Identifying Residents with PBA

VO: Are your residents with a neurologic condition or brain injury who have been diagnosed with and treated for depression still experiencing uncontrollable laughing or crying episodes? Is it time to start thinking about PBA?

Onscreen Text: Is it time to start thinking about PBA?

Amber: I have been seeing a resident for a while who has dementia and a traumatic brain injury. Sometimes he'd cry so loudly and uncontrollably that he'd disrupt the activity in the dining room while other residents were eating and visiting with their family. The nurses told me they would have to remove him from group activities and the dining room because of the disruption.

Onscreen Text: Amber Hoberg, PMHNP-BC Psychiatric Nurse Practitioner

VO: Pseudobulbar Affect, or PBA, occurs secondary to a variety of otherwise unrelated neurologic conditions or brain injury. PBA is characterized by involuntary, sudden, frequent laughing and/or crying that is exaggerated or incongruent with the underlying mood.

PBA is often comorbid with mood-related disorders, like depression.

Onscreen Text: What is PBA? Pseudobulbar Affect (PBA) occurs secondary to a variety of otherwise unrelated neurologic conditions or brain injury. PBA is characterized by involuntary, sudden, frequent laughing and/or crying that is exaggerated or incongruent with the underlying mood.

VO: In fact, in a clinical study, more than half of patients who were diagnosed with PBA had comorbid depression.

Onscreen Text: 57.7%* of patients who were diagnosed with PBA had comorbid depression (N=367).

Onscreen Text: Kandise Wilson, RN Director of Nursing

Kandise: I cared for a resident who had a history of a cerebrovascular accident or stroke, she had been struggling with depression and uncontrollable crying episodes for years. Many different antidepressant medications have been used to try and treat this resident's depression and uncontrollable crying episodes,

Kandise: … but she still cried frequently and uncontrollably,

Onscreen Text: Cried frequently and uncontrollably

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Kandise: ...stayed self-isolated in her room, never spoke to her roommate and did not attend communal dining or activities. The medications she was prescribed did not help to improve or resolve her frequent and uncontrollable crying episodes.

VO and Onscreen Text: PBA may be more common among your residents than you think.

VO: In a study of long-term care residents, 17% of residents with a neurologic condition, like stroke, dementia, Parkinson's Disease, ALS, MS, or a brain injury experienced symptoms that suggested PBA.

Onscreen Text: 17.5%* of LTC residents with a neurologic disorder or brain injury experienced symptoms that suggested PBA.

*Foley et al. In a retrospective study of long-term care residents, a Center for Neurologic Study-Liability Scale (CNS-LS) score ≥ 13 suggesting the presence of PBA symptoms was reported in 17.5% (72/412) of residents with a neurologic disorder that could be associated with PBA.

VO: But how do you know which residents might benefit from a diagnosis of and treatment for PBA?

VO and Onscreen Text: It starts by asking yourself an important question:

VO: Do I hear any of my residents with an underlying neurologic condition or brain injury laughing or crying inappropriately?

Onscreen Text: Ask yourself: Do I hear any of my residents with an underlying neurologic condition or brain injury laughing or crying inappropriately?

Kandise: During the time I was caring for this resident, I received a visit from my NUEDEXTA representative. She asked if I had heard any residents with an underlying neurologic condition or brain injury laughing or crying inappropriately? Immediately I started to go through my mental list of residents that I was caring for, this post-stroke resident jumped out to me.

Amber: What I like about this question, is I can think about it and I can ask the nurses to think about it, and gather information about the residents under our care, so that it is a collaborative effort to give our residents the best care possible.

Amber: Once I've evaluated the answer and suspect PBA, I then follow three steps to diagnosis.

Onscreen Text: Steps to Diagnosing PBA

Amber: First, I look at the resident's chart to confirm that they have an underlying neurologic condition or brain injury.

Onscreen Text: 1 CONFIRM your resident has an underlying neurologic condition or has suffered a brain injury.

VO: PBA occurs secondary to these underlying neurologic conditions, including brain injury:

- Stroke
- Dementia
- Traumatic Brain Injury
- Parkinson's Disease
- Amyotrophic Lateral Sclerosis
- Multiple Sclerosis

And it may often co-occur with mood or behavioral disorders.

Onscreen Text:

Underlying Neurologic Conditions
- Stroke
- Dementia
- Traumatic Brain Injury
- Parkinson's Disease
- Amyotrophic Lateral Sclerosis
- Multiple Sclerosis

Common Comorbid Mood or Behavioral Disorders
- Depression
- Delusions
- Aggressions
- Personality Changes
- Anxiety
- Post-traumatic stress disorder

Amber: Once I've confirmed the underlying neurologic condition or brain injury – in the case of the resident I was just discussing it was traumatic brain injury and dementia.

Amber: I determine if my resident's having laughing and/or crying symptoms, as this presentation suggests PBA.

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Onscreen Text: 2 DETERMINE if a resident's laughing and/or crying symptoms and presentation suggest PBA.

Amber: Are their laughing and/or crying episodes, involuntary, sudden, frequent, exaggerated, or incongruent?

Onscreen Text:
Involuntary
Sudden
Frequent
Exaggerated
Incongruent

Amber: In my resident's case, his episodes were involuntary, sudden, frequent, *and* incongruent to his mood.

Amber: Lastly, I document my patient's PBA diagnosis with the proper ICD-10 Code, F48.2.

Onscreen Text: 3 DOCUMENT the diagnosis. ICD-10 Code for PBA = F48.2

Kandise: My fellow nurses and I had made sure to document my resident's behaviors – the exaggerated, frequent, uncontrollable crying and the impact it was having on her life. Her physician was very diligent about documenting her behaviors as well and had great communication with our nursing team. After he reviewed the behavior notes, noted the uncontrollable crying that was not managed by the anti-depressants she had been prescribed previously and her medical history, he diagnosed my resident with PBA and she was started on NUEDEXTA.

VO and Onscreen Text: NUEDEXTA is the first and only FDA-approved treatment for PBA.

VO: NUEDEXTA contains quinidine, and should not be used concomitantly with other drugs containing quinidine, quinine, or mefloquine.

NUEDEXTA is contraindicated in patients with a history of NUEDEXTA-, quinine-, mefloquine-, or quinidine-induced thrombocytopenia, hepatitis, bone-marrow depression, lupus-like syndrome, or known hypersensitivity to dextromethorphan (example: rash, hives).

Kandise: Since starting NUEDEXTA, I noticed a change. She still had some crying episodes, but she stopped self-isolating, started attending BINGO and dining with the fellow residents. Today, this resident is still on NUEDEXTA; because of the reduction in her PBA crying episodes, she is not worried about uncontrollable crying when taking part in those community activities.

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NUEDEXTA®
(dextromethorphan HBr and quinidine sulfate) capsules 20 mg / 10 mg

Amber: Once you understand what to look for with PBA, it's easier to identify and makes it easier to initiate the diagnosis of a resident in your care.

Kandise: And with the knowledge that treatment is available, you can make a world of difference. And not just for your residents, but for their loved ones too.

VO: To learn more about Diagnosing PBA and how NUEDEXTA could help, visit NUEDEXTAHCP[dot]com.

Onscreen Text: Amber Hoberg, PMHNP-BC and Kandise Wilson, RN are paid consultants of Avanir Pharmaceuticals, Inc.

INDICATION AND USAGE

NUEDEXTA® (dextromethorphan HBr and quinidine sulfate) is indicated for the treatment of pseudobulbar affect (PBA). PBA occurs secondary to a variety of otherwise unrelated neurological conditions, and is characterized by involuntary, sudden, and frequent episodes of laughing and/or crying. PBA episodes typically occur out of proportion or incongruent to the underlying emotional state. PBA is a specific condition, distinct from other types of emotional lability that may occur in patients with neurological disease or injury.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Quinidine and Related Drugs: NUEDEXTA contains quinidine, and should not be used concomitantly with other drugs containing quinidine, quinine, or mefloquine.

Hypersensitivity: NUEDEXTA is contraindicated in patients with a history of NUEDEXTA-, quinine-, mefloquine-, or quinidine-induced thrombocytopenia, hepatitis, bone-marrow depression, lupus-like syndrome, or known hypersensitivity to dextromethorphan (eg, rash, hives).

MAOIs: NUEDEXTA is contraindicated in patients taking monoamine oxidase inhibitors (MAOIs), or in patients who have taken MAOIs within the preceding 14 days, due to the risk of serious and possibly fatal drug interactions, including serotonin syndrome. Allow at least 14 days after stopping NUEDEXTA before starting an MAOI.

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Cardiovascular: NUEDEXTA is contraindicated in patients with a prolonged QT interval, congenital long QT syndrome, history suggestive of torsades de pointes, heart failure, patients receiving drugs that both prolong QT interval and are metabolized by CYP2D6 (eg, thioridazine and pimozide), patients with complete atrioventricular (AV) block without implanted pacemaker, or at high risk of complete AV block.

WARNINGS AND PRECAUTIONS

Thrombocytopenia and Other Hypersensitivity Reactions: Quinidine can cause immune-mediated thrombocytopenia that can be severe or fatal. Non-specific symptoms, such as lightheadedness, chills, fever, nausea, and vomiting, can precede or occur with thrombocytopenia. NUEDEXTA should be discontinued immediately if thrombocytopenia occurs.

Hepatotoxicity: Hepatitis, including granulomatous hepatitis, has been reported in patients receiving quinidine, generally during the first few weeks of therapy. Discontinue immediately if this occurs.

Cardiac Effects: NUEDEXTA causes dose-dependent QTc prolongation. QT prolongation can cause torsades de pointes–type ventricular tachycardia, with the risk increasing as the degree of prolongation increases. When initiating NUEDEXTA in patients at risk for QT prolongation and torsades de pointes, electrocardiographic (ECG) evaluation of QT interval should be conducted at baseline and 3 to 4 hours after the first dose. Some risk factors include use with CYP3A4 inhibitors or drugs that prolong QT interval, electrolyte abnormalities, bradycardia, or left ventricular hypertrophy or dysfunction. If patients taking NUEDEXTA experience symptoms that could indicate the occurrence of cardiac arrhythmias (eg, syncope or palpitations), NUEDEXTA should be discontinued, and the patient further evaluated.

Concomitant Use of CYP2D6 Substrates: NUEDEXTA inhibits CYP2D6 and may interact with other drugs metabolized by CYP2D6. Adjust dose of CYP2D6 substrates as needed.

Dizziness: NUEDEXTA may cause dizziness. Take precautions to reduce the risk of falls.

Serotonin Syndrome: Use of NUEDEXTA with selective serotonin reuptake inhibitors (SSRIs) or tricyclic antidepressants increases the risk of “serotonin syndrome.”

Anticholinergic Effects of Quinidine: Monitor for worsening in myasthenia gravis.

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NUEDEXTA®
(dextromethorphan HBr and quinidine sulfate) capsules 20 mg / 10 mg

ADVERSE REACTIONS

The most common adverse reactions (incidence of ≥3% and two-fold greater than placebo) in patients taking NUEDEXTA are diarrhea, dizziness, cough, vomiting, asthenia, peripheral edema, urinary tract infection, influenza, increased gamma-glutamyltransferase, and flatulence.

These are not all the risks for use of NUEDEXTA.

Please see Full Prescribing Information at https://www.nuedextahcp.com.

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