Perspectives of Nurse Practitioners and Physician Assistants/Associates on Presenting Long-Acting Injectables to Adults with Schizophrenia: A Delphi Panel Study

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PLAIN LANGUAGE SUMMARY

Schizophrenia is a long-term mental illness that affects how a person experiences reality. It can affect thoughts, perceptions, emotions, and everyday functioning. Antipsychotics are treatments prescribed to help control the symptoms. While antipsychotics are usually taken as daily pills, they also come as long-acting injections (LAIs) given every few weeks or months. LAIs can make it easier for people to stay on their treatment and are linked to fewer hospital visits and better health. Even so, they are used less often than they could be, even though treatment guidelines recommend discussing injections with patients early in treatment. Nurse practitioners (NPs) and physician associates (PAs) can prescribe these medicines, but their views are not often

studied. We asked 12 experienced NPs and PAs in the US to share their experience with LAIs, including 1:1 interviews and surveys, working toward agreement on how to encourage earlier use of LAIs for schizophrenia treatment. The group agreed on 29 recommendations. They identified common obstacles, such as patients' fear of needles, worries about losing independence, insurance hurdles, transportation problems, and clinics lacking staff trained to give injections. To overcome these, they suggested introducing injections early and often, using plain and encouraging language, focusing on each patient's personal goals, involving family and the wider care team, building partnerships with local pharmacies and clinics, and increasing training opportunities/incentives for providers. Overall, the group strongly agreed on practical ways to start helpful conversations about LAIs sooner, which could help more people with schizophrenia benefit from treatment.

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STATEMENTS AND DECLARATIONS

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Competing interests

Daphne Weeks serves as a consultant for Johnson & Johnson

Sonny Cline serves as a speaker and consultant for Johnson & Johnson.

Kody Green serves as a speaker and consultant for Johnson & Johnson

Leslie Citrome has served as a consultant for Abbvie, Acadia, Adheretech, Altus, Alumis, Axsome, Alkermes, Arc, Auritec, Autobahn, Avant Healthcare Solutions, Biogen, BioXcel, BMS/Karuna, Boehringer Ingelheim, Cadent, Cerevel, Clario/Medavante/Prophase, Clinilabs, Compass, Corcept, Definium, Delpor, Eisai, Enteris BioPharma, Health Wellness Partners, HLS, Idorsia, Inmune Bio, Intra-Cellular, Johnson & Johnson/Janssen, Little Bear, Lundbeck, Luye, Lyndra, Maplight, Marvin, Mindmed, Neurelis, Neushen, Neumora, Neurocrine, Noema, Novartis, Noven, Orexo, Otsuka, Ovid, Pontifax/Draig, Praxis, PSL, Real Chemistry, Relmada, Renew Research, Response, Reviva, Sage, Seaport, Sumitomo/Sunovion, Supernus, Teva, University of Arizona, Vanda, Wells-Fargo, and one-off ad hoc consulting for individuals/entities conducting marketing, commercial, or scientific scoping research; speaker for Abbvie, Acadia, Alkermes, BMS, Eisai, Idorsia, Intra-Cellular, Johnson & Johnson/Janssen, Lundbeck, Luye, Neopharm, Neurocrine, Noven, Otsuka, Recordati, Takeda, Teva, Vanda, and CME activities organized by medical education companies such as Decera Clinical Education/Clinical Education Alliance/Clinical Care Options, CME Institute, CMEology, HMP/Psych Congress, Medscape/WebMD, MultiMedia Medical LLC, Neuroscience Education

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Jason Gray and Karen Johnston are employees of Johnson & Johnson Medical Affairs and own stock/stock options.

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Author contributions

All authors have made substantial contributions to the conception or design of the study, or the acquisition, analysis, or interpretation of data, drafting the manuscript and revising it critically for important intellectual content, and have provided final approval of this version to be published and agree to be accountable for all aspects of the work.

Previous presentations

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