therapeutic levels (2.5-15mcg/ml), it has been reported that Lamotrigine is neuroprotective and improves cognition. At the time of overdose, our patient had a Lamotrigine level of 21.5mcg/ml. There is limited literature on cognitive effect of supra-therapeutic levels of Lamotrigine. As such, a causal relationship cannot be determined from a single care report. Also in differentials to consider are schizophrenia and seizures from lamotrigine withdrawal.

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### Improvements in Clinical Global Impression of Change With Deutetrabenazine Treatment in Tardive Dyskinesia From the ARM-TD and AIM-TD Studies

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**ABSTRACT:** Introduction: Tardive dyskinesia (TD) is an involuntary movement disorder that is often irreversible, can affect any body region, and can be debilitating. In the ARM-TD and AIM-TD studies, deutetrabenazine treatment demonstrated statistically and clinically significant reductions in Abnormal Involuntary Movement Scale (AIMS) scores at Week 12 compared with placebo (primary endpoint).

**OBJECTIVE:** To evaluate the efficacy of deutetrabenazine, as measured by the Clinical Global Impression of Change (CGIC) scale, in patients with TD from the pooled ARM-TD and AIM-TD (24 and 36 mg/day doses) data sets, as compared with the pooled placebo cohort.

**METHODS:** ARM-TD and AIM-TD were 12-week, randomized, double-blind, placebo-controlled studies that evaluated the safety and efficacy of deutetrabenazine for the treatment of TD. The key secondary endpoint of each study was the proportion of patients “much improved” or “very much improved” (treatment success) at Week 12 on the CGIC.

**RESULTS:** At Week 12, the odds of treatment success among patients treated with deutetrabenazine (n = 152) was more than double that of patients given placebo (n = 107; odds ratio: 2.12; P = 0.005). In a categorical analysis of CGIC ratings, patients treated with deutetrabenazine showed greater improvement than patients given placebo (P = 0.003). Patients treated with deutetrabenazine also had a significantly better treatment response than those given placebo (least-squares mean CGIC score treatment difference: -0.4; P = 0.006).

**CONCLUSIONS:** Deutetrabenazine treatment led to statistically and clinically significant improvements in TD symptoms based on the CGIC result, suggesting that clinicians were able to recognize the benefit in patients treated with deutetrabenazine.

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### Use of Pimavanserin in Combination With Selective Serotonin Reuptake Inhibitors (SSRIs)

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**ABSTRACT:** Study Objective: Psychosis is common in Parkinson’s disease (PD) and increases in both frequency and severity with disease duration. It is associated with increased morbidity/mortality, complicates management of motor symptoms and often leads to long-term care placement. Pimavanserin is a selective 5-HT2A inverse agonist/antagonist approved in the U.S. for treatment of hallucinations and delusions associated with PD.

**METHODS:** A 12-week, open-label study investigated the safety and efficacy of pimavanserin in combination with selective serotonin reuptake inhibitors (SSRIs) in patients with PD and psychosis. Patients were randomized to receive either pimavanserin (40 mg/day) or placebo in a 2:1 ratio. The primary endpoint was change in the Brief Psychiatric Rating Scale (BPRS) total score from baseline to Week 12.

**RESULTS:** A total of 15 patients were enrolled, with 10 receiving pimavanserin and 5 receiving placebo. At Week 12, there was a significant decrease in BPRS total score in the pimavanserin group compared to baseline (P = 0.03). The most common adverse events were somnolence, constipation, and dizziness.

**CONCLUSIONS:** Pimavanserin in combination with SSRIs is safe and effective in reducing symptoms of psychosis in patients with PD. Further studies are needed to confirm these findings and to investigate the long-term safety and efficacy of this treatment combination.

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