

Caregiver Perspective of PBA Impact: Long-Term Care

Julie Stafford: Pseudobulbar Affect, or PBA, can have a substantial impact on a resident's life and on other residents in their community.

Onscreen Text: The impact of PBA is substantial.

Julie Stafford: I speak from experience. I'm a certified director of nursing and administrator in a long-term care home.

Onscreen Text: Julie Stafford, RN, LNHA Certified Director of Nursing

VO: 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.

Onscreen Text: Pseudobulbar Affect 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.

Julie Stafford: I have seen many residents in my career who have had dementia and laugh and/or cry uncontrollably, but one particular resident stands out in my mind. Her behaviors included — but were not limited to —

Julie Stafford and Onscreen Text: Uncontrolled crying

Julie Stafford: She participated in facility programs and activities but often had to leave activities due to her crying without a reason. Her family was often reluctant to visit because they felt they were upsetting her due to the crying. Multiple options were explored to aid in controlling the outbursts without success. I was fortunate enough to be able to attend a conference where a physician spoke about PBA and the symptoms of PBA.

Julie Stafford and Onscreen Text: "It was like a lightbulb went off in my head."

Julie Stafford: I felt this resident may have PBA and that NUEDEXTA may help her. I shared my observations with the attending physician, and after he assessed her, he did diagnose her with PBA. And NUEDEXTA helped her manage her PBA symptoms.

VO: According to a study of long-term care residents, PBA symptoms are prevalent in 17% of residents with a neurologic condition, like stroke, dementia, Parkinson's Disease, amyotrophic lateral sclerosis, multiple sclerosis, or a brain injury.

NUEDEXTA[®]

(dextromethorphan HBr and 20 mg
quinidine sulfate) capsules 10 mg

Onscreen Text: 17%* of LTC residents with a co-occurring neurologic disorder or brain injury may have 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: A PBA episode of crying may sound like this: [sound of crying episodes].

Onscreen Text: Audio from a real patient with PBA

VO: This is just one example. PBA may sound different in different people, and it could sound like normal crying.

Onscreen Text: PBA may sound different in different people

VO and Onscreen Text: To help your residents who may have PBA...

VO: It's important to ask yourself this question: 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?

Julie Stafford: By asking myself the question "Do I hear any of my residents with underlying neurologic condition or brain injury laughing or crying inappropriately?" I was able to answer the question with a "YES". With observing my resident's episodes of crying and knowing her medical history and attempts to treat, we were able to have a discussion with our medical director about this resident's symptoms and PBA. The medical director agreed it was PBA and diagnosed the resident with PBA and began treatment with NUEDEXTA.

Julie Stafford and Onscreen Text: It worked! My resident's PBA symptoms were controlled.

Julie Stafford: She was able to participate in activities longer and family visits were more of a pleasure for both parties.

VO and Onscreen Text: PBA can be treated.

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

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

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Julie Stafford: A proper PBA diagnosis started with me – and it can also start with you.

VO: Learn more about Diagnosing PBA at [NUEDEXTAHCP\[dot\]com](http://NUEDEXTAHCP[dot]com)

End Slate:

NUEDEXTA logo

Visit NUEDEXTA.COM

Julie Stafford, RN, LNHA is a paid consultant 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.

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.

ADVERSE REACTIONS

The most common adverse reactions (incidence of $\geq 3\%$ 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.

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(dextromethorphan HBr and $\frac{20}{10}$ mg
quinidine sulfate) capsules

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

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