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From Evidence to Everyday Practice: Using Real-World Data to Refine TD Algorithms

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Dr. Hicks:
Well, hello. I'm Dr. Tracy Hicks, and here with me today is Dr. Melissa Moody. Today we'll review recently presented real-world data on tardive dyskinesia and how they shape practical treatment algorithms.

So, Melissa, there are a couple of studies that evaluated treatment persistence. Can you tell me about these?

Dr. Moody:
Absolutely, Tracy. There's two recent studies that were discussed at recent congresses, and I'm going to give you a little bit of an overview of those first and then discuss how their information might be used um in a relevant way in our clinical practice every day.

So, the first is titled *Real-World Persistence in Patients with Tardive Dyskinesia: A Comparative Study of Valbenazine and Deutetrabenazine XR*. This study looks at persistence among matched deutetrabenazine XR and valbenazine cohorts. It is a retrospective claims analysis looking at prescription and professional-fee claims across US databases. It included patients with tardive dyskinesia, while patients with Huntington's disease were excluded. Persistence, discontinuation which was defined as a greater than 45-day gap, and switching to another VMAT2 inhibitor were the assessed outcomes.

Results showed persistence at each month and overall was significantly higher with valbenazine versus deutetrabenazine XR. A lower portion of the valbenazine cohort switched to a different VMAT2 inhibitor than the matched deutetrabenazine XR cohort, and the median time to discontinuation or switch from VMAT2 inhibitor therapy was 129 days for deutetrabenazine XR, while a median was not reached for the valbenazine cohort, indicating longer persistence for valbenazine patients.

This is the first study comparing persistence between valbenazine and deutetrabenazine XR in a real-world setting. Results showed valbenazine had greater persistence and less switching versus deutetrabenazine XR. Higher rates with valbenazine were seen after the first month and sustained through 6-month follow-up.

The second study is looking at patients' experience with once-daily deutetrabenazine XR for the treatment of tardive dyskinesia in individuals with prior valbenazine use. It was a noninterventional, prospective, cross-sectional IRB-approved study, and it was really a survey looking at patient-reported experiences.

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Two-hundred and nine participants with tardive dyskinesia completed the survey, with 54 participants reporting prior valbenazine use. Conclusions show that most participants with tardive dyskinesia who reported previously using valbenazine and those who initiated deutetrabenazine once daily de novo reported improvements in their extra movements and overall satisfaction with deutetrabenazine once daily.

So here's where this kind of comes into play. I know that's a lot of information, but here's where I think the relevant information is. Because treatment of tardive dyskinesia is ongoing and unfortunately not curative but helps with symptom suppression, taking medication every day is necessary. Patients are going to have to commit to taking medication and continue to take that medication, so that persistence aspect is really important.

So taking both of those studies into consideration, they're most relevant in exhibiting persistence while taking VMAT2 inhibitor treatment for tardive dyskinesia. Dosing convenience and taking a once-a-day medication plays a role in how well patients continue to take oral medication. Patients taking daily medication are more likely to continue once they take that once-daily and continue with it. And patients report positive outcomes when taking daily medication, I think, because they can add it into whatever they're currently taking.

When considering choosing a VMAT2 inhibitor to treat your patients with TD, this information can be helpful in determining what is most appropriate for those patients in terms of being, like the long game and what's really going to help our patients in the long term. So we need to kind of think about that. Are we choosing medications that patients are going to continue to take every day to help continue to treat their tardive dyskinesia?

Dr. Hicks:
Thank you, Melissa. I think these findings highlighted an important shift in how we think about TD treatment beyond symptom improvement alone and toward persistence, patient experience, and overall quality of life. That transition is especially important as we look at newer data from KINECT-PRO, which helps us better understand not only movement improvement but also the broader impact of treatment on functioning and daily life.

Well, that has been a great bite-sized discussion. Our time is up. Thank you for listening.

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