Raw scores for GEC, MI, and BRI (sum of 70, 40, and 30 items, respectively) were converted to a T-score (mean=50, standard deviation=10; T-score ≥ 65 considered abnormally elevated) and then to a change from (DB) baseline (CFB) T-score. The mean [±SE] CFB T-score was calculated for the GEC, MI, and BRI by study OLE visit, and the mean last on-study OLE visit was analyzed using a paired t-test.

**Results.** In the OLE trial, 157 subjects received viloxazine ER (first subject dosed, 24 Jan 2020; data cut, 30 MAR 2021). The mean [±SE (n)] T-score at DB baseline between placebo and viloxazine ER groups was similar for GEC [70.9 ± 0.82 (177) and 71.0 ± 0.77 (173)], MI [73.6 ± 0.86 (178) and 74.0 ± 0.83 (173)], and BRI [63.9 ± 0.85 (177) and 63.6 ± 0.77 (174)]. The CFB T-score decreased across OLE visits in all three measures. At last on-study OLE visit, the mean [±SE (n)] CFB T-score was significantly improved for the GEC [-12.4 ± 1.23 (121); P<0.0001], the MI (-12.6 ± 1.30 (121); P<0.0001], and the BRI [-10.0 ± 1.04 (122); P<0.0001]; median viloxazine ER dose was 400 mg/day.

**Conclusions.** Following the DB trial, improvement in executive function continued during viloxazine ER treatment in adults throughout the OLE trial, including a significant improvement at subjects' last on-study visit for overall functioning (GEC) and both indices (MI and BRI). Overall, the results suggest adults with ADHD may show improvement in executive function with viloxazine ER treatment.

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# Reliability of the Clinician's Tardive Inventory (CTI)

Richard M. Trosch, MD[1], Cynthia L. Comella, MD[2], Stanley N. Caroff, MD[3], William G. Ondo, MD[4], Alicia C. Shillington, Ph.D[5], Brandon J. LaChappelle, MPH[5], Robert A. Hauser, MD[6], Christof U. Correll, MD[7] and Joseph H. Friedman, MD[8]

[1]Parkinson s and Movement Disorders Center, Farmington Hills, MI, USA, [2]Rush University, Chicago, IL, USA, [3]University of Pennsylvania, Philadelphia, PA, USA, [4]Houston Methodist Neurological Institute, Houston, TX, USA, [5]EPI-Q, Inc, Oakbrook, IL, USA, [6]University Of South Florida, Tampa, FL, USA, [7]The Zucker Hillside Hospital, Department of Psychiatry, Northwell Health, Glen Oaks, NY, USA, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, Department of Psychiatry and Molecular Medicine, Hempstead, NY, USA, Charité Universitätsmedizin, Department of Child and Adolescent Psychiatry, Berlin, Germany and [8]Brown University, Butler Hospital, Providence, RI, USA

**Abstract**

**Objectives.** Currently utilized clinician-rated symptom scales for tardive dyskinesia (TD) have not kept up with the expanding spectrum of TD phenomenology. The objective of this study was to develop and test the reliability of a new instrument, the CTI.

**Methods.** A movement disorder neurologist devised the outline of the scale. A steering committee (four neurologists and two psychiatrists) provided revisions until consensus was reached. The resulting instrument assesses frequency of abnormal movements of the eye/eyelid/face, tongue/mouth, jaw, limb/trunk, complex movements (e.g., handwringing, self-caressing), and vocalizations. The CTI rates symptoms from 0–3 with 0 = absent, 1 = infrequent/intermittent or only present with activating maneuvers, 2 = frequent intermittent, brief periods without movements, 3 = constant or nearly constant. Functional impairments including activities of daily living (ADL), social impairment, symptom bother, and harm are rated 0–3 with 0 = patient is unaware or unaffected, 1 = symptoms mildly impact patient, 2 = symptoms moderately impact patient, 3 = symptoms severely impact patient. Following institutional review board approval, the CTI underwent inter-rater and test-retest reliability testing. Videos of patient TD examinations were obtained and reviewed by two movement disorder specialists to confirm the diagnosis of TD by consensus and the adequacy to demonstrate a TD-consistent movement. Vignettes were created to include patients' symptom descriptions and functional, social, or occupational impairments/limitations. Four clinicians rated each video/vignette. Selected videos/vignettes were also subject to an intra-rater retest. Interrater agreement was analyzed via 2-way random-effects interclass correlation (ICC) and test-retest agreement assessment utilizing Kendall's tau-b.

**Results.** 45 video/vignettes were assessed for interrater reliability, and 16 for test-retest reliability. ICCs for movement frequency were as follows: abnormal eye movement .89; abnormal tongue/mouth movement .91; abnormal jaw movement .89; abnormal limb movement .76; complex movement .87; abnormal vocalization .77; and functional impairments including harm .82; social embarrassment .88; ADLs .83; and symptom bother .92. Retests were conducted on mean (SD) 15 (3) days later with scores ranging from .66–.87.

**Conclusions.** The CTI is a new instrument with good reliability in assessing TD symptoms and functional impacts. Future validation study is warranted.

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# Mental Health Issues for Frontline Hospital Staff During Height of Covid Pandemic 2020

Diego Garces Gross, Yonatan Kaplan, Geoffrey Talis and Cheryl A. Kennedy

**Abstract**

**Introduction.** When the SARS-Cov2 virus hit the New York and New Jersey metropolitan area in Spring 2020, hospitals and hospital workers were hit hard with a new unknown pathogen that either killed people or made them very ill. There were large numbers of severely ill patients that strained resources. Hospital workers had extraordinary stress with multiple additional patients, the need to use personal protective equipment (PPE) in short supply, and faced with a pathogen that had no treatments beyond care and support initially.

**Methods.** We surveyed our hospital workers in late Spring 2020 to identify the main stressors and find out what measures were helpful. An online anonymous survey included questionnaires about sleep, mood, outside stressors, helpful measures, and how

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