

controlled trial (Noom Bariatric Health vs. Standard Care). All participants' dietary intake was assessed initially and after 8 weeks of intervention, with the 24-hour dietary recall (ASA24) to analyze food intake. Paired t-tests were used to compare within group changes in dietary parameters. Independent t-tests were used to assess intergroup differences at the end of treatment.

RESULTS: Post intervention, both Noom and Control groups consumed numerically less total calories, empty calories, fat, and carbohydrates compared to their baseline. Reduction in empty calorie consumption was significant only in Noom ($t=2.39$, $p=0.04$, Cohen's $d=0.96$) and not in Control ($t=0.89$, $p=0.40$, Cohen's $d=0.30$). Both total kcal and total fat intake showed larger numerical reductions within Noom (kcal,fat: $t=1.94,2.07$; $p=0.08,0.07$; Cohen's $d=1.03,1.06$) compared to reductions seen within Control (kcal,fat; $t=0.41,0.48$; $p=0.69,0.64$; Cohen's $d=0.14,0.16$). There were no other significant changes in macronutrients and micronutrients within groups. At the end of treatment, Noom compared to Control groups had significantly lower percentage fat intake ($t=3.02$, $p=0.008$, Cohen's $d=1.42$) without initial difference at screening ($t=1.12$, $p=0.27$, Cohen's $d=0.36$).

DISCUSSION: Though limited due to small sample size, preliminary results appear promising that mobile coaching intervention may have beneficial effects on diet pre-bariatric surgery. We will discuss the impact of these findings on potential post-surgery outcomes. Funding Acknowledgements: NIH R44DK116370, Mount Sinai Hospital

93 Practical Outpatient Pharmacotherapy for Alcohol Use Disorder

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ABSTRACT: Alcohol use disorder (AUD) is commonly encountered in clinical practice. A combination of psychosocial intervention and pharmacotherapy is the cornerstone of AUD treatment. Despite their efficacy, safety and cost-effectiveness, clinicians are reluctant to prescribe medications to treat individuals with AUD. Given the high rate of relapse with psychosocial

intervention alone, increasing patient access to this underutilized treatment has the potential to improve clinical outcome in this difficult-to-treat population. Herein, we provide practical pharmacotherapy strategies to improve treatment outcome for AUD. We review the efficacy and side effects of both on- and off-label agents with a particular focus on clinical applicability. Recommendations are supported by findings from randomized controlled trials (RCT) and meta-analyses selected to be representative, where possible, of current treatment guidelines. The goal of this paper is to help readers use pharmacotherapy with greater confidence when treating patients with AUD.

95 Differential Aspects Between Schizophrenia Treatment Approaches: Oral Antipsychotics vs Aripiprazole Long-Acting Injectable

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ABSTRACT: AIM: The objective of the study is to evaluate the differences in health outcomes as well as treatment satisfaction and functionality, focusing particularly in cognitive deficits and perceived disability among stable psychotic patients with therapeutic adherence treated with oral antipsychotics (OA) vs Aripiprazole Long Acting Injectable (A-LAI).

METHOD: Naturalistic study, descriptive and transversal. Inclusion criteria: Schizophrenia; 18-65 years old; CGI ≤ 3 ; treatment OA or A-LAI; no changes antipsychotic therapy in last 3 months. Sociodemographic and clinical variables were recorded using self-applied scales (TSQM; EQ-5;SDI;PDQ) and heteroapplied (PSP;CGI;UKU). A mirror analysis was performed in the A-LAI group comparing number of psychiatric drugs and antipsychotic used, previous admissions and emergency care visits.

RESULTS: 50 patients (25 OA, 25 A-LAI), 62% male, age $43,9 \pm 11,1$, psychotic illness evolution $15,9 \pm 9,9$. In comparison with OA, A-LAI patients present greater functionality scores (PSP) $75 \pm 11,5$ vs $61,8, \pm 10,5$ ($p.001$) and better results in quality of life (EQ-5D), both

quantitatively, $69 \pm 18,6$ vs $48,3 \pm 22,1$ ($p.005$), and qualitatively (particularly in everyday tasks, OR 0,15 ($p.009$), and better health during the last year OR 0,16 ($p.011$). Additionally A-LAI patients showed less disability compared to OA, particularly in work areas (4,7 vs 6,8, $p.017$), social life (4,5 vs 6,6, $p.006$), overall disability (13 vs 18, $p.022$) and perceived stress (4,2 vs 6,2, $p.020$). Perceived cognitive deficits were lower in the A-LAI group, particularly in attention and concentration. There were significant differences in weight gained OR 0,22 ($p.082$) and sexual disfunction OR 0,078 ($p.000$) in favor of A-LAI. Prolactin levels are higher for the OA group, $41,7 \pm 30,8$ vs $8,6 \pm 11,67\text{ng/ml}$ ($p.003$). Treatment satisfaction (TSQM) was significantly higher in A-LAI patients in all 4 dimensions. The factor that most influences the improvement in the functionality is the treatment with A-LAI instead of OA ($-10,9 \pm 4,1$, $p.0117$). A-LAI patients required a lower number of psychiatric drugs than OA. In A-LAI patients group was observed a statistical significant difference in the number of hospitalizations (1,8 vs 0,08, $p.002$), the number of admission days to the hospital (45,4 vs 1,5, $p.010$) and the number of emergency care needed (3,96 vs 0,6, $p.000$); furthermore, the number of antipsychotics was significantly reduced ($2 \pm 1,3$ vs $0,2 \pm 0,4$) as well as the number of overall psychotic drugs ($4,5 \pm 2,1$ vs $2,2 \pm 1,4$).

CONCLUSIONS: According to the data from our study patients with schizophrenia that are treated with A-LAI show better results in quality of life, functionality, less perceived disability and cognitive deficits compare to those that received OA, as well as more levels of treatment satisfaction. Tolerance of A-LAI has been better than OA, particularly in the sexual and weight areas, being prolactin levels also lower. The change to A-LAI has allowed a reduced use of health resources.

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The Cat's Meow? Feline Warning of Imminent Seizures

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ABSTRACT: Study Objective: Cats may respond to seizures with a threat response (Strong, 1999). Detailed description of this for seizures or pseudoseizures has not heretofore been described.

METHOD: Case study: A 29-year-old right handed female, two years prior to presentation, developed onset of seizures which last approximately one minute, almost on a daily basis. These are associated with shortness of breath and postictal blurred vision. During these epoch, she would experience temporary amnesia; a feeling as if she had lost a couple years of memory which gradually returned within an hour. Pain and stress would precipitate a seizure. There were two different types of seizures. The first type was with an aura of white visual entopias in the center of her visual field without postictal amnesia. The second type is without aura, but there is amnesia for the event. In neither type would she bite her tongue nor manifest urinary or fecal incontinence. Just preceding either type of seizures, her cat, would uncharacteristically meow, saunter over to her, and nudge her head against her legs or scratch her with her front paws. In response to this, the patient would move as fast as she could to a safe place where she would be cushioned if she were to fall. Less than a minute after the cat would warn her, a seizure would manifest. During this event the cat would meow and lay beside her "as if guarding me" until the seizure would resolve. The cat has never displayed these behaviors unless a seizure was eminent. She admitted to daily panic attacks which the cat appeared to ignore.

RESULTS: Abnormalities in physical examinations: General: 1+ bilateral pedal edema. Neurological examination: Mental status examination: Digit span: 7 forward and 2 backwards. Able to spell the word "world" forwards but not backwards. (CN) examination: CN III, VI and IV: Right lateral rectus weakness. Reflexes: bilateral 3+ brachioradialis and quadriceps femoris. Absent ankle jerk. Positive jaw jerk with clonus. Bilateral positive Hoffman's reflexes. Neuropsychiatric testing: Clock drawing test: 3 (abnormal). Go-No-Go Test: 6/6 (normal). 72-hour EEG normal.

CONCLUSION: Olfactory emanations occur (Brown, 2011) several hours prior to seizures (Litt, 2009; Rajna, 1997) which the feline may be sensitive due to its superior olfactory ability. The cat's comportment may have induced anxiety in the patient, which then may have precipitated the seizure. The animal thus may be an epileptogenic animal rather than a warning animal. The cat may detect changes in emotion, which predicts the pseudoseizures. On the other hand, the cat may have been acting as an anxiogenic agent, precipitating a pseudoseizure. There may have been a misattribution error, such that she recalled the cat in a position of warning seizures but did not recall when the cat did not warn the seizures. Further investigation in the use of