Disease Burden and Treatment in Patients With Essential Tremor in the United States: Real-World Evidence From a Cross-Sectional Study of Physicians and Patients

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Introduction

- Essential tremor (ET) is one of the most common movement disorders and is characterized by involuntary shaking of the hands, head, voice, and/or legs, making activities of daily living more difficult¹⁻³
- ET is currently treated with medication classes including beta-blockers and barbiturates, which can have suboptimal efficacy and tolerability-related challenges⁴⁻⁷

Objective

 To characterize disease burden and medication treatment insights in patients with ET using data from the Adelphi Essential Tremor Disease Specific Programme (DSP)™

Methods

- This was a retrospective analysis of data from the Adelphi ET DSP™ that included physicianreported data (patient record forms [PRFs]) and patient-reported data (patient self-completion records [PSCs]). The data were collected in the US between March and August 2021
- Primary care physicians and neurologists completed PRFs for consulting patients diagnosed with ET
- The same consulting patients and caregivers were then invited by their physician to fill out PSCs on a voluntary basis
- Descriptive analyses were performed for patient demographics, disease burden, medication treatment patterns, and treatment satisfaction

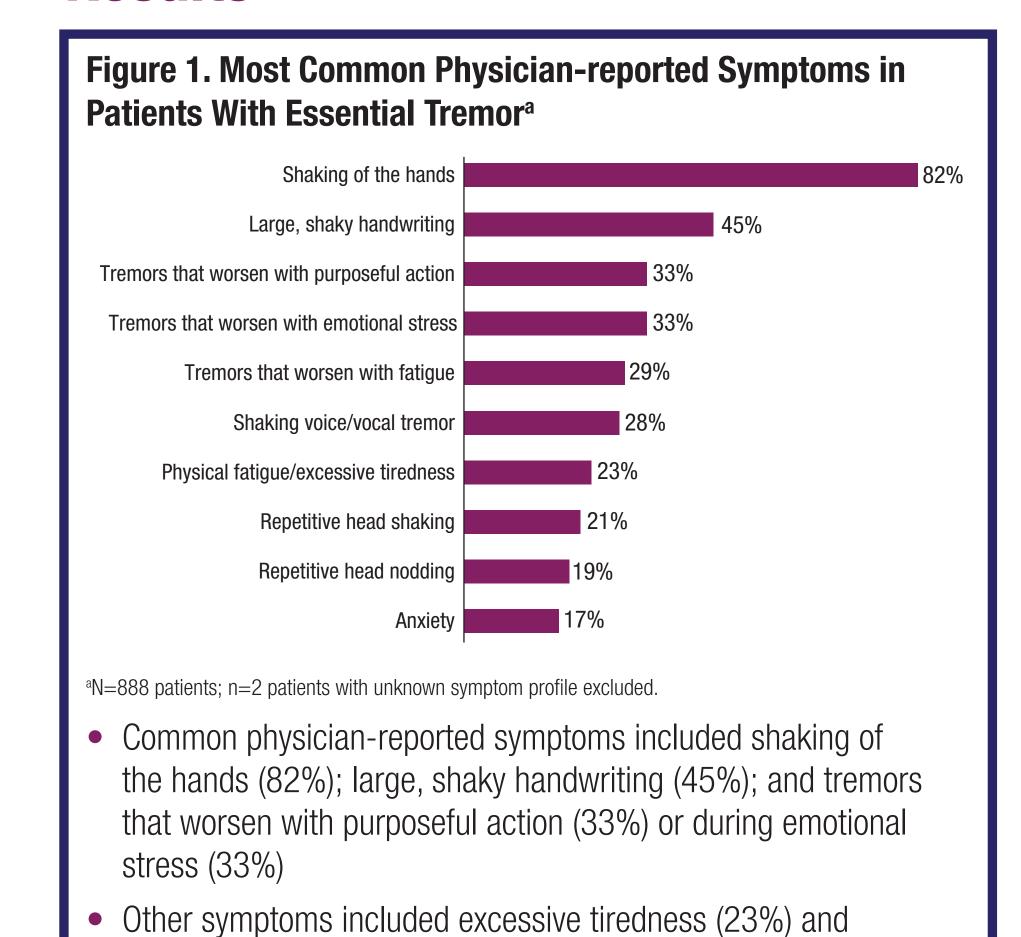
References: 1. Louis ED, et al. *Tremor Other Hyperkinet Mov (NY).* 2021;11:28. **2.** Ferreira JJ, et al. *Mov Disord.* 2019;34(7):950-8. **3.** Shanker V. *BMJ.* 2019;366:I4485. **4.** Inderal [package insert]. Philadelphia, PA: Wyeth Pharmaceuticals Inc, a subsidiary of Pfizer Inc; 2017. **5.** Lenkapothula N, et al. *StatPearls.* Treasure Island, FL: StatPearls Publishing; 2024. **6.** Vetterick C, et al. *Adv Ther.* 2022;39(12):5546-67. **7.** Zesiewicz T, et al. *Mov Disord Clin Pract.* 2022;9(6):728-34.

Support and Acknowledgments: This study was supported by Jazz Pharmaceuticals. Under the direction of the authors, Peloton Advantage, LLC (an OPEN Health company) employees Aeja Jackson, PhD, MS, and Nicole Boyer, MPH, PhD, provided medical writing support and an editor provided editorial support, funded by Jazz Pharmaceuticals.

Disclosures: JY Williams speaks on the subject of Rytary[®], a medication used to treat Parkinson's disease, at Amneal Pharmaceuticals LLC. **A Gillespie** and **L Harrison** are employees of Adelphi Real World and received no personal compensation for their involvement in this research. **SM Thomas, A Sillah, LM Barbato, J Lin,** and **S Shah** are full-time employees of Jazz Pharmaceuticals who, in the course of this employment, have received stock options exercisable for, and other stock awards of, ordinary shares of Jazz Pharmaceuticals, plc.

Results

anxiety (17%)

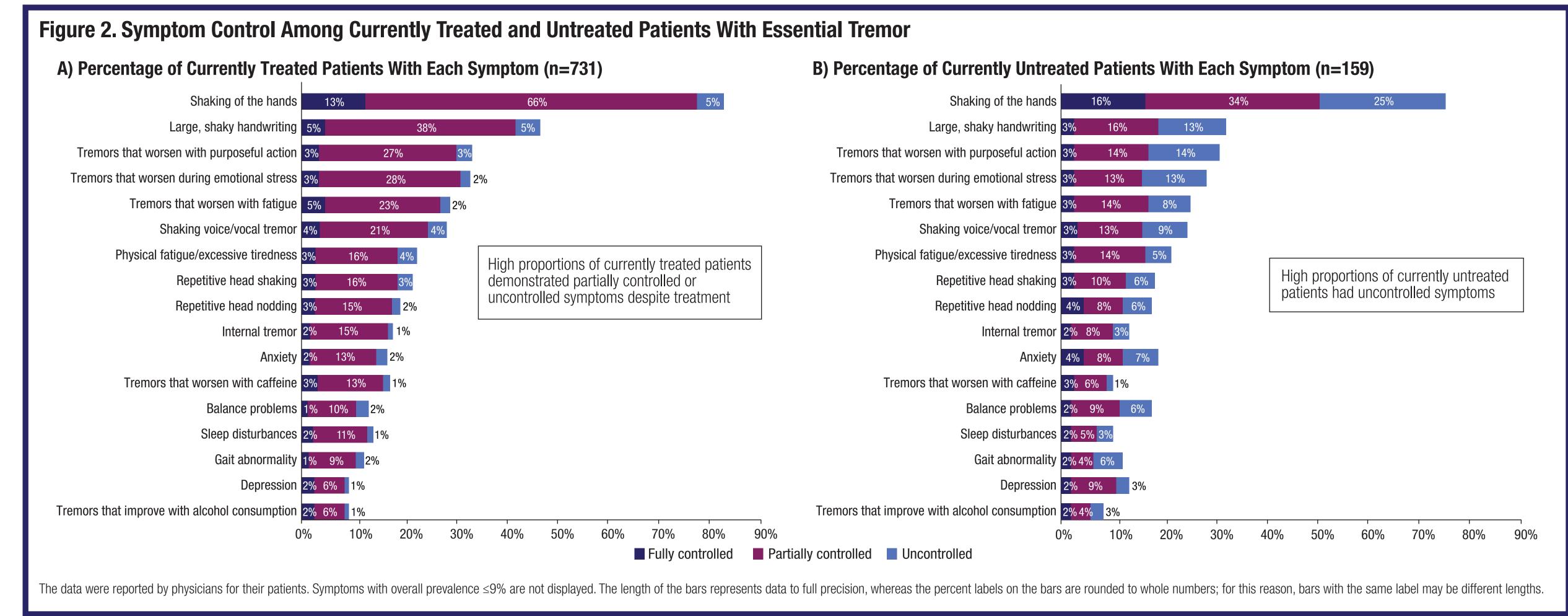


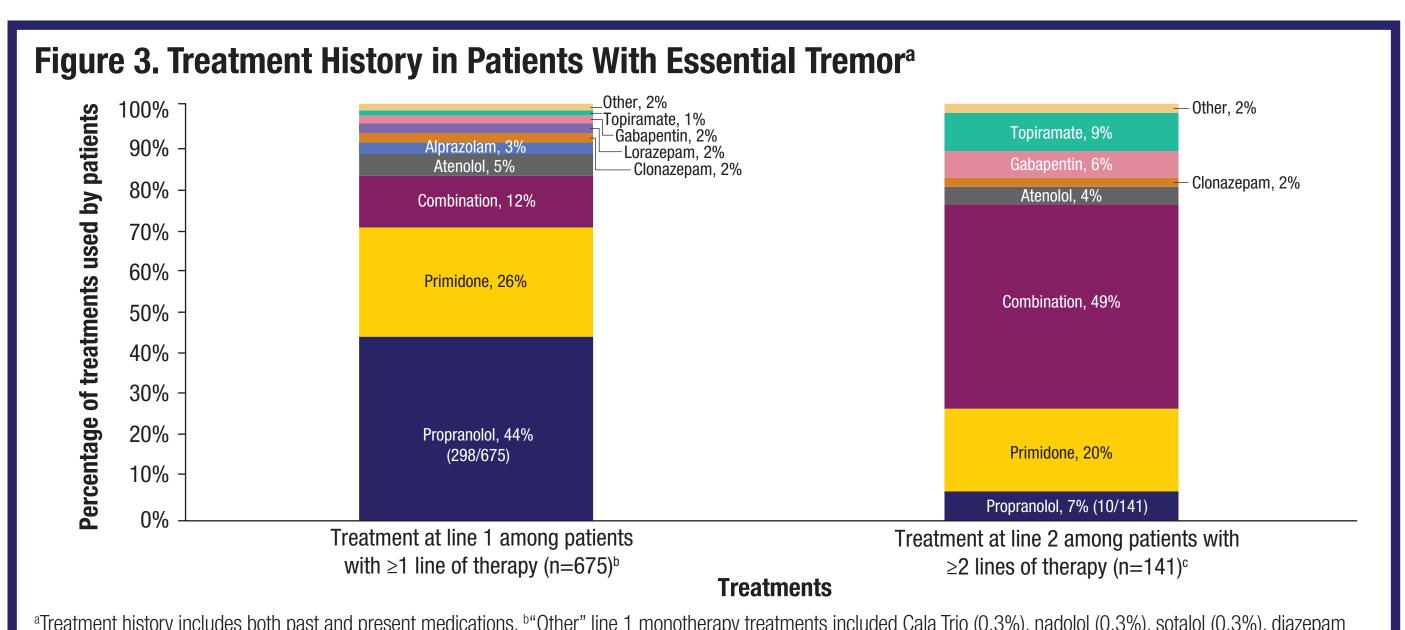


	Patients With Essential Tremor N=890
Age, years	
Median (IQR)	66 (57,74)
Sex, n (%)	
Male	459 (52)
Female	431 (48)
Ethnicity, n (%)	
White/Caucasian	678 (76)
African American	98 (11)
Hispanic/Latino	30 (3)
Mixed race	24 (3)
Other ^a	60 (7)
Current Treatment Status, n (%)	
Untreated	159 (18)
Treated	731 (82)
Caregiver Status ^b , n (%)	
No	652 (77)
Yes	200 (24)
Employment Status, n (%)	
Working full-time	268 (30)
Working part-time	97 (11)
On long-term sick leave	11 (1)
Homemaker	61 (7)
Student	7 (1)
Retired	410 (46)
Unemployed	35 (4)
Furloughed/Government work scheme	1 (0.1)

^aThe "other" ethnicity category includes the following categories: Native American, Asian (Indian subcontinent), Asian (other), Middle Eastern, and Southeast Asian. ^bN=852 patients; n=38 patients with unknown caregiver status excluded. IQR, interquartile range.

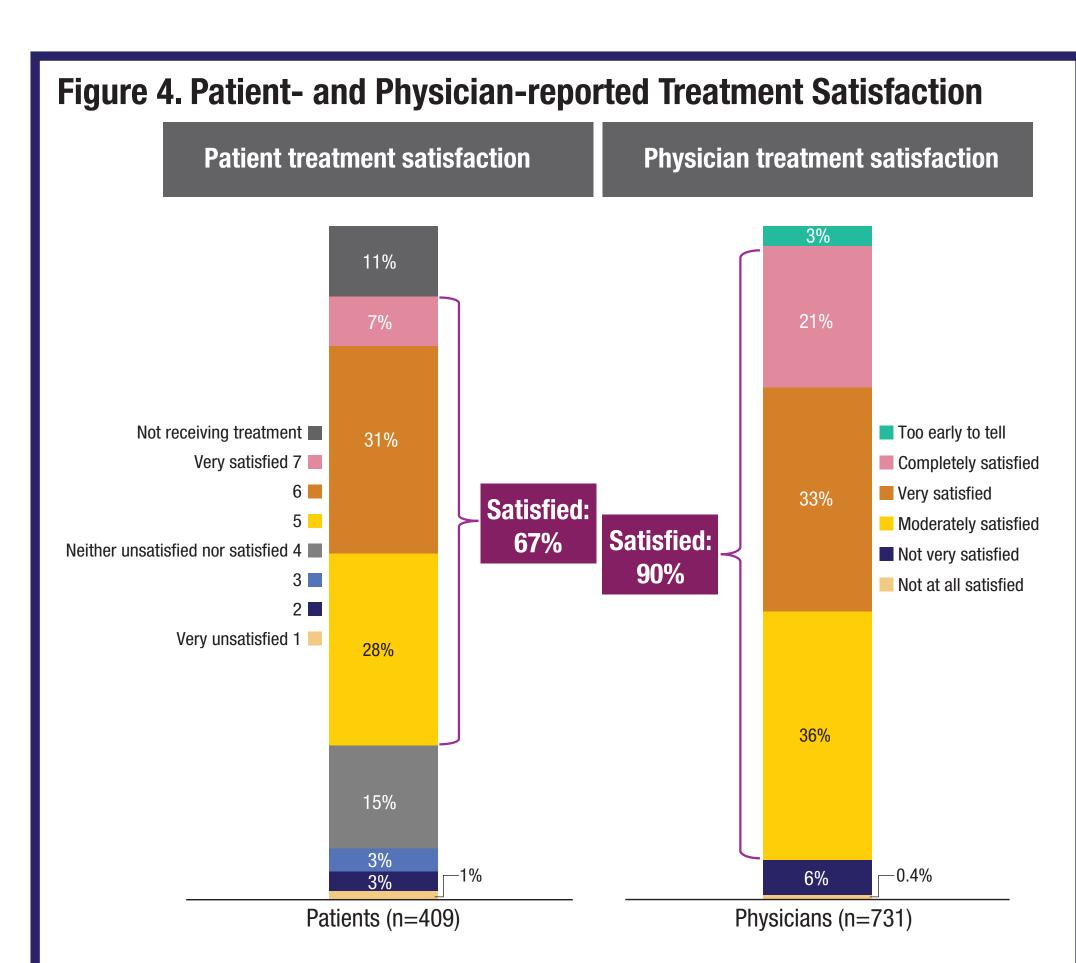
- Physicians (primary care physicians, n=40; neurologists, n=60)
 provided data for 890 patients with an ET diagnosis
- The median (interquartile range [IQR]) patient age was 66 (57–74) years; most patients were male (52%) and White (76%)
- 18% of patients were not currently treated, 24% required a caregiver, and over half (51%) were not employed (on long-term sick leave, retired, or unemployed)





(0.1%), pregabalin (0.1%), and others (0.4%). Among patients taking combination therapy (n=84), components treatments included propranolol (54%), primidone (35%), atenolol (11%), clonazepam (21%), alprazolam (13%), topiramate (17%), lorazepam (7%), gabapentin (6%), Cala Trio (17%), diazepam (13%), "other" (4%), pregabalin (4%), and nadolol (1%). "Based on available responses. "Other" line 2 monotherapy treatments included diazepam (0.7%), pregabalin (0.7%), and zonisamide (0.7%). Among patients taking combination therapy (n=69), components treatments included primidone (45%), propranolol (62%), topiramate (14%), gabapentin (14%), clonazepam (22%), diazepam (16%), atenolol (4%), "other" (7%), botulinum toxin (6%), Cala Trio (4%), alprazolam (4%), pregabalin (1%), nadolol (1%), deep-brain stimulation (1%), and lorazepam (1%).

- Among the 890 patients, 675 (76%) had a complete treatment history
- Of these 675, 534 (79%) had reported receiving only first-line treatment (42% [n=225/534] were prescribed monotherapy propranolol)
- A further 141 of these 675 (21%) had reported progressing to subsequent lines (20% [n=28/141] of whom were prescribed monotherapy primidone as their second-line treatment)
- Of the 139 patients with documented reasons for first-line treatment discontinuation, 86% switched due to lack of efficacy and 42% due to tolerability concerns; reasons were not mutually exclusive



 Differences were reported in patient- and physician-reported medication treatment satisfaction, with 90% of physicians (n=658/731) being at least moderately satisfied with current medication treatments versus only 67% of patients (n=272/409)

Conclusions

- ET has a high clinical burden, and current therapies offer limited symptom control
- The ability to make comparisons is limited by the descriptive nature of this study
- Patients reported advancing lines of therapies due to poor efficacy and tolerability
- In addition, the observed discordance in treatment satisfaction between patients and physicians further underscores the significant unmet needs that exist with current ET therapies

