

# Stigma, Barriers, and Outcomes for Patients Treated with LAIs

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## Disclosures

Dr. Waters is a consultant with Janssen Pharmaceuticals. She will discuss all drugs without bias. All financial interests with ineligible companies (as noted) have been mitigated.

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## Learning Objectives

- Describe the impact of stigma within the healthcare system and utilize non-stigmatizing terminology when talking to and about patient with psychiatric and/or substance use disorders
- Identify patient barriers to obtaining appropriate treatment for psychiatric and/or substance use disorders
- Explain the potential impact of LAI medications on patient health outcomes

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A magnifying glass with a black handle and a silver rim is positioned on a bright yellow background. The lens of the magnifying glass is focused on a dark grey rectangular text box. The text box contains the text "But first, let's review...". To the left of the text box, there is a white L-shaped graphic element.

But first, let's  
review...

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## Audience Question 1

Which of the following is a positive symptom of schizophrenia?

- A. Flat affect
- B. Lack of motivation
- C. Delusional beliefs
- D. Impaired concentration

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## Audience Question 1

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# Schizophrenia: Clinical Features

Positive Symptoms	Negative Symptoms	Cognitive Symptoms
Hallucinations Delusions Disorganized speech Grossly disorganized or catatonic behavior	<b>Blunted affect:</b> Reduction in intensity of affect <b>Alogia:</b> Inability to speak <b>Avolition:</b> Lack of desire or motivation to pursue reasonable goals <b>Anhedonia:</b> Inability to experience pleasurable emotions <b>Amotivation:</b> Inability or unwillingness to participate in normal social situations  <b>Depression is NOT a negative symptom of schizophrenia.</b> <i>Depression = a mood symptom</i>	Difficulty maintaining attention Deficits in working memory and long-term memory Deficits in executive function



Jauhar S, et al. *Lancet*. 2022;399:473-86 Diagnostic and Statistical Manual of Mental Disorders: DSM-5. 5th ed. American Psychiatric Association, 2013

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# Bipolar Disorder: Clinical Features

Mania	Hypomania	Depression
Elevated, expansive or irritable mood with increase in goal-directed activity or energy <ul style="list-style-type: none"> <li>• Grandiosity</li> <li>• Decreased need for sleep</li> <li>• Pressured speech</li> <li>• Flight of ideas</li> <li>• Easily distracted</li> <li>• Psychomotor agitation</li> <li>• Engaging in risky activities</li> </ul>	Similar to mania but with less significant impairment	Depressed mood Decreased interest/pleasure Change in weight/appetite Changes in sleep Psychomotor changes Fatigue Guilt Decreased concentration Recurrent thoughts of death

**Recall:** Most people with bipolar disorder spend the majority of time in a **euthymic** or **depressed** state

Diagnostic and Statistical Manual of Mental Disorders: DSM-5. 5th ed. American Psychiatric Association, 2013

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## SUDs: Clinical Features

- Cluster of cognitive, behavioral and physiological symptoms
- Continued use of substance despite significant problems
  - Taking **larger amount** or for **longer** period
  - Desire to regulate use
  - Spending **time** obtaining, using, recovering
  - **Craving**
  - Impaired **performance**
  - Giving up activities
  - Hazardous situations
  - Tolerance
  - Withdrawal

Diagnostic and Statistical Manual of Mental Disorders: DSM-5. 5th ed. American Psychiatric Association, 2013

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## Treatment of Schizophrenia & Bipolar Disorder

	Schizophrenia	Bipolar Disorder <sup>Ω</sup>
First-line treatment	<ul style="list-style-type: none"> <li>• First-generation antipsychotic (FGA)</li> <li>• Second-generation antipsychotic (SGA)*</li> </ul>	<ul style="list-style-type: none"> <li>• Mood stabilizers               <ul style="list-style-type: none"> <li>• Lithium, valproic acid, lamotrigine</li> </ul> </li> <li>• SGAs*</li> </ul>
Second-line treatment	<ul style="list-style-type: none"> <li>• Alternate first-line treatment</li> <li>• FGA</li> <li>• SGA*</li> </ul>	<ul style="list-style-type: none"> <li>• Alternate first-line treatment</li> <li>• Carbamazepine</li> <li>• Haloperidol</li> </ul>

\*Exception = clozapine, third-line for schizophrenia

<sup>Ω</sup>Different recommendations depending on mood episode

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<b>Currently Available LAI Antipsychotics</b>	
<b>Generic Name</b>	<b>Brand Name</b>
<b>First-generation antipsychotics</b>	
<b>Fluphenazine decanoate</b>	Prolixin Decanoate
<b>Haloperidol decanoate</b>	Haldol Decanoate
<b>Second-generation antipsychotics</b>	
<b>Aripiprazole lauroxil</b>	Aristada Aristada Initio
<b>Aripiprazole monohydrate</b>	Abilify Maintena Abilify Asimtufii
<b>Olanzapine pamoate</b>	Zyprexa Relprevv
<b>Paliperidone palmitate</b>	Invega Sustenna Invega Trinza Invega Hafyera
<b>Risperidone</b>	Risperdal Consta Perseris Rykindo Uzedy

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## Treatment of OUD & AUD

	<b>OUD</b>	<b>AUD</b>
<b>First-line treatment</b>	Methadone Buprenorphine +/- naloxone	Naltrexone Acamprosate
<b>Second-line treatment</b>	Naltrexone	Disulfiram
<b>Available in LAI formulation</b>	Buprenorphine (Sublocade, Brixadi) Naltrexone (Vivitrol)	Naltrexone (Vivitrol)

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# LAI Treatment Outcomes

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## LAI Treatment Outcomes: Schizophrenia

- LAI antipsychotics may result in reduction in:
  - Relapse rate
  - Hospitalization rate
  - All-cause inpatient visits (including ED)
  - Length of stay
  - Mortality
- Increased adherence rates
- One study demonstrated significant decrease in all-cause total costs following LAI initiation despite higher medication costs
  - Higher med costs substantially offset by decrease in total healthcare costs

Fu AZ, et al. *BMC Psychiatry*. 2022;22:250

Lin D, et al. *CNS Drugs*. 2021;35:469-81 Fang S-C, et al. *J Clin Psychiatry*. 2022;83:21r14153

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## LAI and Patient Outcomes: Bipolar Disorder

- Less data than with schizophrenia
- Non-adherence also a concern with bipolar disorder (~40%)
- LAIs have been shown to:
  - Prevent relapses in maintenance treatment of bipolar disorder
    - Especially relapses to mania
  - Prevent re-hospitalizations
  - Decrease length of hospital stay
  - Improve functionality

Lähteenvuo M, et al. *JAMA Psychiatry*. 2018;75:347-55  
 Calabrese JR, et al. *J Affect Disord*. 2018;227:649-56 Özgüven HD, et al. *Noro Psikiyatrs Ars*. 2021;58:S47-52

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## LAI and Patient Outcomes: SUDs

- Less robust data
  - Trials may be retrospective/observational, rely on patient self-report of substance use
- Observational study: Patients with OUD reported higher abstinence rates when treated with LAI buprenorphine
  - Also lower levels of pain, fewer withdrawal symptoms, higher employment
- Retrospective studies in AUD:
  - LAI naltrexone associated with longer time to relapse compared with oral naltrexone
  - May not impact hospitalization rate

Ling W, et al. *J Addict Med*. 2020;14:e233-e240 Leighty AE, et al. *Ment Health Clin*. 2019;9:392-96

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## OMS-HC Activity



Self-reported, validated assessment of attitudes and behavioral intentions towards people with mental illness



Please take 5 minutes to complete survey

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## Scoring OMS-HC Activity

- Most questions scored as follows:
  - Strongly disagree = 1
  - Disagree = 2
  - Neither agree nor disagree = 3
  - Agree = 4
  - Strongly agree = 5
- Some items (indicated with \*\* on sheet) require reverse scoring

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## OMH-HC Factors

- **Factor 1: Attitudes of health care providers**
  - Beliefs or views about mental illness
  - Score: 6-30
- **Factor 2: Disclosure/help-seeking**
  - Score: 4-20
- **Factor 3: Social distance**
  - Desired proximity between oneself and another person in a social situation
  - Score: 5-25
- **Total Score: 15-75**
  - Higher score = higher stigma level

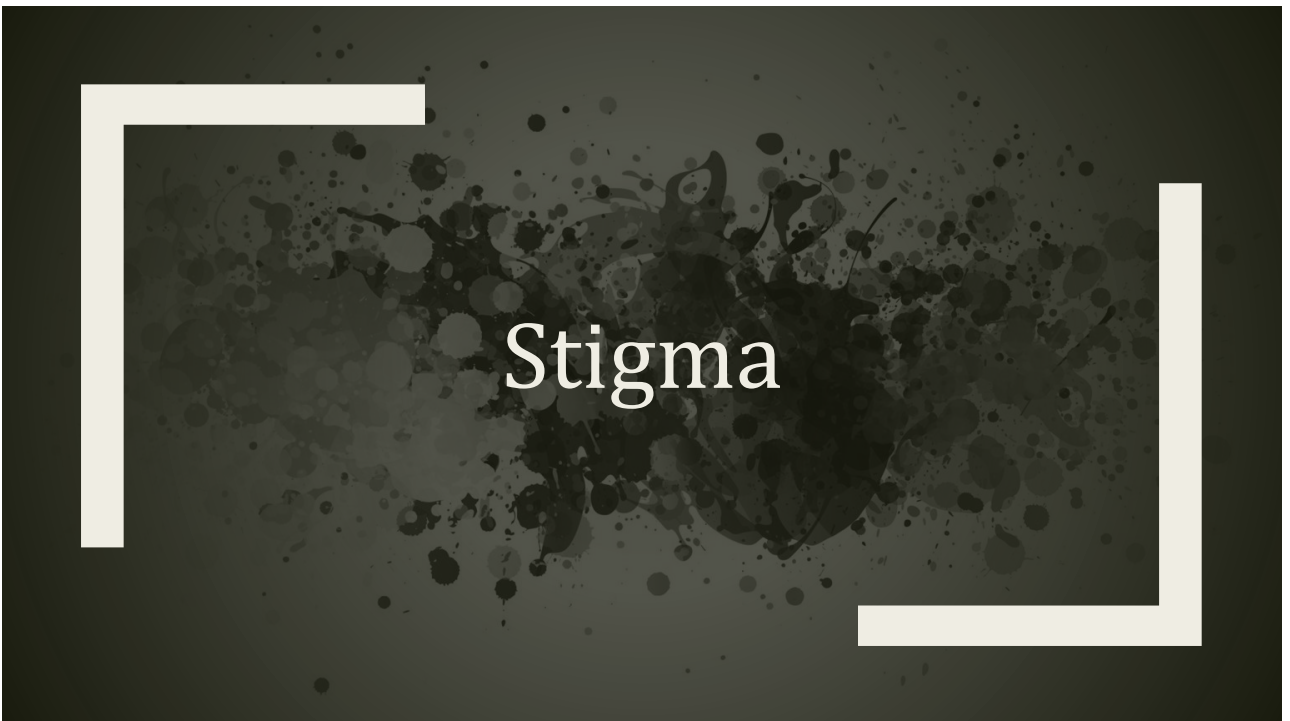
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## Reflection

- For which factor was your score the highest (compared with total possible score for that factor)?
- What surprised you most about your results?
- Which item was the most difficult to answer truthfully?

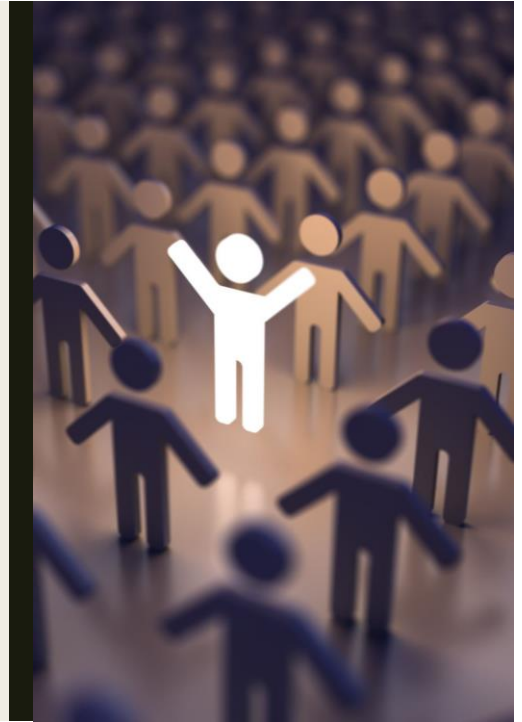
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## Stigma Definition

- "A set of negative and unfair beliefs that a society or group of people have about something."
- "A mark of shame or discredit"
- May occur at different levels in society



Knaak S, et al. *Healthcare Manage Forum*. 2017;30:111-16

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## Stigma and Mental Illness

- >50% of people with a mental illness do not seek help
  - Commonly cited reason is fear of being treated differently or losing job
- May be subtle or overt
- May have cultural component
- Media representation

Corrigan PW, et al. *Psychol Sci Public Interest*. 2014;15:37-70  
 American Psychiatric Association, 2020. Available from: [psychiatry.org/patients-families/stigma-and-discrimination](https://www.psychiatry.org/patients-families/stigma-and-discrimination)

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# Stigma and Mental Illness

Types of Stigma			
	Public	Self	Institutional
<b>Stereotypes &amp; Prejudices</b>	<b>People with mental illness are:</b> <ul style="list-style-type: none"> <li>• Dangerous</li> <li>• Incompetent, irresponsible</li> <li>• Unable to make their own decisions</li> <li>• To blame for their disorder</li> <li>• Unpredictable</li> </ul>	<b>I am:</b> <ul style="list-style-type: none"> <li>• Dangerous</li> <li>• Incompetent</li> <li>• To blame</li> <li>• Unpredictable</li> </ul>	<ul style="list-style-type: none"> <li>• Embodied in laws and other institutions</li> <li>• More likely to be criminalized than offered healthcare services</li> </ul>
<b>Discrimination</b>	<ul style="list-style-type: none"> <li>• Less likely to be hired</li> <li>• Landlords avoid renting</li> <li>• Lower standard of care in healthcare system</li> </ul>	<ul style="list-style-type: none"> <li>• Lowered self-esteem</li> <li>• Feeling unworthy of health, housing, employment, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Intended and unintended loss of opportunity</li> </ul>

Corrigan PW, et al. *Psychol Sci Public Interest*. 2014;15:37-70 American Psychiatric Association, 2020. Available from: [psychiatry.org/patients-families/stigma-and-discrimination](http://psychiatry.org/patients-families/stigma-and-discrimination); National Alliance on Mental Illness. StigmaFree Me. Available from: [nami.org/Get-Involved/Pledge-to-Be-StigmaFree/StigmaFree-Me](http://nami.org/Get-Involved/Pledge-to-Be-StigmaFree/StigmaFree-Me)

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## Stigma in the Healthcare System

- People with mental illness report feeling **devalued, dismissed, and dehumanized** by many healthcare professionals
  - Excluded from health-related decisions
  - Coercive treatment
  - Long wait times when seeking help
  - Given insufficient information about condition or treatment options
  - Being spoken to or about using stigmatizing language

Knaak S, et al. *Healthcare Manage Forum*. 2017;30:111-16

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## Stigma in the Healthcare System

Structural Stigma	Interpersonal Stigma	Intraindividual Stigma
<ul style="list-style-type: none"> <li>• Investment of resources</li> <li>• Quality of care standards</li> <li>• Organizational culture</li> </ul>	<ul style="list-style-type: none"> <li>• Patient-provider interactions</li> <li>• Discriminatory behaviors</li> <li>• Negative attitudes</li> </ul>	<ul style="list-style-type: none"> <li>• Self-stigma</li> <li>• Patient reluctance to seek care</li> <li>• Healthcare professional reluctance to disclose a mental illness and/or seek care</li> </ul>

Knaak S, et al. *Healthcare Manage Forum*. 2017;30:111-16

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## Dispelling Myths about Violence

- **Misconception that mental illness and violence are linked**
  - Mass shootings often blamed on mental illness
- Most patients with stable mental illness are **not at an increased risk for violence**
- Small percentage of violent acts (~3-4%) that occur in society are attributed to patients with a serious mental illness
  - Patients most at risk of harming themselves
  - More likely to be victims than perpetrators

Rueve ME, *Psychiatry Edmont*. 2008;5:34-48

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## Violence and Racial Bias

- White and Latinx mass shooters more likely to be described as mentally ill
  - Race not discussed in most published studies about mass shootings
  - Mental health rarely mentioned in cases of Black shooters
- Research on the link between violence and mental illness largely relies on data from criminal justice system
  - Individuals labeled as violent more likely to be people of color

Metzl J, et al. *Harv Rev Psychiatry*. 2021;29:81-9

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## Dispelling Myths about Violence

- Slightly increased possibility of violence if patient:
  - Is not receiving effective treatment
  - Has previous history of violence
  - Is currently misusing alcohol or other drugs
  - Is experiencing active psychotic symptoms
  - Is triggered by fear

Rueve ME, *Psychiatry Edgmont*. 2008;5:34-48

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## Consequences of Stigma

Poorer quality  
mental health  
care

- Discontinuation of treatment
- Suboptimal therapeutic relationships
- Delays in seeking treatment

Poorer quality  
physical health  
care

- Symptoms not taken seriously
- Symptoms misattributed to mental illness  
--> delay in diagnosis and treatment

Knaak S, et al. *Healthcare Manage Forum.* 2017;30:111-16

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## Stigma & LAIs

- Not directly investigated
- LAIs may help to **reduce** stigma by:
  - Allowing for less frequent dose administration
  - Improving adverse effect profile (less noticeable)
- Patients may feel **more stigma** if:
  - They feel that they do not have control over the medication administration
  - They feel that the LAI is punitive or coercive

Natale A, et al. *Curr Pharm Des.* 2023; Taylor DM, et al. *Nord J Psychiatry.* 2018;29:981-3

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## Pharmacists & Stigma

- Stigma still exists despite increasing awareness
- Negative attitudes identified among community pharmacists toward heroin and alcohol use disorders
  - Other studies showed positive attitude toward dispensing OUD medications such as methadone, buprenorphine
- Pharmacists can play a valuable role in treatment of patient with mental illness
  - Barrier: Pharmacists may harbor negative opinions about mental illness
- Pharmacists may feel inadequately prepared which can stimulate fear, discomfort, resentment

Davis B, et al. *Front Public Health*. 2022;10:818034 Giannetti V, et al. *Int J Clin Pharm*. 2018; 40:1096-1105  
 O'Reilly CL, et al. *Res Social Adm Pharm*. 2015;11:e101-9 Balayssac D, et al. *Ann Pharm Fr.*, 2022;80:897-905

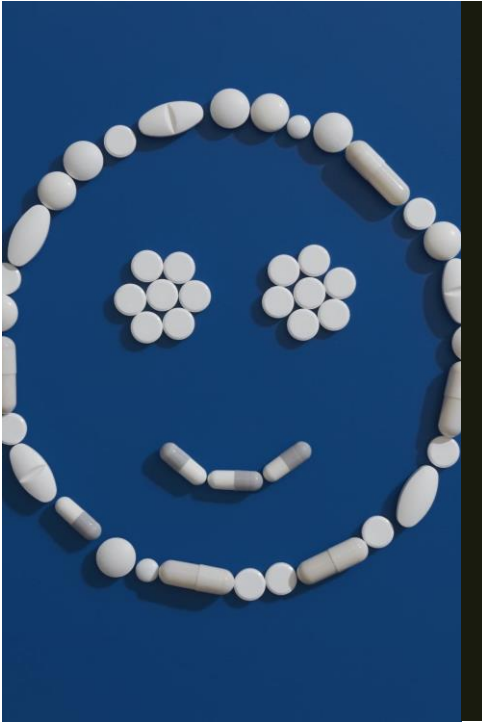
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## Pharmacy Students & Stigma

- Study demonstrated stigma toward patients with schizophrenia, severe depression
- Recent study of pharmacy students (N=390):
  - Significantly **higher stigma toward psychotropic medications** compared to stigma toward mental health conditions
  - Most students preferred non-pharmacologic treatment (41.8%) or non-pharmacologic and pharmacologic treatment (39.7%)
    - Personal preference was associated with psychotropic stigma
  - Impact on pharmacist counseling on these medications?

Davis B, et al. *Front Public Health*. 2022;10:818034  
 Bell JS, et al. *Am J Pharm Educ*. 2006;70:77

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## Pharmacist Role & Positive Impact

- Pharmacists have demonstrated ability to improve mental health outcomes
  - Improved prescribing practices
  - Increased adherence rates
  - Increased patient satisfaction
  - Identification of people experiencing mental health crisis
  - Mental health screening
  - Identification and management of adverse effects
  - Improvement in symptom management:
    - Ex: Depression, PTSD

Bell JS, et al. *Am J Pharm Educ.* 2006;70:77  
 El-Den S, et al. *Pharm Pract (Granada).* 2021;19:2545

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## Combating Stigma



### 1. Educate yourself and others:

- Use facts to battle stereotypes
- Dispel false ideas
- Mental health issues are not a result of personal weakness, lack of character, or poor upbringing

### 2. See the person, not the condition:

- Get to know the person
- Treat everyone with kindness and empathy
- Everyone with a mental health condition has their own story, path, and journey

### 3. Take action:

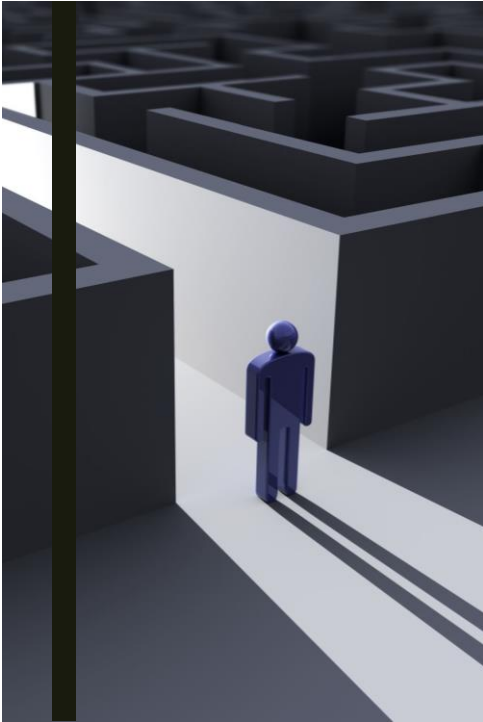
- Push for better legislation and policies to improve lives
- Support the cause

Take the stigma quiz: [nami.org/stigmafree](https://nami.org/stigmafree)

National Alliance on Mental Illness. StigmaFree Me. Available from: [nami.org/Get-Involved/Pledge-to-Be-StigmaFree/StigmaFree-Me](https://nami.org/Get-Involved/Pledge-to-Be-StigmaFree/StigmaFree-Me)



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## Stigmatizing Language

- Language is powerful
  - Can break down stereotypes or feed into them
- **Person-first language** puts the focus on the person, not their disorder or diagnosis
  - People not defined by their illness

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## Person-First Language: Mental Illness

 Instead of...	Try... 
Schizophrenic	Person with schizophrenia
He is bipolar	He has bipolar disorder/he is living with bipolar disorder
Manic depressive	Person living with bipolar disorder
The mentally ill	People with a mental illness/mental health condition

Mental Health First Aid, Use person-first language to reduce stigma, 2022. Available from: [mentalhealthfirstaid.org/2022/04/use-person-first-language-to-reduce-stigma/](https://mentalhealthfirstaid.org/2022/04/use-person-first-language-to-reduce-stigma/)  
National Alliance on Mental Illness. StigmaFree Me. Available from: [nami.org/Get-Involved/Pledge-to-Be-StigmaFree/StigmaFree-Me](https://nami.org/Get-Involved/Pledge-to-Be-StigmaFree/StigmaFree-Me)

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## Person-First Language: SUDs






Instead of...	Try...
Alcoholic	Person with alcohol use disorder
Addict, junkie, druggie	Person with a substance use disorder
Ex-addict, clean	Person in recovery

Mental Health First Aid, Use person-first language to reduce stigma, 2022. Available from: [mentalhealthfirstaid.org/2022/04/use-person-first-language-to-reduce-stigma/](https://mentalhealthfirstaid.org/2022/04/use-person-first-language-to-reduce-stigma/)  
National Alliance on Mental Illness. StigmaFree Me. Available from: [nami.org/Get-Involved/Pledge-to-Be-StigmaFree/StigmaFree-Me](https://nami.org/Get-Involved/Pledge-to-Be-StigmaFree/StigmaFree-Me)

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## Stereotyping Language

Instead of...	Try...
Drug/alcohol abuse	Substance use disorder
Committed suicide	Died by suicide
Failed suicide	Attempted suicide
Crazy, insane, nuts	Person living with a mental illness/person experiencing a mental health crisis

Mental Health First Aid, Use person-first language to reduce stigma, 2022. Available from: [mentalhealthfirstaid.org/2022/04/use-person-first-language-to-reduce-stigma/](https://mentalhealthfirstaid.org/2022/04/use-person-first-language-to-reduce-stigma/)  
National Alliance on Mental Illness. StigmaFree Me. Available from: [nami.org/Get-Involved/Pledge-to-Be-StigmaFree/StigmaFree-Me](https://nami.org/Get-Involved/Pledge-to-Be-StigmaFree/StigmaFree-Me)

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## Audience Question 2

Which of the following would be the best way to describe a patient who will be receiving an LAI at your pharmacy today?

- A. A schizophrenic patient is coming in at noon for his Invega Sustenna dose.
- B. A patient with bipolar disorder is scheduled to receive Abilify Maintena.
- C. This patient is receiving Vivitrol every month because he is an alcoholic.
- D. A patient with manic depression needs her Risperdal Consta dose today.

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# Other Barriers To LAI Treatment



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## Cost

- Patients and providers may have to balance cost vs. benefits
- LAI formulations generally more expensive than oral
  - May have increase in quality-adjusted life-years (QALYs)
- Older formulations of LAIs often less expensive
  - Older agents may be more cost-effective even if associated with less QALYs
- **However** also need to weigh cost-savings of avoiding hospitalization, other healthcare costs

Wang GH, et al. *J Manag Care Spec Pharm.* 2023;29:884-95  
 Rosenheck RA, et al. *Psychiatr Serv.* 2016;67:1124-30 Augusto M, et al. *J Comp Eff Res.* 2018;7:627-36

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## Other Cost Considerations



Almost all LAI antipsychotics included on CT Medicaid Preferred Drug List



Many agents have associated savings programs

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## Logistics

- May need to travel to clinic to receive injection
  - Time, cost, work schedules
- May feel "tied" to their home if need to wait for administrator (i.e. nurse) to arrive
- LAIs may pose problems during periods when patient is traveling away from home

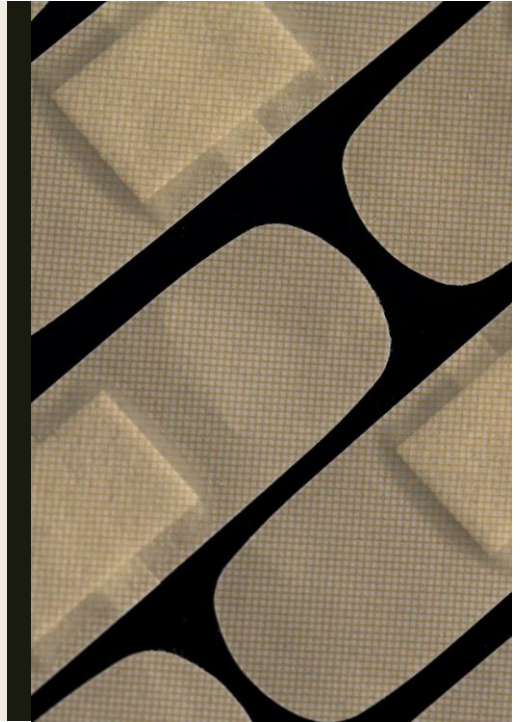
Fiore G, et al. *J Bras Psiquiatr.* 2021;70:68-77

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## Fear of Needles & Injection Site Pain

- Studies included patients treated with and not treated with LAIs
- Some patients did report first injection being painful
  - Nodules
  - Indurations
  - Muscle granulomas
  - Fibrosis
  - Abscesses

Fiore G, et al. *J Bras Psiquiatr.* 2021;70:68-77



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## Impaired Insight

- **Insight:**
  - Ability to recognize that one has a psychiatric illness
  - Ability to label unusual psychological experiences as pathological
- **Patients may not believe they need treatment**
  - Diminished insight associated with poor treatment adherence
    - Impaired insight very common in schizophrenia
      - Can occur with other mental disorders
    - In one study, 8.3% of patients who refused an LAI antipsychotic did so due to poor insight

Joseph B, et al. *Indian J Psychol Med.* 2015;37:5-11  
Zhu J, et al. *Front Public Health.* 2021;9:770276

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## Prescriber Concerns

- Fear of damaging therapeutic relationship
  - Coercion
- Lack of knowledge of long-acting formulations

Potkin S, et al. *BMC Psychiatry*. 2013;13:261

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## Positive Aspects of LAIs: Patient Perspective

- Do not have to remember to take medication every day
- Sense of control/safety
- LAIs seen as a way to prevent relapses and hospitalizations
- Fewer side effects (drowsiness, weight gain)
- Increased sense of wellbeing due to reduction in psychiatric symptoms

Fiore G, et al. *J Bras Psiquiatr*. 2021;70:68-77

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## Summary

- Patients living with mental illness and/or substance use disorders experience many barriers to optimal treatment
- Stigma can reduce the likelihood that a patient seeks and receives care
- Long-acting injectable medications may improve patient outcomes including hospitalization rates and relapse rates

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# Stigma, Barriers, and Outcomes for Patients Treated with LAIs

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