Success of CME at Improving Physicians' Knowledge of LAIs for Bipolar Disorder

LESLIE CITROME, MD, MPH, New York Medical College, Valhalla, New York; **PIYALI CHATTERJEE,** Medscape LLC, New York, NY; **SUSAN H. GITZINGER, PHARMD, MPA,** Medscape LLC, New York, NY; **JOVANA LUBARDA, PHD,** Medscape LLC, New York, NY; **ROGER MCINTYRE, MD, FRCPC,** University of Toronto, Toronto, Canada; **MARCELLO MORGAN, MD, MPH,** Medscape LLC, New York, NY

BACKGROUND

Inappropriate treatment of bipolar disorder (BPD) is associated with unnecessary side effects, exacerbation of symptom cycling, and an increased risk for and incidence of suicide.[Drancourt 2013; Shalini 2012] New data support a role for long-acting injectable (LAI) second-generation antipsychotics (SGA) in BPD,[Calabrese 2017; Fornaro 2017] but physicians' attitudinal barriers, their struggle to keep up-to-date with trial data, and a lack of competence in the application of clinical trial results may impede their appropriate use. [Brissos 2014; Kane 2014] We sought to determine whether continuing medical education (CME) improves knowledge regarding BPD and its treatment with the use of LAIs in psychiatrists and primary care physicians (PCPs).

METHODS

PRE-ASSESSMENT

Psychiatrists (n=911)

Primary Care Physicians (n=166)

A CME activity was designed to improve knowledge and clinical practice regarding comorbidities related to bipolar disorder, as well as identify, assess, and address nonadherence issues during treatment of bipolar disorder to facilitate improved adherence, symptom management, and outcomes through the option of LAI antipsychotic drugs.

POST-ASSESSMENT

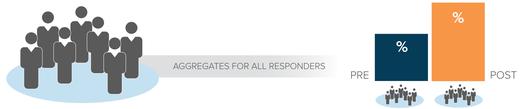
Psychiatrists (n=911)

Primary Care Physicians (n=166)

TWO ANALYSES OF THE PRE/POST SAMPLE

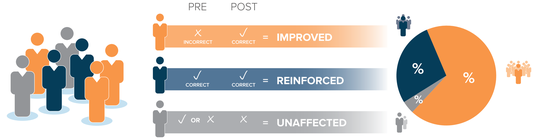
AGGREGATED LEARNING

Overall group tracked pre and posteducation



LINKED LEARNING

Each individual tracked pre and posteducation



RESULTS

Overall, the educational effect size was considerable on both psychiatrists' and PCPs' competence (psychiatrists: V = 0.218; PCPs: V = 0.188)

CRAMER'S V

EDUCATIONAL IMPACT NOT INFLUENCED BY SAMPLE SIZE

EFFECT SIZE	EDUCATIONAL IMPACT
<0.06	Modest
0.06–0.15	Noticeable
0.16–0.26	Considerable
>0.26	Extensive

Psychiatrists (n=911)

CRAMER'S V EFFECT SIZE: .218

MODEST (.0) — EXTENSIVE (>.26)

PCPs (n=166)

CRAMER'S V EFFECT SIZE: .188

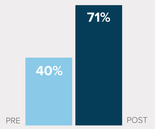
MODEST (.0) — EXTENSIVE (>.26)

QUESTION 1 RESULTS

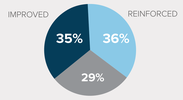
Significant improvement in the recognition of approved LAI treatment for BPD (40% vs 71% of psychiatrists and 23% vs 51% of PCPs); *P* <.0001; V=.316 (psychiatrists); *P* <.0001; V=.293 (PCPs)

Psychiatrists (n=911)

AGGREGATED RESULTS

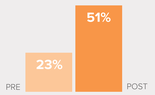


LINKED LEARNING RESULTS

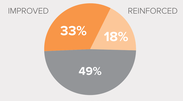


PCPs (n=166)

AGGREGATED RESULTS



LINKED LEARNING RESULTS



Question: Which of the following second-generation long-acting injectables (LAIs) are indicated for use as monotherapy for patients with bipolar I disorder?

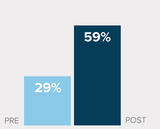
Correct answer: Aripiprazole monohydrate and risperidone microspheres

QUESTION 2 RESULTS

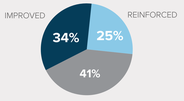
Significant improvement in identifying the most common psychiatric comorbidity in patients with BPD (29% vs 59% of psychiatrists and 26% vs 53% of PCPs); *P* <.0001; V=.304 (psychiatrists); *P* <.0001; V=.277 (PCPs)

Psychiatrists (n=911)

AGGREGATED RESULTS

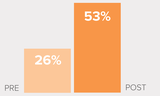


LINKED LEARNING RESULTS

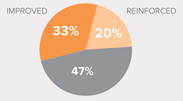


PCPs (n=166)

AGGREGATED RESULTS



LINKED LEARNING RESULTS



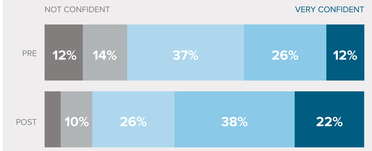
Question: Which of the following is the most common psychiatric comorbidity in patients with bipolar disorder?

Correct answer: Anxiety disorders

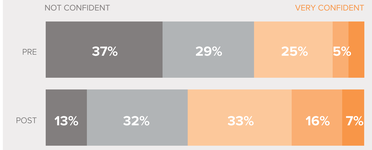
SELF-EFFICACY RESULTS

Total average confidence shift in using LAIs to treat patients with bipolar disorder – 16.8% for psychiatrists, 29.4% for PCPs

Psychiatrists (n=911)



PCPs (n=166)



Question: How confident are you in your role with using LAI agents to treat patients with bipolar disorder? (Select ranking from 1 [Not confident] to 5 [Very confident])

CONCLUSION

These study results demonstrate that a well-designed online CME initiative, in the form of a discussion between two leading experts in bipolar disorder, can have a positive effect on both psychiatrists and PCPs, resulting in significant improvements in clinical knowledge seen in both audiences.

ACKNOWLEDGMENTS

This CME activity was supported by an independent educational grant from Otsuka America Pharmaceutical, Inc. and Lundbeck.

For more information, contact Susan Gitzinger, PharmD, MPA, Associate Director, Clinical Strategy, Medscape, LLC, at sgitzinger@medscape.net.

References

Brissos S, Veguilla MR, Taylor D, Balanzá-Martínez V. The role of long-acting injectable antipsychotics in schizophrenia: a critical appraisal. *Ther Adv Psychopharmacol.* 2014 Oct;4(5):198-219.

Calabrese JR, Sanchez R, Jin N, et al. Efficacy and safety of aripiprazole once-monthly in the maintenance treatment of bipolar I disorder: a double-blind, placebo-controlled, 52-week randomized withdrawal study. *J Clin Psychiatry.* 2017 Mar;78(3):324-331.

Drancourt N, Etain B, Lajnef M, et al. Duration of untreated bipolar disorder: missed opportunities on the long road to optimal treatment. *Acta Psychiatr Scand.* 2013 Feb;127(2):136-414.

Fornaro M, De Berardis D, Perna G, et al. Lurasidone in the treatment of bipolar depression: systematic review of systematic reviews. *Biomed Res Int.* 2017;2017:3084859.

Kane JM. Attitudinal barriers to prescribing LAI antipsychotics in the outpatient setting: communicating with patients, families, and caregivers. *J Clin Psychiatry.* 2014 Dec;75(12):e33.

Shalini TR, Ramirez Basco M, Biggan JR. Diagnostic disagreements in bipolar disorder: the role of substance abuse comorbidities. *Depress Res Treat.* 2012;2012:435486.

Scan here to view this poster online.