

Treating Bipolar 1 Disorder (BDI) and Schizophrenia

Healthcare Providers (HCPs)
Share Perspectives on Treatment
Experiences and Outcomes



Healthcare Providers' Top Worries

Patients with BDI



36%

Patients' ability to stay on their medication long-term



32%

The frequency of manic symptoms or episodes they experience



31%

The frequency of depressive symptoms or episodes they experience

Patients with Schizophrenia



41%

Patients' ability to take their medication as prescribed



41%

Patients' ability to stay on their medication long-term



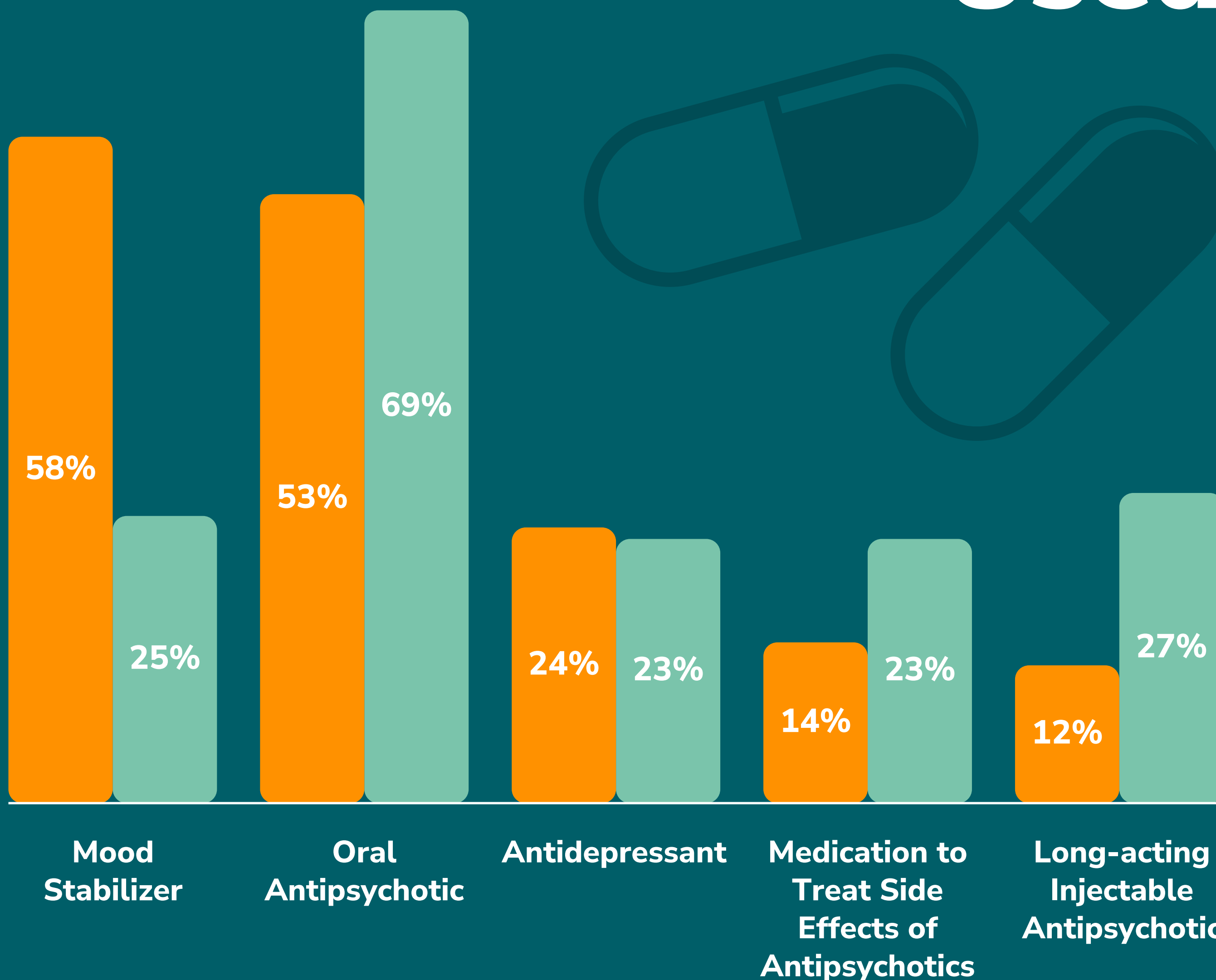
38%

Patients' ability to be independent and complete activities of daily living

Medications Used

Patients with BDI

Patients with Schizophrenia



All figures expressed as a mean of responses.

Implications of Medication Switching

Healthcare providers surveyed reported that, on average, with respect to their patients:

BDI
patients have to
switch medication

7x
during their
lifetime

Schizophrenia
patients have to
switch medication

8x
during their
lifetime



Why Patients Switch Medications, According to HCPs Surveyed



**Feeling like their medication(s)
isn't / aren't effective (82%)**



**Intolerable side
effects (81%)**

>75%

of HCPs surveyed 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%).

* 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.

How HCPs approach the use of new treatments

Unlikely to use or try until they have been included into standards of care

10%

31%

Explore and incorporate as quickly as possible

Wait for more information before incorporating

59%

The two most common reasons HCPs would be likely to or more likely to explore and incorporate new advancements/treatments for their patients:

68% if it is added to clinical guidelines

65% if it is generally accessible through public or private insurance

Top considerations for HCPs when selecting a treatment option for their patients:

15%

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

13%

Their experiences with
treatments with other patients



Considerations around patient outcomes

Key Treatment Goals for Patients with Schizophrenia and BDI, according to HCPs



Reduced frequency of symptoms (44%)



Ability to be independent and complete daily activities (38%)



Ability to stay on medication long-term (30%)



Taking medication as prescribed (28%)



Ability to develop and achieve life goals (27%)



Less frequent or more tolerable side effects (25%)

Top Priorities for HCPs

HCPs surveyed identified the following measures of treatment efficacy as essential or very important

For Patients With BDI	For Patients With Schizophrenia
98% Symptom Control	Symptom Control 97%
96% Improved Quality of Life	Improved Quality of Life 94%
92% Manageable Side Effects	Manageable Side Effects 92%
91% Long-Term Maintenance	Long-Term Maintenance 91%
86% Sustained Treatment/ Minimal Switching	Sustained Treatment/ Minimal Switching 88%
83% Rapid Symptom Stabilization	Rapid Symptom Stabilization 81%

98% of HCPs surveyed agreed that a patient's **quality of life is just as important as symptom management** when thinking about treatment efficacy.



97% of HCPs surveyed agreed that they often look for treatment options that **minimize the number of different treatments** their patients need to take at a given time.



About Schizophrenia and Bipolar I Disorder (BDI).

Schizophrenia—which affects about 1.1% of the U.S. population¹—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).² 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.³

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 ± 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.

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