



Early Warning Signs of Schizophrenia Are Not Acted on Soon Enough, According to New Survey of Psychiatrists and Caregivers

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—Survey reveals 98% of psychiatrists and 81% of caregivers say early warning signs of schizophrenia are not acted on soon enough; failure to recognize the early warning signs is a barrier to receiving care —

—92% of psychiatrists and 84% of caregivers state delaying intensive treatment for people with schizophrenia does more harm than good —

—50% of psychiatrists say there is often a hesitancy among psychiatrists to deliver a diagnosis of schizophrenia to young people and their families —

DUBLIN--(BUSINESS WIRE)--Oct. 7, 2015-- According to the results of a recent survey of 600 psychiatrists and caregivers of people living with schizophrenia, nearly all (98%) psychiatrists and the vast majority (81%) of caregivers feel that early warning signs of schizophrenia are not acted on soon enough, delaying both diagnosis and treatment of the disease.¹ In the *Early Intervention in Schizophrenia* survey, conducted by Harris Poll on behalf of Alkermes, more than half (61%) of caregivers indicated that not recognizing the early warning signs of schizophrenia was a barrier to seeing a psychiatrist. Survey respondents also indicated that, on average, it took nearly three years for individuals with schizophrenia to see a psychiatrist after early warning signs appeared.

"We hear from families over and over again that although they noticed their child was not thinking clearly or was withdrawing from social situations, they did not realize that these behaviors can sometimes be symptoms of a serious mental illness," said Paul Gionfriddo, President and CEO of Mental Health America. "So many times these early warning signs are missed, particularly in early adulthood when children are often away from home, and a lot of time can elapse before someone with schizophrenia gets the medical help they need."

Even after being seen by a psychiatrist, there are additional barriers to receiving care for schizophrenia including hesitation on the part of the psychiatrist to deliver a schizophrenia diagnosis and reluctance on the part of families to accept the diagnosis. In fact, half of psychiatrists surveyed (50%) responded that psychiatrists are often hesitant to deliver the diagnosis of schizophrenia to young people and their families. Yet, the vast majority of psychiatrists (92%) and caregivers (84%) believe that delaying intensive treatment for people with schizophrenia does more harm than good.¹

There are potentially significant consequences to delaying treatment for schizophrenia, which is a serious and progressive brain disease. With every psychotic episode, individuals may experience a decline in brain function that they can never regain.²

"The results of this survey clearly demonstrate a lack of awareness among caregivers about the early warning signs of schizophrenia and highlight some of the underlying barriers to care that prevent individuals from getting on the path to appropriate treatment sooner," said Stephen Stahl, M.D., Ph.D., Adjunct Professor of Psychiatry at the University of California San Diego, School of Medicine. "Because of the devastating consequences of schizophrenia, there is a compelling need to identify and diagnose this disease early so that patients can get the best care possible before significant progression of the disease. Adequate treatment of schizophrenia can greatly improve a person's chance to successfully manage their condition as they continue their life."

Additional findings from the survey include:

Delays in Diagnosis of Schizophrenia

- Nearly 9 out of 10 caregivers (86%) say they believed that their loved one would have benefited if more intensive treatment was recommended sooner to manage the disease.
- Psychiatrists estimate that on average, 58% of people experience an acute psychotic episode prior to seeing a psychiatrist for the first time. 85% of caregivers report that their loved ones had the first psychotic episode before seeing a psychiatrist.

Reasons for the Delay in Diagnosis and Treatment of Schizophrenia

- 74% of psychiatrists surveyed indicate that it is common for people with early warning signs of schizophrenia to be diagnosed with another mental illness initially – most commonly psychotic disorder (unspecified), substance abuse and bipolar disorder.
- 76% of psychiatrists say a barrier to patients receiving more intensive treatment is that families do not easily accept a diagnosis of schizophrenia.

Perceptions of Schizophrenia Treatment

- 88% of psychiatrists and 83% of caregivers believe the U.S. healthcare system falls short of providing adequate treatment for people living with schizophrenia.
- 96% of psychiatrists and 86% of caregivers believe more can be done to provide people with schizophrenia more intensive treatment sooner.

Survey Methodology

Harris Poll conducted an online survey on behalf of Alkermes among 600 survey participants, including 300 licensed psychiatrists in the U.S. (who

treat at least five patients with schizophrenia) and 300 unpaid caregivers of people with schizophrenia. In order to qualify for participation in the *Early Intervention in Schizophrenia* survey, caregivers needed to be at least 18 years old, care for someone with schizophrenia who was diagnosed with the condition within the past 20 years, be currently involved in managing treatment for that person and have been in close contact with the person at the time early warning signs appeared. Psychiatrists were randomly sampled from the American Medical Association (AMA) database and invited to participate in an online self-administered survey via a regular mail invitation, and those who completed the survey were paid a small fee for their time. Caregivers were sampled from the Harris Poll online panel and invited by email to be screened, and if qualified, participate in an online self-administered survey. Data were collected between June 2, 2015 and June 29, 2015. Data for caregivers were not weighted and are only representative of those who completed the survey. Data for psychiatrists were weighted by years in practice by gender and by region.

For complete survey methodology, including weighting variables and subgroup sample sizes, and to learn more about the results of the survey, please send requests to mediainfo@alkermes.com.

About Schizophrenia

Schizophrenia is a chronic, debilitating mental illness that affects 2.4 million Americans and more than 21 million people worldwide.^{3,4} Schizophrenia often becomes apparent in young adulthood – men usually develop the illness between the ages of 18–25, while women usually develop schizophrenia between the ages of 25–35.⁵ Although symptoms vary in type and severity among individuals, schizophrenia typically interferes with a person's ability to think clearly, manage emotions, make decisions and relate to others. Approximately one-third of people with schizophrenia attempt suicide, and 10% of people with schizophrenia eventually die by suicide.⁶ Other grave outcomes include higher rates of incarceration and homelessness.⁷

About the Early Warning Signs and Symptoms of Schizophrenia

Initial signs of schizophrenia can include isolating oneself, sleep problems and irritability; however, a person with schizophrenia can experience a combination of symptoms – sometimes severe, other times hardly noticeable. These symptoms typically fall into three broad categories: positive symptoms, negative symptoms and cognitive symptoms.

Positive symptoms are psychotic behaviors not experienced by those without the illness that can cause individuals to “lose touch” with reality, such as hallucinations, or seeing, hearing, smelling or feeling things that others cannot.⁸ Negative symptoms – which are often confused with clinical depression or other conditions – diminish a person's abilities, leading them to appear emotionally flat or speak in a dull, disconnected way. This can result in difficulty starting or following through with activities, enjoying life and sustaining relationships.⁹ Cognitive symptoms can be subtle. They include difficulty focusing or paying attention and using information to make a decision immediately after receiving it.⁸

Screening tests are a way to determine whether someone is experiencing symptoms of a mental health condition. One such screening tool is offered by Mental Health America for young adults who feel an unusual state in their mental health, like their brain is playing tricks on them by seeing, hearing or believing things that do not seem real or quite right.

Following the screening, there is information provided with resources and tools to discuss the results with a healthcare provider.

About Alkermes

Alkermes plc is a fully integrated, global biopharmaceutical company developing innovative medicines for the treatment of central nervous system (CNS) diseases. The company has a diversified commercial product portfolio and a substantial clinical pipeline of product candidates for chronic diseases that include schizophrenia, depression, addiction and multiple sclerosis. Headquartered in Dublin, Ireland, Alkermes plc has an R&D center in Waltham, Massachusetts; a research and manufacturing facility in Athlone, Ireland; and a manufacturing facility in Wilmington, Ohio. For more information, please visit Alkermes' website at www.alkermes.com.

Note Regarding Forward-Looking Statements

Certain statements set forth in this press release constitute “forward-looking statements” within the meaning of the Private Securities Litigation Reform Act of 1995, as amended, and, in some cases, these statements can be identified by the use of forward-looking terminology such as “may,” “will” “believe,” “feel,” “estimate,” or other similar words. The company cautions that forward-looking statements are inherently uncertain. Although the company believes that such statements are based on reasonable assumptions within the bounds of its knowledge of its business and operations, the forward-looking statements are neither promises nor guarantees and they are necessarily subject to a high degree of uncertainty and risk. Actual performance and results may differ materially from those expressed or implied in the forward-looking statements due to various risks and uncertainties. Unless otherwise indicated, information contained in this press release concerning schizophrenia is based on information from various sources (including, without limitation, the *Early Intervention in Schizophrenia* survey conducted by Harris Poll, industry publications, medical and clinical journals and studies, other surveys and forecasts and the company's internal research), on assumptions that the company has made, which the company believes are reasonable, based on those data and other similar sources and on its knowledge of schizophrenia. The company's internal research has not been verified by any independent source, and the company has not independently verified any third-party information. These risks and uncertainties and projections, assumptions and estimates are necessarily subject to a high degree of uncertainty and risk due to a variety of factors, including, among others: whether the results of the *Early Intervention in Schizophrenia* survey conducted by Harris Poll generally represent the beliefs and opinions of psychiatrists and caregivers and can be duplicated; whether the psychiatrists and caregivers surveyed by Harris Poll will maintain the same beliefs and opinions expressed in the survey in the future; and those risks described in the Alkermes plc Quarterly Report on Form 10-Q for the period ended June 30, 2015 and Annual Report on Form 10-K for the fiscal year ended Dec. 31, 2014, and in any other subsequent filings made by the company with the U.S. Securities and Exchange Commission (SEC), which are available on the SEC's website at www.sec.gov. The information contained in this press release is provided by the company as of the date hereof, and, except as required by law, the company disclaims any intention or responsibility for updating or revising any forward-looking information contained in this press release.

¹ Alkermes, Inc. (2015). *Early Intervention in Schizophrenia: A Commissioned Study of Psychiatrists and Caregivers Conducted by Harris Poll*.

² Baaré W.F., Hulshoff Pol H.E., Boomsma D.I., Posthuma D., de Geus E.J., Schnack, H.G., ...Kahn, R.S. (2007). Focal gray matter changes in schizophrenia across the course of the illness: a 5-year follow-up study. *Neuropsychopharmacology*, 32(10), 2057–2066.

³ National Institutes of Health. *NIH Fact Sheets - Schizophrenia*. Retrieved October 6, 2015 from <http://report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=67>

⁴ World Health Organization. *Schizophrenia*. Retrieved October 6, 2015 from http://www.who.int/mental_health/management/schizophrenia/en/

⁵ Ochoa, S., Usall J., Cobo J., Labad, X., & Kulkarni, J. (2012). Gender Differences in Schizophrenia and First-Episode Psychosis: A Comprehensive Literature Review. *Schizophrenia Research and Treatment*, 2012, 2.

⁶ Andreasen N.C., & Black D.W. (2006). *Introductory Textbook of Psychiatry (4th ed.)*. Washington, DC: American Psychiatric Publishing, Inc.

⁷ Treatment Advocacy Center. Consequences of Non-treatment Fact Sheet. Retrieved October 6, 2015 from <http://www.treatmentadvocacycenter.org/resources/consequences-of-lack-of-treatment/violence/1384>

⁸ National Institutes of Health. *What Is Schizophrenia?* Retrieved October 6, 2015 from http://www.nlm.nih.gov/health/topics/schizophrenia/index.shtml#part_145430

⁹ National Alliance on Mental Illness. *Schizophrenia*. Retrieved October 6, 2015 from <http://www.nami.org/Learn-More/Mental-Health-Conditions/Schizophrenia>

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