



## New National Survey of Healthcare Providers Offers Insights Into the Dynamic and Challenging Treatment Journey for People Living With Schizophrenia or Bipolar I Disorder

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*– Survey Respondents Reported That Medication Adherence is a Top Concern for Healthcare Providers When Selecting Treatments and Frequent Medication Switches Can Have Significant Impacts on Patients' Experiences and Quality of Life –*

*– 98% of Respondents Agreed\* That Quality of Life for a Patient is Just as Important as Symptom Management When Thinking About Treatment Effect –*

DUBLIN, March 27, 2025 /PRNewswire/ -- People living with schizophrenia or bipolar I disorder (BDI) often face long and complex diagnostic and treatment journeys. Results from a newly completed survey designed to better understand the perspectives of healthcare providers on patients' treatment experiences and outcomes indicated that providers often prioritize approaches that support long-term symptom control, treatment consistency and quality of life considerations. This research was conducted online in the U.S. in September 2024 by The Harris Poll on behalf of Alkermes, Inc., a subsidiary of Alkermes plc (Nasdaq: ALKS), among over 250 healthcare providers who see at least 10 BDI patients per month and at least 2 schizophrenia patients per month. Alkermes is committed to understanding the unique needs of people living with schizophrenia and BDI and driving increased disease awareness and education.



"At Alkermes, we are committed to advancing our understanding of serious mental health conditions to create real impact for people living with these diseases," said Kanchan Relwani, M.D., Senior Vice President, Medical Affairs at Alkermes. "The perspectives of healthcare providers captured in this survey are valuable in helping to understand the path that patients may navigate following a schizophrenia or bipolar I disorder diagnosis. These insights help inform and characterize the barriers and opportunities that exist to advance care."

Key findings from the survey include:

- *BDI and schizophrenia are complex diseases that impact patients' quality of life and often require a variety of medications to manage.*
  - Among healthcare providers surveyed, 66% said their BDI patients have good or excellent overall quality of life, while 21% felt their schizophrenia patients had good or excellent overall quality of life.
  - Respondents estimated that 58% of their BDI patients, on average, currently take a mood stabilizer, 53% take an oral antipsychotic, 24% take an antidepressant, 14% take medication to treat side effects of antipsychotics and/or 12% take a long-acting injectable antipsychotic. Respondents estimated that 69% of their schizophrenia patients, on average, currently take an oral antipsychotic, 27% take a long-acting injectable antipsychotic, 25% take a mood stabilizer, 23% take an antidepressant and/or 23% take medication to treat side effects of antipsychotics. (All figures expressed as a mean of responses.)
  - When asked to select their top three worries about their BDI patients, healthcare providers surveyed cited the ability of patients to stay on their medication long-term (36%), followed by the frequency of manic symptoms or episodes they experience (32%) and the frequency of depressive symptoms or episodes they experience (31%). Among schizophrenia patients, ability to take their medication as prescribed (41%) and stay on their medication long-term (41%) were among the most common worries reported by healthcare providers, followed by patients' ability to be independent and complete activities of daily living (38%).
- *Medication switching occurs frequently in these patient populations and has implications along the treatment journey.*
  - Healthcare providers surveyed reported that their BDI patients have to switch medications an average of seven

times in their lifetime, and schizophrenia patients have to switch an average of eight times in their lifetime.

- When asked for the reasons why their patients typically switch medication, the most commonly reported reasons were patients feeling like their medication(s) aren't effective (82%) and intolerable side effects (81%).
- Further, respondents agreed that switching medications can have a negative impact on patients. Specifically, three quarters of respondents agreed that frequent switching of medications can be detrimental to their patients' quality of life (77%) and that it makes it more difficult to maintain control of symptom(s) over time (76%).
- *When thinking about new treatment choices, healthcare providers tend to take a measured approach that considers a wide range of factors, including clinical guidelines, accessibility and individual patient circumstances.*
  - When asked how they approach the use of new treatments, 31% of respondents tend to explore the latest advancements/treatments and incorporate them as quickly as possible, while 59% tend or prefer to wait for more information about the latest advancements/treatments before incorporating and 10% are unlikely to use or try the latest advancements/treatments until they have been included into standards of care.
  - When asked what would make them likely or more likely to explore and incorporate new advancements/treatments for their patients, the most common responses were: if it is added to clinical guidelines (68%) and if it is generally accessible through public or private insurance (65%).
  - When respondents were asked to choose the most important consideration when selecting a treatment option for their patients, the top three were: whether or not the patient is able to take their medication as prescribed (15%), if the treatment has extensive clinical trial research to support it (15%) and their experiences with treatments with other patients (13%).
- *When thinking about patient outcomes, healthcare providers often weigh a variety of clinical and individual considerations.*
  - When asked about successfully treating their patients' schizophrenia or BDI as a whole with medication, healthcare providers reported that the three most important outcomes for their patients include: experiencing symptoms of their disease less frequently (44%), being able to be independent and complete activities of daily living (38%) and being able to stay on their medication long-term (30%). Other important outcomes included taking their medication as prescribed (28%), being able to develop and achieve life goals (27%), and having less frequent or more tolerable side effects (25%).
  - When asked about the importance of different measures of treatment efficacy, healthcare providers responded that the following were absolutely essential or very important: if a treatment manages/controls symptoms (98% for BDI, 97% for schizophrenia); if a treatment helps give patients a better quality of life (96% for BDI, 94% for schizophrenia); if a treatment has manageable side effects (92% for BDI, 92% for schizophrenia); if a treatment can be used for long-term maintenance (91% for BDI, 91% for schizophrenia); if a patient can stay on a treatment long-term/minimizes the need for switching (86% for BDI, 88% for schizophrenia); and if a treatment can be used to quickly stabilize symptoms (83% for BDI, 81% for schizophrenia).
  - Almost all healthcare providers surveyed (98%) agreed that quality of life for a patient is just as important as symptom management when thinking about treatment efficacy. Moreover, most healthcare providers surveyed (97%) agreed that they often look for treatment options that minimize the number of different treatments their patients need to take at a given time.

*\* Unless otherwise noted, all "agree" percentages represent a sum of the proportion of respondents who selected "somewhat agree" and those who selected "strongly agree" in response to the question asked.*

### **About Schizophrenia and Bipolar I Disorder (BDI).**

Schizophrenia—which affects about 1.1% of the U.S. population<sup>1</sup>—is a serious brain disorder marked by positive symptoms (hallucinations and delusions, disorganized speech and thoughts, and agitated or repeated movements) and negative symptoms (depression, blunted emotions and social withdrawal).<sup>2</sup> Bipolar disorder is a brain disorder that is marked by extreme changes in a person's mood, energy and ability to function. Individuals with this brain disorder may experience debilitating mood states, including extreme highs (mania) and extreme lows (depression). BDI is characterized by the occurrence of at least one manic episode—with or without the occurrence of a major depressive episode—and affects approximately 1% of the adult population in the U.S. in any given year.<sup>3</sup>

### **Survey Methodology**

The survey was conducted online in the United States by The Harris Poll from September 19-27, 2024 on behalf of Alkermes among 127 psychiatrists and 126 nurse practitioners (NPs)/physician assistants (PAs), age 18 and older, who see at least 10 BDI and at least 2 schizophrenia patients per month. The majority of survey respondents (75%) practice mostly in an office- or clinic-based setting of care. Care settings also included, but were not limited to, private office (49%), community mental health clinic (17%), and general health clinic/federally qualified health center (5%).

Raw data were not weighted and are therefore only representative of the individuals who completed the survey. Respondents for this survey were selected from among those who have agreed to participate in our surveys. The sampling precision of Harris online polls is measured by using a Bayesian credible interval. For this study, the sample data is accurate to within  $\pm 6.1$  percentage points using a 95% confidence interval. This credible interval will be wider among subsets of the surveyed population of interest.

All sample surveys and polls, whether or not they use probability sampling, are subject to other multiple sources of error which are most often not

possible to quantify or estimate, including but not limited to coverage error, error associated with nonresponse, error associated with question wording and response options, and post-survey weighting and adjustments.

For complete survey methodology, including weighting variables and subgroup sample sizes, please contact [mediainfo@alkermes.com](mailto:mediainfo@alkermes.com).

### **About Alkermes plc**

Alkermes plc is a global biopharmaceutical company that seeks to develop innovative medicines in the field of neuroscience. The company has a portfolio of proprietary commercial products for the treatment of alcohol dependence, opioid dependence, schizophrenia and bipolar I disorder, and a pipeline of clinical and preclinical candidates in development for neurological disorders, including narcolepsy and idiopathic hypersomnia. Headquartered in Ireland, Alkermes also has a corporate office and research and development center in Massachusetts and a manufacturing facility in Ohio. For more information, please visit Alkermes' website at [www.alkermes.com](http://www.alkermes.com).

### **About The Harris Poll**

The Harris Poll is a global consulting and market research firm that strives to reveal the authentic values of modern society to inspire leaders to create a better tomorrow. It works with clients in three primary areas: building twenty-first-century corporate reputation, crafting brand strategy and performance tracking, and earning organic media through public relations research. One of the longest running surveys in the U.S., The Harris Poll has tracked public opinion, motivations and social sentiment since 1963, and is now part of Stagwell, the challenger holding company built to transform marketing.

### **References**

<sup>1</sup> Cloutier M. Journal of Clinical Psychiatry. 2016 Jun; 77(6): 764-71. <https://www.psychiatrist.com/jcp/schizophrenia/economic-burden-schizophrenia-united-states-2013/>

<sup>2</sup> American Psychiatric Association. Schizophrenia Spectrum and Other Psychiatric Disorders. *Diagnostic and Statistical Manual of Mental Disorders*. 5<sup>th</sup> ed. Washington, DC: American Psychiatric Publishing; 2013.

<sup>3</sup> Merikangas et al. Lifetime and 12-Month Prevalence of Bipolar Spectrum Disorder in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*, 2007 May; 64(5): 543-552. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1931566/>

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