achieve adequate control of TD symptoms, patients benefit from response-driven titration of deutetrabenazine to doses >24 mg/day, regardless of the baseline severity of abnormal movements assessed by AIMS item 8. These results highlight the importance of patient-driven titration of deutetrabenazine until adequate movement control is achieved, while maintaining safety/tolerability in the treatment of TD.

Weight Gain and Comorbidities Associated with Oral Second-Generation Antipsychotics: Analysis of Patients with Bipolar I Disorder or Schizophrenia

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Abstract

Objective. Clinically significant weight gain (CSWG) is associated with increased morbidity and mortality. This study describes CSWG and comorbidities observed in patients with bipolar I disorder (BD-I) and schizophrenia (SZ) after initiating select second-generation antipsychotics (SGAs).

Methods. Percent change in weight, CSWG (=7% weight increase), and incident comorbidities within 12 months of treatment were assessed among patients initiating oral SGAs of moderate-to-high weight gain risk using medical records/claims (OM1 Real-World Data Cloud; January 2013-February 2020). Oral SGAs included clozapine (SZ), iloperidone (SZ), paliperidone (SZ), olanzapine, olanzapine/fluoxetine (BD-I), quetiapine, and risperidone. Outcomes were stratified by baseline body mass index and reported descriptively.

Results. Among patients with BD-I (N = 9142) and SZ (N = 8174), approximately three-quarters were overweight/obese at baseline. During treatment (mean duration = 30 weeks), average percent weight increase was 3.7% (BD-I) and 3.3% (SZ). Average percent weight increase was highest for underweight/normal weight patients (BD-I = 5.5%; SZ = 4.8%), followed by overweight (BD-I = 3.8%; SZ = 3.4%) and obese patients (BD-I = 2.7%; SZ = 2.3%). Within 3 months of treatment, 12% of all patients experienced CSWG. A total of 11.3% (BD-I) and 14.7% (SZ) of patients developed coronary artery disease, hypertension, dyslipidemia, or type 2 diabetes within 12 months of treatment; development of comorbidities was highest among overweight/obese patients and those with CSWG.

Conclusions. Patients who were underweight/normal weight at baseline had the greatest percent change in weight during treatment. Increased comorbidities were observed within 12 months of treatment, specifically among overweight/obese patients and those with CSWG. The magnitude of weight gain and development of comorbidities were similar for patients with BD-I and SZ.

Timely Depression, Suicide Screening, and Transition of Care Coordination in an Addiction Treatment Setting

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Abstract

Background. People with substance use disorders (SUDs) experience higher rates of depression and suicide and lack primary care providers (PCP).

Local Problem. Twenty chart audits at the St. Lawrence Addiction Treatment Center (SLATC) showed 65% (n = 11) of SUD patients lacked a PCP. Standardized screening tools and timely appointments were lacking. The aim was to increase timely scheduled psychiatric appointments for SUD patients at discharge by 80% within 90 days.

Methods. A 90-day rapid cycle improvement project with plan-do-study-act was the process for improvement. Data were collected with four interventions from screening, checklist, patient, and team engagement concurrently. Run charts, spreadsheets, and aggregate data were interpreted for timely care. Interventions: Screening tools evaluated risks for depression and suicide. If patients screened positive, a decision aid was used for patient education. Discharge Care Coordination Checklist was used as a quality tool tracking all patients. The Project Briefing Tool and team engagement activities were used to improve participation.

Results. Screening tools were spread with 125 screenings showing 53 positives for depression and four positives for suicide. After using the decision aid, 24 (45.2%) chose depression medications, 29 (52.8%) chose complementary alternative medicine, and one patient chose neither. Of the 125 patients on the Discharge Care Coordination Checklist, 43.2% (n = 54) were scheduled with appointments, The Project Briefing Tool improved participation.

Conclusion. Standardized screening tools, CAM, and co-creation activities improved timeliness of care. A further study for the impact of mental health services for relapse prevention was recommended.