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# Caregiver burden and long-term care considerations before and after initiation of brexpiprazole for agitation associated with dementia due to Alzheimer's disease.

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## Introduction

- Agitation in Alzheimer's dementia can have a profound impact on caregiver quality of life [1].
- Effective treatment of agitation has the potential to alleviate some of the high caregiver burden associated with agitation in Alzheimer's dementia [2].
- In 2023, brexpiprazole became the first drug approved by the United States (US) Food and Drug Administration for the treatment of agitation associated with dementia due to Alzheimer's disease [3].
- In a phase III clinical trial, improvement in disruption and stress were reported by caregivers of individuals taking 2 – 3 mg brexpiprazole for 12 weeks [4].
- However, how brexpiprazole impacts caregiver burden in real-world settings has not yet been examined.

## Objective

- This study assessed caregiver-reported burden before brexpiprazole initiation (BBI) and after brexpiprazole initiation (ABI) in caregivers for individuals with agitation associated with dementia due to Alzheimer's disease in the US.

## Methods

- Informal caregivers for individuals in the US taking brexpiprazole were recruited via physician referrals to a fieldwork agency to complete a 30-minute cross-sectional online survey between December 2025 and March 2026.
- Agitation behaviors were self reported by caregivers, with guidance reflective of the IPA criteria [5].
- Data were stratified as BBI and ABI.
- All analyses were descriptive.
- Continuous/ordinal data are presented as median (interquartile range; IQR) and categorical data as n (%).
- All participants provided informed consent to participate prior to data collection.

### Caregiver eligibility criteria

- Voluntary caregivers aged ≥18 years.
- Providing ≥5 hours of care per week to someone who meets the care recipient eligibility criteria.
- This care must have been provided both BBI and ABI.

### Care recipient eligibility criteria

- Aged 55 – 90 years and living in a community setting (but not alone).
- Diagnosed with agitation associated with dementia due to Alzheimer's disease.
- Had initiated brexpiprazole 2 – 6 months prior to caregiver survey with no prior brexpiprazole regimen and not receiving concomitant antipsychotics.

## Results

### Demographics and clinical characteristics

- Data from seventy-five caregivers were included in this interim analysis (Table 1).
- Median (IQR) ZBI scores indicated mild-moderate burden at survey completion (37.0 [19.0 – 47.0]; Table 1).
- Caregivers had been providing care for a median (IQR) of 4.9 (2.3 – 10.0) years, spending 30.0 (20.0–40.0) hours a week on caregiving duties BBI and 25.0 (15.0 – 35.0) hours ABI.
- Care recipients had been diagnosed with agitation associated with dementia due to Alzheimer's disease for 9.0 (6.0 – 14.0) months and prescribed brexpiprazole for 4.0 (3.0 – 4.0) months.

**Table 1: Caregiver and care recipient demographics**

Caregiver and care recipient demographics	Caregiver (n=75) <sup>1</sup>	Care recipient (n=75)
Age; median (IQR) years	50.0 (36.0 – 63.0)	70.0 (68.0 – 74.0)
Zarit Burden Interview score at survey Median (IQR)	37.0 (19.0 – 47.0)	
<b>Sex; n (%)</b>		
Male	35 (47%)	36 (48%)
Female	40 (53%)	39 (52%)
<b>Race/Ethnicity; n (%)</b>		
White	44 (59%)	45 (60%)
Black or African American	11 (15%)	10 (13%)
Hispanic or Latino	8 (11%)	8 (11%)
Other <sup>1</sup>	12 (16%)	12 (16%)
<b>Relationship status; n (%)</b>		
Married/ long-term relationship/ living with partner	57 (76%)	44 (59%)
Single/ Divorced	12 (16%)	7 (9%)
Widowed	-	24 (32%)
Prefer not to say	6 (8%)	-
<b>Relationship to care recipient; n (%)</b>		
Daughter/ son	25 (33%)	
Husband, wife or partner	23 (31%)	
Grandchild	14 (19%)	
Parent	8 (11%)	
Other <sup>2</sup>	5 (7%)	
<b>Caregiver lives with care recipient; n (%)</b>	74 (99%)	
<b>Caregiver was responsible for care recipients' finances; n (%)</b>	49 (65%)	
<b>Current stage of memory problems, n (%)</b>		
Mild		5 (7%)
Moderate		24 (32%)
Severe		32 (43%)
Don't know		14 (19%)
<b>Years since AD diagnosis; median (IQR)</b>		5.1 (3.8 – 6.9)
<b>Months since agitation diagnosis; median (IQR)</b>		9.0 (6.0 – 14.0)
<b>Months taking brexpiprazole; median (IQR)</b>		4.0 (3.0 – 4.0)
<b>Years caregiver has supported the care recipient; median (IQR)</b>		4.9 (2.3 – 10.0)
<b>Caregiving hours provided/received per week; median (IQR)</b>		
BBI	30 (20.0 – 40.0)	
ABI	25.0 (15.0 – 35.0)	

Percentages may not add to 100% due to rounding. <sup>1</sup>Other ethnicities include American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander and Middle Eastern or North African. <sup>2</sup>Other relationships include brother or sister, other family member and friend/neighbor. Abbreviations: IQR – interquartile range.

### Agitation-associated behavior

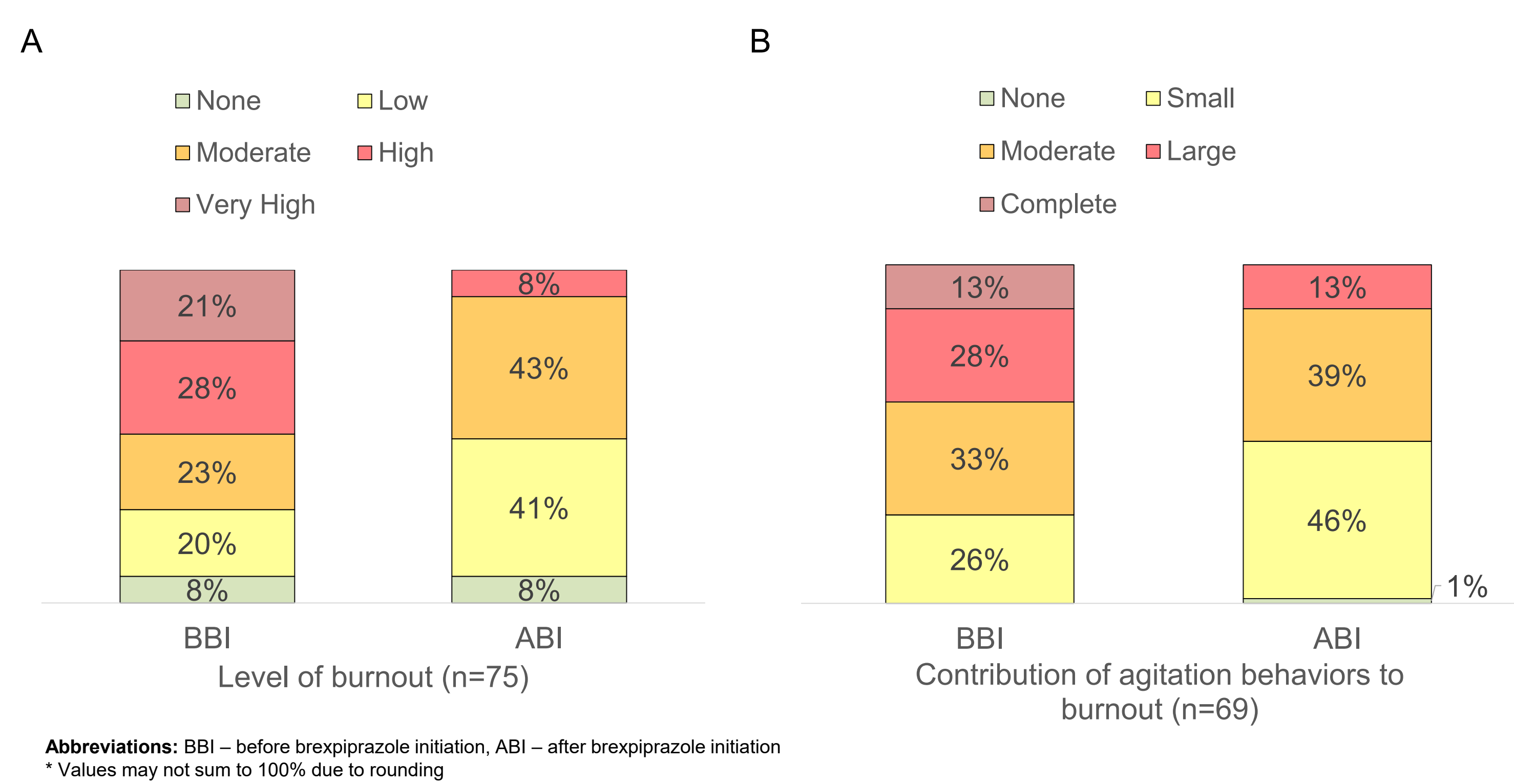
- Frequent (≥4 times/month) aggressive behaviors were reported by 43% (n=32/75) of caregivers BBI and 3% (n=2/75) ABI, 47% (n=35/75) of caregivers noted a reduction in frequency.
- Approximately half (51%, n=35/68) of caregivers reporting aggressive behaviors BBI found these behaviors very/extremely difficult to manage, and 9% (n=6/67) of those experiencing them ABI.
- Similarly, frequent physically non-aggressive behaviors were reported by 45% (n=34/75) of caregivers BBI and 7% ABI (n=5/75), 48% (n=36/75) of caregivers indicated a reduction in frequency ABI.
- While 43% (n=32 of 74) of caregivers reporting physically non-aggressive behaviors BBI found these behaviors very/extremely difficult to manage, 12% (n=8/67) did ABI.

### Caregiver burnout and long-term care

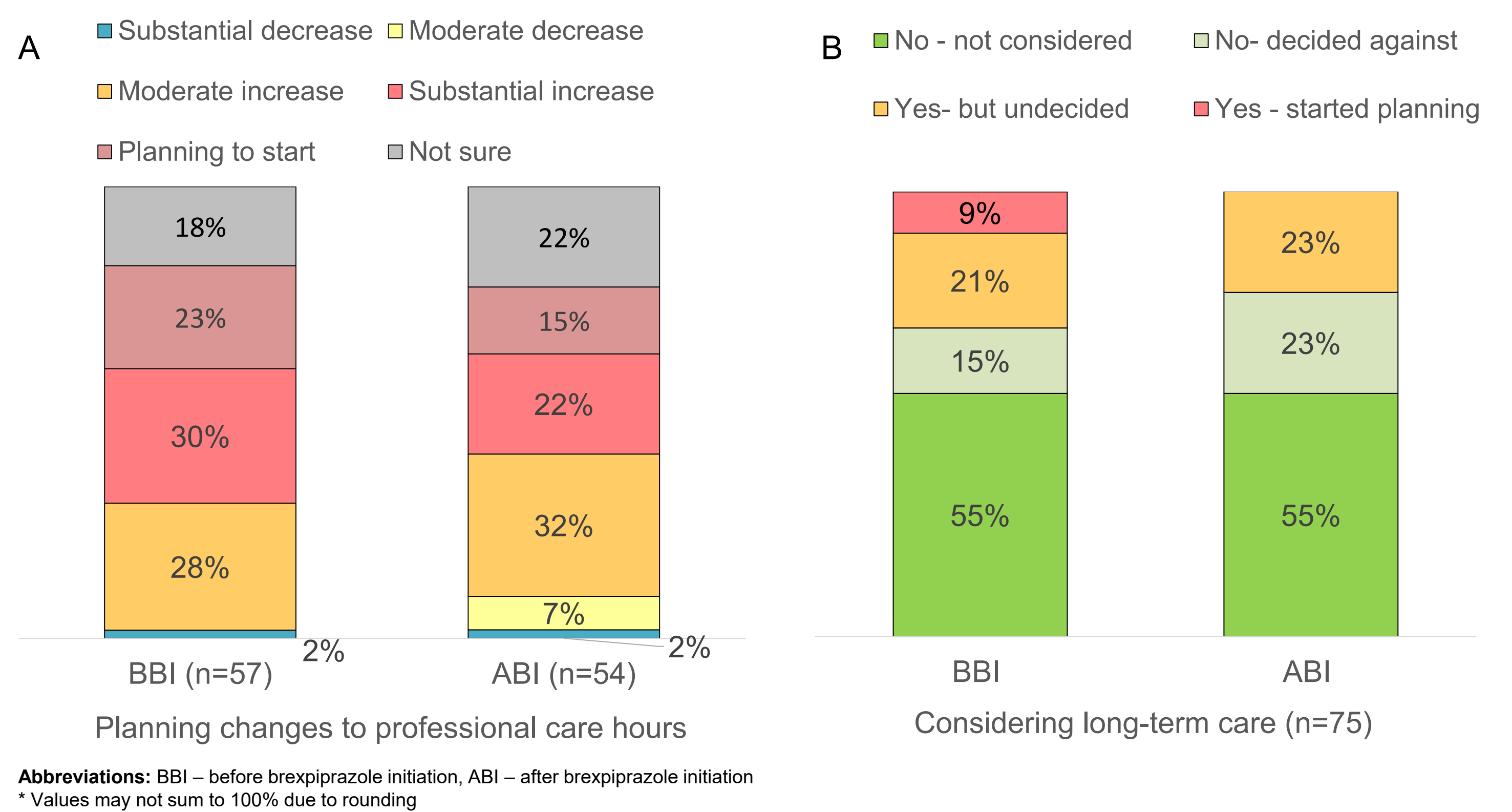
- BBI, 72% (n=54/75) of caregivers reported experiencing at least moderate burnout, whereas 51% (n=38/75) reported this ABI (Figure 1). Over half (59%; n=44/75) of caregivers reported reduced burnout ABI.
- BBI, 41% (n=28/69) of caregivers reporting burnout stated that agitation behaviors contributed largely or completely to their burnout, and 13% (n=9/69) ABI (Figure 2).
- BBI, 9% (n=7/75) of caregivers were making plans for a move to long-term care (LTC) for the care recipient. None of the caregivers had current plans to move the care recipient into LTC ABI.

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**Figure 1: Level of burnout (A) and the contribution of agitation behaviors (B)\***



**Figure 2: Professional (A) and long-term care (B) considerations\***



### Limitations

- Retrospective collection of BBI could introduce recall bias, particularly in those caring for individuals taking brexpiprazole for longer.
- The voluntary nature of the survey means we potentially selected for caregivers with lower burden who had more time to complete the survey.
- The cross-sectional nature of the survey means we could not assess how agitation behaviors change over time on brexpiprazole.
- The descriptive nature of this study means we cannot demonstrate cause and effect.

### Conclusions

- These interim data suggest that improvements in agitation behavior following treatment are accompanied by reductions in caregiver burden and burnout.
- Following treatment, fewer than a quarter of caregivers were still considering LTC and none were acting on plans to move the care recipient into LTC.
- These insights highlight the importance of managing agitation among community-dwelling care recipients which may impact decision making and plans for LTC placement.
- Future work is needed to investigate how agitation symptoms change over time on brexpiprazole and how this impacts caregiver quality of life.

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**References:** [1] Schein J et al. J Alzheimers Dis. 2022;88(2):663-77. doi: 10.3233/jad-215670. [2] Grossberg G et al. Dementia (London). 2026;25(2):421-42. doi: 10.1177/14713012251340463. [3] FDA (2023) FDA Approves First Drug to Treat Agitation Symptoms Associated with Dementia due to Alzheimer's Disease [Press Release]. [4] Grossberg GT et al. J Geriatr Psychiatry Neurol. 2025;8919887251407124. doi: 10.1177/08919887251407124. [5] Sano M, Cummings J, Auer S, et al. Agitation in cognitive disorders: Progress in the International Psychogeriatric Association consensus clinical and research definition. Int Psychogeriatr. 2024;36(4):238-250. doi:10.1017/S1041610222001041.