

(6.44), respectively. Response appeared similar in both patient groups. At Week 6/End of Study (EOS) the least squares (LS) mean (SE) CFB AISRS scores for prior stimulant users and nonusers were -15.8 (2.51) and -15.6 (1.08)]; treatment difference -0.2 (2.41);  $P=0.93$ . Though not significant, prior stimulant users showed a larger magnitude of improvement on the AISRS at early timepoints compared to those without prior stimulant use [Week 1, LS mean (SE) CFB AISRS Total scores: -9.2 (1.40) vs. -6.8 (0.70), respectively; treatment difference: -2.4 (1.56);  $P=0.12$ .]

**Conclusions.** A history of prior stimulant use did not appear to influence the magnitude of ADHD symptom response to viloxazine ER in this preliminary analysis of Phase 3 trial data in adults. Rather, subjects with prior stimulant use showed numerically larger reductions in AISRS scores at early timepoints that were not significantly different from those without prior stimulant use. Additional analysis should be undertaken to evaluate patterns of response in the pediatric population.

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## Do Images in Jackson Pollock's Paintings - Polloglyphs – Arise From His Conscious and Unconscious, Or Are They All in The Viewer's Mind?

Debbi Ann Morrisette, PhD<sup>1</sup>,  
Stephen M. Stahl, MD, PhD<sup>2</sup> and Jon A. Gates

<sup>1</sup>Neuroscience Education Institute, Carlsbad, CA and <sup>2</sup>Dept of Psychiatry, University of California San Diego and Riverside; Neuroscience Education Institute, Carlsbad, CA

Was Jackson Pollock “Jack the dripper” with paintings “that a dog or cat could have done better,” or did Pollock insert Polloglyphs – images that are encrypted that tell a story about Pollock's inner being - into his paintings and then disguise them with drippings? On the one hand, some - especially art critics - have emphasized the formal elements of Pollock's work, arguing that no images are present and the viewer can find whatever they are looking for because such images are artefacts of the “fractal” fuzzy edges to the drippings and are just fooling the eyes. Thus, maybe Pollock's paintings are just a massive set of new Rorschach inkblots to provoke the viewer to project their own emotions onto the painting, whereas there is actually nothing at all in the painting from the artist. On the other hand, from a psychiatric point of view, given that Pollock had bipolar disorder, painted when he was euthymic or manic and not intoxicated nor depressed, had extensive exposure to Rorschach ink blots during his own psychiatric treatment, had visual images and hallucinations of images, clearly incorporated images into his pre-drip paintings (e.g., see Troubled Queen), and used repeatedly the same images in multiple drip paintings (e.g., booze bottles, images of himself, monkeys, clowns, elephants and more), the alternate point of view is that Pollock either consciously or unconsciously encrypted images in his drip paintings. His remarkable ability to do this with Polloglyphs hiding in plain sight

may be part of Pollock's creative genius and could have been enhanced by the endowment of extraordinary visual spatial skills that have been described in some bipolar patients. If so, painting could have been Pollock's way to rapidly unspool his images and to do this onto canvas. Pollock himself stated that consciously “I try to stay away from any recognizable image; if it creeps in, I try to do away with it.” However, he also admitted “recognizable images are always there in the end.” If coming from his deep unconscious creativity and genius, such images may have appeared in spite of himself. Pollock thus may indeed not have been mindful of creating Polloglyphs as he stated “When I am in my painting, I'm not aware of what I am doing.” He painted in air, letting gravity make the picture, and dripping became not just another way of obscuring images but as well a new way of creating them. Ultimately, we may never know if there are Polloglyphs present in Jackson Pollock's famous drip paintings, nor can we know for sure whether they are merely in the mind of the beholder or put there consciously or unconsciously by the artist. In the meantime, it can be fun and enlightening to view Pollock's works and decide for yourself.

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## Viloxazine Extended-Release Capsules in Children and Adolescents with ADHD: Final Results of a Long-Term, Phase 3, Open-Label Extension Study

Robert L. Findling<sup>1</sup>, Nicholas Fry<sup>2</sup>, Alain Katic<sup>3</sup>,  
Michael Liebowitz<sup>4,5</sup>, Zulane Maldonado-Cruz<sup>2</sup>,  
Peibing Qin<sup>2</sup>, James G. Waxmonsky<sup>6</sup>,  
Ilmiya Yarullina<sup>2</sup> and Jonathan Rubin<sup>2</sup>

<sup>1</sup>Department of Psychiatry, Virginia Commonwealth University, Richmond, VA, USA; <sup>2</sup>Supernus Pharmaceuticals, Inc., Rockville, MD, USA; <sup>3</sup>Houston Clinical Trials, Bellaire, TX, USA; <sup>4</sup>Department of Psychiatry Columbia University, New York, NY, USA; <sup>5</sup>The Medical Research Network LLC, New York, NY, USA and <sup>6</sup>Department of Psychiatry and Behavioral Health, Penn State Health Milton S. Hershey Medical Center, Hershey, PA, USA

**Introduction.** Viloxazine ER (extended-release capsules; Qelbree<sup>®</sup>) is a nonstimulant medication, FDA-approved for ADHD in children ( $\geq 6$  years) and adults. Efficacy and safety for children and adolescents were evaluated in one phase 2 [NCT02633527] and four phase 3 [NCT03247517, NCT03247556, NCT03247530, and NCT03247543], double-blind (DB), placebo-controlled trials that fed into a long-term, open-label extension (OLE) trial [NCT02736656]. Here we report the findings from this OLE trial. **Methods.** Participants completing the DB trials were eligible for the OLE. Viloxazine ER was initiated at 100 mg/day (children) or 200 mg/day (adolescents) and adjusted (if needed) over a 12-week Dose-Optimization Period (up to 400 mg/day [children] or 600 mg/day [adolescents]). Maintenance treatment then continued up to 72 months. Safety assessments included adverse events (AEs), clinical laboratory tests, vital signs, ECG (12-lead), and the Columbia Suicide Severity Rating Scale (C-SSRS). Efficacy