providers in an urban clinic setting to decrease benzodiazepine prescribing by 80%. Decreased benzodiazepine prescribing should decrease patient morbidity and mortality.

34
Long-Term Deutetrabenazine Treatment Response in Tardive Dyskinesia by Concomitant Dopamine-Receptor Antagonists and Baseline Comorbidities

Karen E. Anderson, MD[1]; David Stamler, MD[2]; Mat D. Davis, PhD[3]; Robert A. Hauser, MD, MBA[4]; L. Fredrik Jarskog, MD[5]; Joohi Jimenez-Shahed, MD[6]; Rajeev Kumar, MD, FRCPC[7]; Stanislaw Ochudlo, MD, PhD[8]; Joseph McEvoy, MD[9]; and Hubert H. Fernandez, MD[10]

[1] Georgetown University, Washington, District of Columbia, USA
[2] Teva Pharmaceuticals, La Jolla, California, USA
[3] Teva Pharmaceuticals, Frazer, Pennsylvania, USA
[4] University of South Florida Parkinson's Disease and Movement Disorders Center, Tampa, Florida, USA
[5] University of North Carolina School of Medicine, Chapel Hill, North Carolina, USA
[6] Baylor College of Medicine, Houston, Texas, USA
[7] Rocky Mountain Movement Disorders Center, Englewood, Colorado, USA
[8] University Clinical Center of Silesian Medical University, Katowice, Poland
[9] Medical College of Georgia, Augusta, Georgia, USA
[10] Cleveland Clinic, Cleveland, Ohio, USA

ABSTRACT: Background: Tardive dyskinesia (TD) results from exposure to dopamine-receptor antagonists (DRAs), such as typical and atypical antipsychotics. Clinicians commonly manage TD by reducing the dose of or stopping the causative agent; however, this may cause psychiatric relapse and worsen quality of life. In the 12-week ARM-TD and AIM-TD trials, deutetrabenazine demonstrated statistically significant improvements in Abnormal Involuntary Movement Scale (AIMS) scores versus placebo and was generally well tolerated, regardless of baseline DRA use or comorbidities.

STUDY OBJECTIVE: To evaluate the impact of underlying disease and current DRA use on efficacy and safety of long-term therapy of deutetrabenazine in patients with TD.

METHOD: Patients with TD who completed ARM-TD or AIM-TD were eligible to enter this open-label, single-arm, long-term extension after completing the 1-week washout period and final evaluation in the blinded portion of the trial. Change in AIMS scores from baseline to Week 54 and patients "Much Improved" or "Very Much Improved" (treatment success) on the Clinical Global Impression of Change (CGIC) and Patient Global Impression of Change (PGIC) at Week 54 were analyzed by baseline psychiatric illness type, including mood disorders (bipolar disorder/depression/other) or psychotic disorders (schizophrenia/schizoaffective disorder), and presence or absence of current DRA use.

RESULTS: At Week 54, meaningful improvements from baseline in mean (standard error) AIMS scores were observed for patients with baseline mood disorders (–5.2 [0.93]) and psychotic disorders (–5.0 [0.63]), and in patients currently using DRAs (–4.6 [0.54]) or not using DRAs (–6.4 [1.27]). Most patients with mood disorders (73%) and psychotic disorders (71%) were "Much Improved" or "Very Much Improved" on CGIC at Week 54, similar to patients currently using (71%) or not using (74%) DRAs. The majority of patients with mood disorders (62%) and psychotic disorders (57%), as well as patients currently using (58%) or not using (63%) DRAs, were also "Much Improved" or "Very Much Improved" on PGIC at Week 54. Prior treatment in ARM-TD and AIM-TD did not impact the long-term treatment response. Underlying psychiatric disorder and concomitant DRA use did not impact the occurrence of adverse events (AEs). The frequencies of dose reductions, dose suspensions, and withdrawals due to AEs were low, regardless of baseline psychiatric comorbidities and DRA use.

CONCLUSIONS: Long-term deutetrabenazine treatment demonstrated meaningful improvements in abnormal movements in TD patients, which were recognized by clinicians and patients, regardless of underlying psychiatric illness or DRA use.

Presented at: American Psychiatric Association Annual Meeting; May 5–9, 2018, New York, New York, USA
Funding Acknowledgements: This study was supported by Teva Pharmaceuticals, Petach Tikva, Israel.

35
Long-term Improvements in Site-Rated Outcomes with Deutetrabenazine Treatment in Patients with Tardive Dyskinesia

Karen E. Anderson, MD[1]; David Stamler, MD[2]; Mat D. Davis, PhD[3]; Nicholas Gross, MS[3]; Robert A. Hauser, MD, MBA[4]; L. Fredrik Jarskog, MD[5]; Joohi Jimenez-Shahed, MD[6]; Rajeev Kumar, MD, FRCPC[7]; Stanislaw Ochudlo, MD, PhD[8]; Joseph McEvoy, MD[9]; and Hubert H. Fernandez, MD[10]

[1] Georgetown University, Washington, District of Columbia, USA
[2] Teva Pharmaceuticals, La Jolla, California, USA

https://doi.org/10.1017/S1092852919000294 Published online by Cambridge University Press

[3] Teva Pharmaceuticals, Frazer, Pennsylvania, USA
[4] University of South Florida Parkinson's Disease and Movement Disorders Center, Tampa, Florida, USA
[5] University of North Carolina School of Medicine, Chapel Hill, North Carolina, USA
[6] Baylor College of Medicine, Houston, Texas, USA
[7] Rocky Mountain Movement Disorders Center, Englewood, Colorado, USA
[8] University Clinical Center of Silesian Medical University, Katowice, Poland
[9] Medical College of Georgia, Augusta, Georgia, USA
[10] Cleveland Clinic, Cleveland, Ohio, USA

ABSTRACT: Background: Tardive dyskinesia (TD) is an often-irreversible movement disorder that may intensify the stigma of patients with psychiatric disorders and worsen quality of life. In two randomized, double-blind, placebo (PBO)-controlled, 12-week trials, ARM-TD and AIM-TD ('parent studies'), deutetrabenazine (DTB) demonstrated statistically significant improvements in centrally read Abnormal Involuntary Movement Scale (AIMS) scores at Week 12 compared with PBO and was generally well tolerated.

STUDY OBJECTIVE: To evaluate the long-term efficacy of DTB in an open-label safety study following double-blind treatment using site-rated efficacy measures: AIMS, the Clinical Global Impression of Change (CGIC) and the Patient Global Impression of Change (PGIC), which may be used in real-world clinical practice settings.

METHOD: Patients with TD who completed the parent studies were eligible to enter this open-label, long-term extension (OLE) after completing the 1-week washout period and final evaluation in the blinded portion of the trial. This extension comprised a 6-week titration period followed by a long-term maintenance phase. Patients began DTB at 12 mg/day, titrating up to a maximum total dose of 48 mg/day based on dyskinesia control and tolerability. Efficacy endpoints included in this analysis are the change in site-rated AIMS score (items 1–7) from parent study baseline, and the proportion of patients who were "Much Improved" or "Very Much Improved" (treatment success) on the CGIC and PGIC from OLE baseline.

RESULTS: At the end of the parent studies (Week 12), patients treated with DTB had experienced greater mean (standard error) improvements in site-rated AIMS score (–5.0 [0.40]) than patients given PBO (–3.2 [0.47]). With long-term DTB treatment, both groups experienced improvements in site-rated AIMS scores (prior DTB, –7.9 [0.62]; prior placebo, –6.6 [0.64]) compared with parent study baseline. Similarly, at the end of the parent studies, a greater proportion of patients treated with DTB had treatment success on the CGIC (DTB, 51%; PBO, 32%) and the PGIC (DTB, 46%; PBO: 33%); whereas at Week 54 of the OLE study, treatment success on CGIC and PGIC were similar in both the CGIC (prior DTB: 66%; prior PBO: 68%) and PGIC (prior DTB: 62%; prior PBO: 62%) groups. DTB was generally well tolerated.

CONCLUSIONS: Patients treated with DTB showed improvements in abnormal movements, as measured by site-rated AIMS, CGIC, and PGIC scores, which may be used in real-world clinical practice settings. These results corroborate the previously reported efficacy of DTB as observed in the 12-week, double-blind ARM-TD and AIM-TD trials, in which central raters were used to evaluate AIMS scores.
Presented at: American Psychiatric Association Annual Meeting; May 5–9, 2018, New York, New York, USA
Funding Acknowledgements: Funding: This study was supported by Teva Pharmaceuticals, Petach Tikva, Israel.

36
Too Scared to Blink: Pseudoparkinsonism due to Nyctophobia

Khurram Janjua, MD[1]; and Alan R. Hirsch, MD[2]

[1] Smell and Taste Treatment and Research Foundation, Chicago, IL
[2] Medical Director, Smell and Taste Treatment and Research Foundation, Chicago, IL

ABSTRACT: Introduction: A hallmark of Parkinson's disease is facial akinesia with decrease in blink frequency (Karson, 1984). A markedly decreased blink frequency from nyctophobia, a fear of the dark, has not heretofore been reported.

METHOD: Case Study: A 26-year-old right handed male presented with a 20-year history of phantasmagoria. Visual hallucinations of strangers appeared several to a hundred times a day, seconds to minutes in duration. These morbid images were horrific, of dead people or ghosts, suddenly appearing in his visual space, actively attacking real people. Examples included a little girl, decapitated, cradling her head in her arm or Freddy Krueger like apparitions, shooting, stabbing, strangling or maiming actual people who were within the patient's visual field. He was able to differentiate between the hallucinations and real people, either from the context (a non hallucination would not be murdering someone else), or he would wait for the hallucinations to vanish, allowing him to then interact with the person who is actually there. The images were so disturbing to him that he fled his home state to run away from the hallucinations, but to his chagrin, they persisted. There were

https://doi.org/10.1017/S1092852919000294 Published online by Cambridge University Press