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. We evaluated the safety and efficacy of pimavanserin in combination with SSRIs in patients with PD and psychosis.

METHODS: An open-label, single-arm trial was conducted in patients with PD and psychosis who were taking various combinations of SSRIs (Escitalopram, Fluoxetine, and Paroxetine). Primary endpoints were the Change From Baseline in Positive and Negative Syndrome Scale (PANSS) Positive and PANSS Negative subscales at Week 4.

RESULTS: Twenty-five patients were enrolled; 22 completed the trial. At Week 4, there were statistically and clinically significant improvements in PANSS Positive and Negative subscales. The proportion of patients achieving clinical response (15% change from baseline) was 72% in the PANSS Positive subscale and 68% in the PANSS Negative subscale. Adverse events were consistent with the known safety profile of pimavanserin and SSRIs.

CONCLUSIONS: Pimavanserin in combination with SSRIs was safe and effective in improving psychosis symptoms in patients with PD.

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