WHAT DO PSYCHIATRISTS AND NEUROLOGISTS REALLY KNOW ABOUT PARKINSON'S DISEASE PSYCHOSIS?

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STUDY OBJECTIVES

The prevalence of Parkinson's disease (PD) is increasing and more than 50% of patients may have Parkinson's disease psychosis (PDP), which is frequently undiagnosed.[1] PDP is the driving factor for patient admissions to nursing homes resulting in a substantial increase in cost and mortality.[2] PDP is challenging to diagnose and manage and there are currently no FDA-approved treatment options. As new treatments emerge, it is essential that healthcare providers, especially psychiatrists and neurologists, are quickly and efficiently educated on recognition of the disease and data supporting emerging treatment options. The first step to improving practice patterns of clinicians is increased awareness of clinical practice gaps. As such, this study was designed to identify clinical practice gaps and barriers in recognition and management of PDP among psychiatrists and neurologists.[3]

METHODS

- A 32-question clinical practice assessment survey in multiple-choice and case-based format was administered to provide a baseline "snapshot" of knowledge, skills, attitudes, or competence on the awareness of prevalence, diagnosis, current management strategies, and emerging treatments for PDP.
- The survey launched on Medscape Education (http://www.medscape.org/viewarticle/843118) on 4/28/15 and was made available to healthcare providers without monetary compensation or charge. Data were collected for 36 days.[3]
- Confidentiality was maintained and responses were de-identified and aggregated prior to analyses.

RESULTS

1180 psychiatrists and 94 neurologists responded to the survey during the study period. The following were findings:

- Prevalence: 69% of psychiatrists and 56% of neurologists reported that 0-5% of their patients have PDP, and 18% of psychiatrists and 39% of neurologists reported that 6-20% of their have PDP, respectively. This may point to underdiagnosis since studies indicate that PDP can occur in as many as 60% of patients with Parkinson's.[2] [Figure 1]
- Pathophysiology: Only 34% of psychiatrists and 52% of neurologists were aware of relationship of PDP with Lewy body pathology. [Figure 2]
- Assessment: Over 57% of psychiatrists and 50% of neurologists reported that they do not use tools/scales to assess behavior in PD patients. [Figure 3]
- Management: 53% of psychiatrists and 70% of neurologists were aware of effects of standard PD treatments on hallucinations, and 87% of psychiatrists and 66% of neurologists selected lowering dose of current PD medications as a first step to managing PDP. For pharmacologic management, off-label use of quetiapine for PDP was selected by 70% of psychiatrists and 69% of neurologists, although only 42% of psychiatrists and 38% of neurologists could accurately identify the mechanism of off-label antipsychotics used in PDP. On emerging therapies for PDP, such as pimavanserin, only 20% of psychiatrists and 21% of neurologists could identify its mechanism of action. [Figure 4]
- Barriers in PDP management: In order of importance, clinician familiarity with PDP management, lack of approved treatments and guidelines, and lack of patient/caregiver awareness and proactive discussion about potential symptoms were identified as the greatest barriers. [Figure 5]

FIGURE 1. Psychiatrists' and neurologists' awareness of prevalence of PDP psychosis

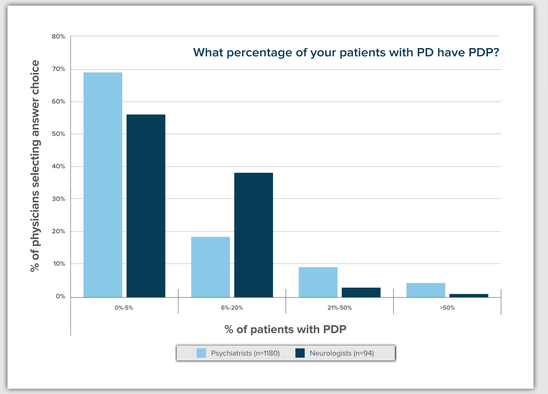


FIGURE 2. Psychiatrists' and neurologists' knowledge of pathophysiology of PD

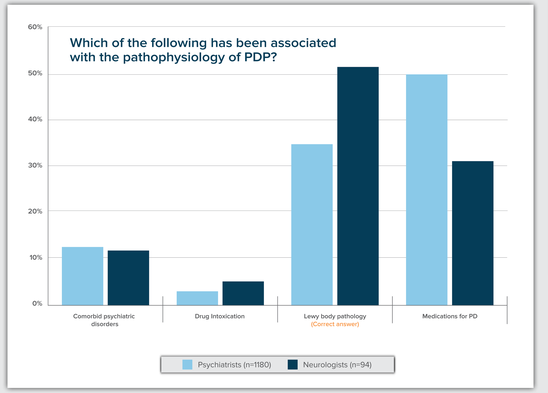


FIGURE 3. Psychiatrists' and neurologists' knowledge of assessment methods for PDP

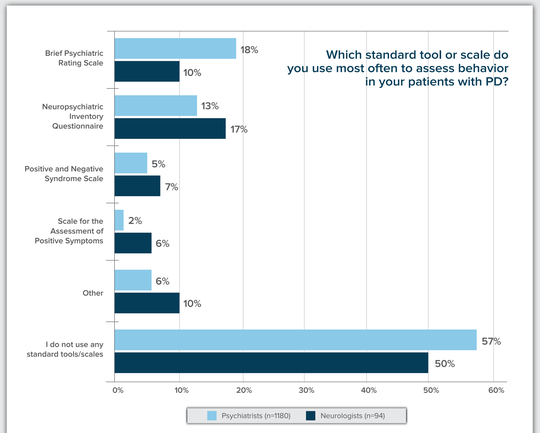


FIGURE 4. Psychiatrists' and neurologists' knowledge of current management options for PDP and mechanisms of action of emerging options

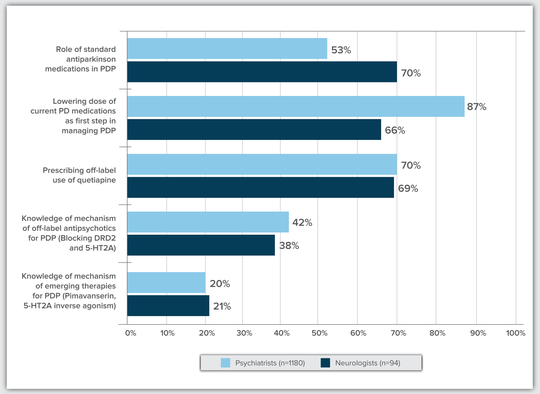
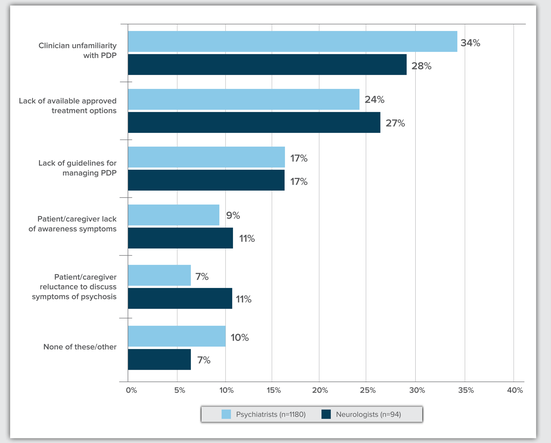


FIGURE 5. Psychiatrists' and neurologists' reported barriers in management of PDP



CONCLUSIONS

Significant clinical practice gaps and barriers were identified in this study regarding awareness of prevalence, pathophysiology, assessment/diagnosis, and management approaches for PDP. With emergence of new therapies specifically for PDP, physicians would benefit from further education designed to address these identified gaps in order to aid in earlier detection and treatment.

References

1. Mack J, Rabins P, Anderson K, et al. Prevalence of psychotic symptoms in a community-based Parkinson disease sample. Am J Geriatr Psychiatry. 2012;20:123-132.
2. Kowal SL, Dall TM, Chakrabarti R, Storm MV, Jain A. The current and projected economic burden of Parkinson's disease in the United States. Mov Disord. 2013;28:311-318.
3. Cummings, J. Assessing Your Practice: Recognizing and Managing Parkinson's Disease Psychosis. Medscape Education Neurology. April 28, 2015. Accessed July 14, 2015.

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