

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/clinical-practice/psychiatry-and-mental-health/valbenazine-and-patient-centered-outcomes-in-td-insights-from-the-kinect-pro-study/36175/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Valbenazine and Patient-Centered Outcomes in TD: Insights From the KINECT-PRO Study

Announcer:

Welcome to *DataPulse* from Psych Congress 2025 on ReachMD. This activity, titled Valbenazine and Patient-Centered Outcomes in TD: Insights from the KINECT-PRO Study, is provided by Total CME.

Dr. Correll:

Hello from the Psych Congress 2025 here in San Diego. I'm Dr. Christoph Correll. Today I'm sharing new insights from KINECT-PRO, the first study of an approved tardive dyskinesia, or TD, treatment to focus on patient-reported outcomes. Let's explore how once-daily valbenazine affected functional, emotional, and social aspects of life for patients with TD.

The first analysis looked at the KINECT-PRO study that evaluated TD-related functional impairment, health-related quality of life, and daily impact using 3 validated patient-reported outcome tools: the TD Impact Scale, or TDIS, the Sheehan Disability Scale, and the EQ VAS, which is the European Quality of Life Visual Analog Scale for general quality of life.

So what was found? In this study, over 24 weeks, all 3 primary patient-reported outcome endpoints improved significantly. The TDIS, the TD Impact Scale, by 8 points overall improvement with almost 6 points in schizophrenia and almost 10 points with mood disorders that often are more impaired by—and more aware of—tardive dyskinesia symptoms.

The Sheehan Disability Scale improved, particularly in the social life more than 2 points, and in the family and home environment, more than 1.5 points.

And on the EQ VAS, the European Quality of Life Scale, there was a 13-point improvement overall, really showing that these improvements in movement, but also other domains, really made quality of life better.

AIMS scores also improved, with almost 7 points, showing combined benefit on both symptoms and lived experience.

Now, these benefits were also observed regardless of psychiatric diagnosis—schizophrenia, schizoaffective disorder, or MDD, or bipolar disorder—and regardless of TD severity. That's very important, because even people who may have lower AIMS scores can have very big impairment in social life and emotional life, and also quality of life, and that can improve even in that group very much so.

A second analysis looked at people who were in remission of tardive dyskinesia at week 24, which means that no more than minimal symptoms on each of the 7 body region items, and there was a significant improvement with the TD Impact Scale, the Sheehan Disability Scale—particularly social and family domains—and the European Quality of Life Scale. So these gains emerged as early as week 4, so there's quick improvement in some patients, but they continue to improve through week 24. And the mean TDIS improved by almost 11 points, which is really robust, and the EQ VAS score improved by more than 19 points.

And then finally, there is an analysis looking at the 11 TDIS items. The TDIS, the TD Impact Scale—has 3 on mouth and throat functioning, 2 on balance, 2 on dexterity, 1 on pain, 1 on social, and there are also some other points. And these domains showed the greatest improvement with valbenazine in the either embarrassment and self-consciousness realm, the social realm, but also mouth and throat functioning. Emotional impact scores decreased by over 1 point on average in the most affected items.

The clinical implications of these data are that we do have the improvement not just of amplitude on tardive dyskinesia, but also on measures that really matter to our patients. Because we have symptoms, on the one hand, of an illness like tardive dyskinesia, which is a motor problem. But what does that mean for the patient? How much is their maybe secondary negative symptoms or social withdrawal? How much is their emotional suffering? How much is there an added burden to the overall already existing mental disorder?

And we can see when treating the movement disorder with a VMAT2 inhibitor, also other important aspects—patient-reported outcomes, where the rubber meets the road—really improve over time. And that is the social embarrassment, self-consciousness, drawing inappropriate attention realm, and it's also mouth and throat, the area where most people look at us when we speak with them, and where communication can be impaired. We must communicate when we want to be interactive with other people, and that can be impaired with tardive dyskinesia, but can also be restored when we treat tardive dyskinesia with a VMAT2 inhibitor, in this case, valbenazine.

From the 2025 Psych Congress, I'm Dr. Christoph Correll. Thank you for listening.

Announcer:

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