- As many as 25% of psychiatrists reported that > 20% of their patients have symptoms and/or side effects that are not being managed adequately.
- Based on self-report of patients with schizophrenia managed per week, at least 5288 patients may benefit by clinicians' learnings gained by participation in this activity.

PSYCHIATRISTS PRACTICE AREAS



PATIENTS WITH SCHIZOPHRENIA WHO HAVE SYMPTOMS/SIDE EFFECTS THAT CURRENTLY ARE NOT BEING MANAGED ADEQUATELY



INTENDED CHANGES

The most frequently noted intended changes were:

- Tailoring current treatments for schizophrenia, balancing safety/tolerability, efficacy, and adherence (47%);
- Assess disease status and positive, negative, and cognitive symptoms of schizophrenia at every visit using evidence-based scales (43%);
- Get familiarized with emerging treatments and how they work in the context of mechanism of disease to optimize management of schizophrenia (43%).

INTENDED CHANGES REPORTED

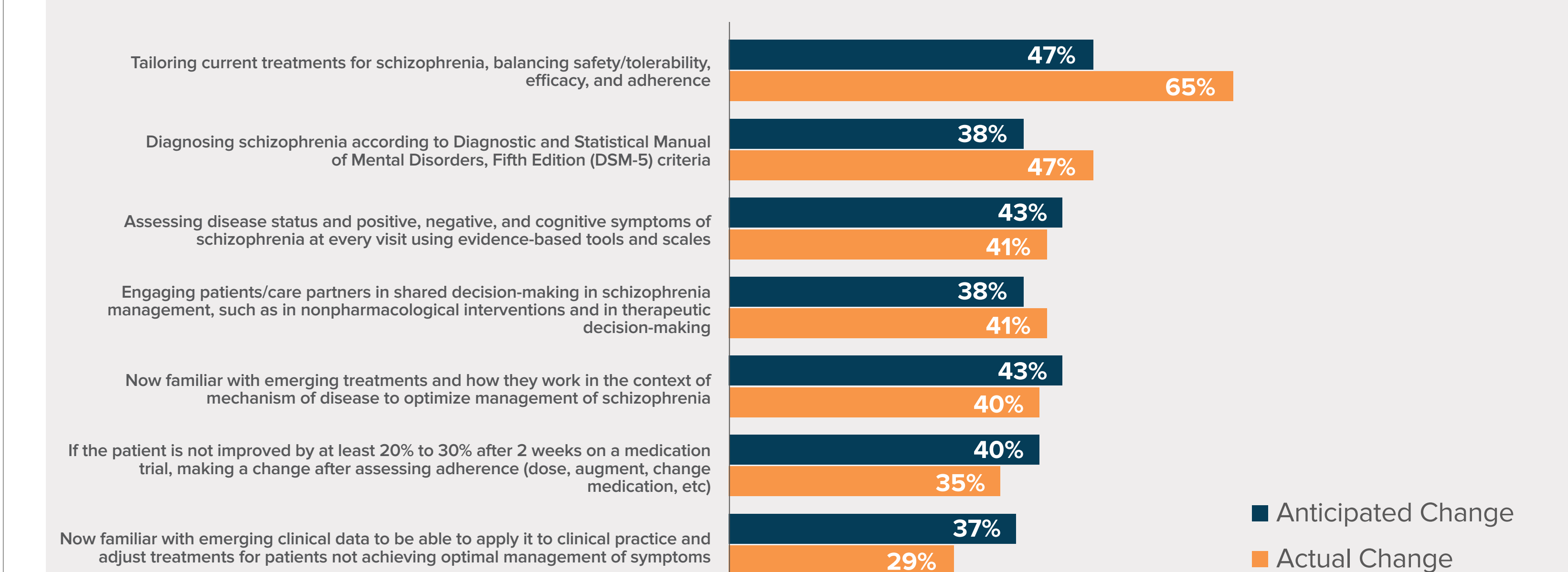


ACTUAL CHANGES

The most frequently reported actual changes were:

- Tailoring current treatments for schizophrenia, balancing safety/tolerability, efficacy, and adherence (65%);
- Diagnosing schizophrenia according to DSM-5 criteria (47%).

ANTICIPATED VS. ACTUAL CHANGES REPORTED



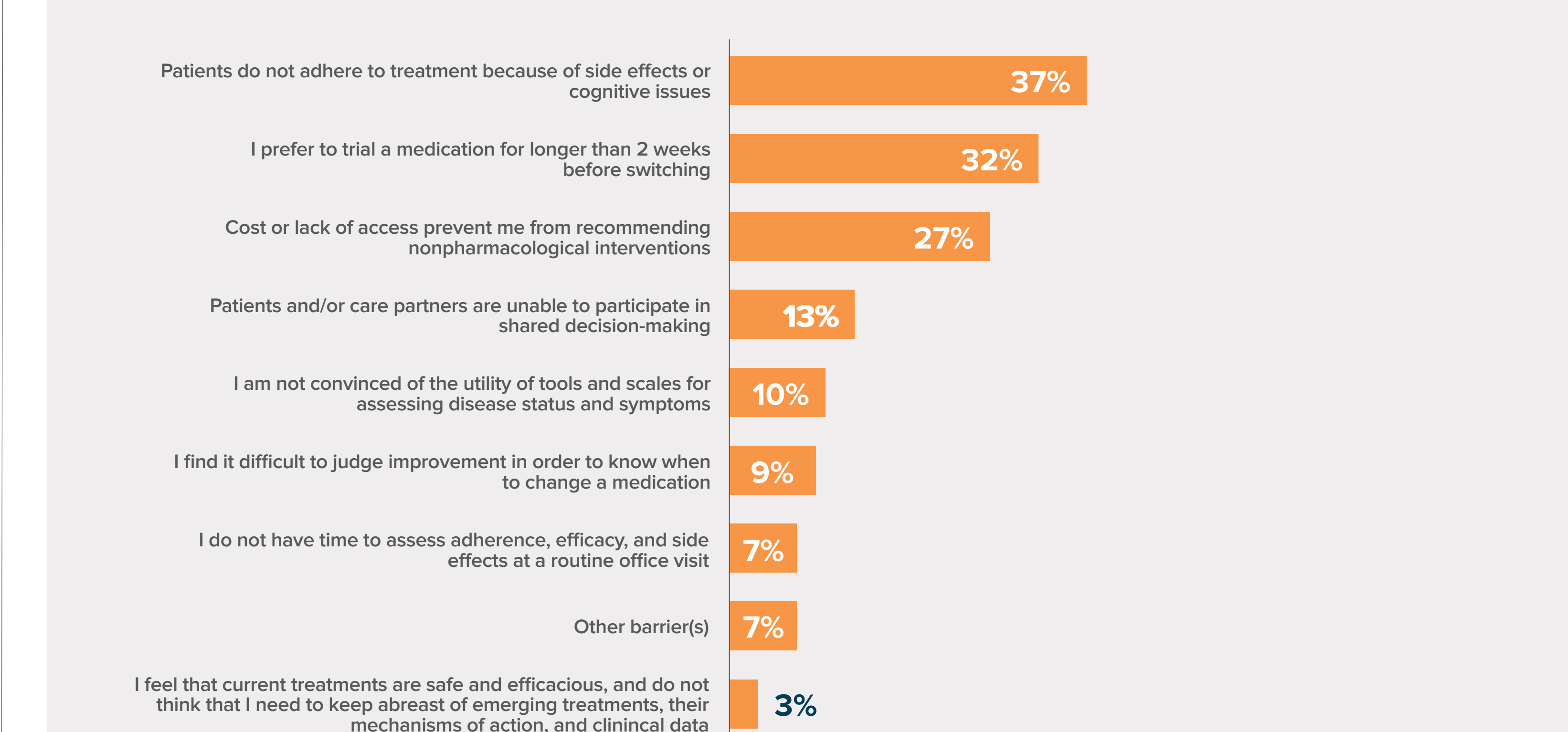
BARRIERS TO CHANGE

The top perceived barriers to change were:

- Patients do not adhere to treatment because of side effects or cognitive issues (37%);
- I prefer to trial a medication for longer than 2 weeks before switching (32%) and cost/ lack of access prevent me from recommending nonpharmacological interventions (27%).

The same barriers were noted as interfering with practice changes in the follow-up survey.

BARRIERS TO CHANGE REPORTED



CONCLUSION

An online CME video panel discussion with synchronized slides on the assessment and treatment of patients with schizophrenia resulted in desirable changes in clinical practice among psychiatrists.

ACKNOWLEDGEMENTS

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