

higher healthcare resource utilization. There remains a need for new treatment options for patients with persistent, prominent, or predominant negative symptoms which specifically improve this historically hard-to-treat and assess symptom domain.

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## Anticholinergics Should Not Be Used to Treat Tardive Dyskinesia: Insights From an Expert Panel of Psychiatry and Neurology Healthcare Professionals

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### Abstract

**Introduction.** Tardive dyskinesia (TD) is a persistent and often disabling hyperkinetic movement disorder associated with prolonged exposure to dopamine receptor blocking agents (e.g., antipsychotics, antiemetics). The use of anticholinergics for the treatment of movement disorders including TD is a common practice, despite a lack of supportive evidence and the potential to worsen TD. Moreover, there are now FDA-approved medications specifically indicated for TD. Two virtual meetings were held with movement disorder experts from neurology and psychiatry to better understand the real-world use of anticholinergics for TD.

**Methods.** In November 2020, a panel of eight experts was convened to gather insights on the challenges of differentiating TD from other drug-induced movement disorders (DIMDs) and to discuss appropriate treatments for TD and other DIMDs. A follow-up meeting was held in June 2021 to consolidate these insights. Key recommendations based on the panel discussions are presented.

**Results.** The panel emphasized that while anticholinergics can help with managing some DIMDs, current evidence indicates that they are not effective in TD and may even worsen symptoms. Therefore, FDA-approved vesicular monoamine transporter 2 (VMAT2) inhibitors like valbenazine were recommended by the panel as first-line TD therapies. The panel noted that TD is often grouped under the term “extrapyramidal symptoms,” which leads to difficulty in differentiating TD from other DIMDs and the inappropriate treatment of TD with anticholinergics. The panel agreed that prophylaxis with anticholinergics is only appropriate in patients at high risk of acute dystonia. However, chronic anticholinergic use should be avoided whenever possible due to potentially serious adverse effects (e.g., cognitive difficulties) and anticholinergic burden, particularly in older patients. The potential for abuse, addiction, and diversion should also be considered when prescribing anticholinergics. Abrupt anticholinergic discontinuation can result in cholinergic rebound, which is

characterized by sleep disturbances, gastrointestinal problems, urinary urgency, and manifestations of DIMDs. Thus, when used appropriately (e.g., for acute dystonia), anticholinergics should be prescribed at minimally effective doses and slowly tapered for successful discontinuation.

**Conclusions.** These findings align with the current TD treatment guidelines, including the lack of evidence for anticholinergic use and recommended first-line treatment with approved VMAT2 inhibitors. Conclusions from this panel highlight educational needs across HCPs on the phenomenology of DIMDs, the inappropriate use of anticholinergics for TD, TD risks and assessment, and treatment strategies for TD.

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## Interventions to Reduce the Role Strain of Informal Adult Caregivers of Individuals With Neurocognitive and Mental Disorders

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### Abstract

**Background.** The value of the unpaid labor performed by caregivers is estimated to be at least \$306 billion annually, nearly double the combined costs of home health care (\$43 billion) and nursing home care (\$115 billion). However, studies show caregivers are at risk of developing high levels of physical, emotional, and mental strain, which can negatively impact their role, quality of life, and increase medical costs.

**Purpose.** The project aims to determine if giving informal caregivers non-pharmacological interventions such as self-guided bibliotherapy, stress reduction interventions, and improving health literacy will reduce the role strain of informal adult caregivers and improve their quality of life.

**Method.** This project employed a mix-method design focusing on the role strain and quality of life of relatives and friends assisting individuals with neurocognitive or mental health disorders. The subjects engaged in weekly self-guided activities for 8 weeks, and responded to survey questions regarding demographics, depression, anxiety, and stress levels. Personal health information (PHI) was not obtained. The subjects were required to answer qualifying questions. A \$5 Amazon gift card was given to participants who completed the project.

**Results.** Seven people enrolled in the project, but only four participated. All participants were female. Two were African Americans, one Caucasian, and one Hispanic. All four participants completed the pre-test, demographic surveys, and intervention. However, only two completed the post-test survey. One participant completed the pre-test and post-test on the same day at the end of the project.