any preparation or dosing schedule, compared to a control such as sublingual buprenorphine or placebo.

The primary outcome measure was treatment efficacy, specifically treatment retention and negative urine drug screen results. The secondary outcomes measures were drug related adverse events, severe adverse events, nonfatal serious adverse events, mortality, discontinuation, and drug overdose.

Six articles were selected for inclusion following assessment using our exclusion criteria. Study quality was assessed using the CASP tool and Cochrane Risk of Bias 2. Review Manager 5.4.1 was used for data synthesis.

Results. Our primary endpoint was efficacy, using treatment retention and negative urine samples as surrogate markers. Regarding treatment retention there was a statistically significant increase in the 'Buvidal' group compared to the control group (OR = 1.46, 95% CI = 1.12 to 1.89, P = 0.005). There was also a statistically significant increase in negative urine samples in the 'Buvidal' group compared to the control group (OR = 1.38, 95% CI = 1.26 to 1.52, P < 0.00001).

We examined a number of secondary outcomes which focussed on safety and tolerability data. These showed no statistically significant differences between the two groups (drug overdose (OR = 0.09), drug related adverse events (OR = 1.75), severe adverse events (OR = 0.93), nonfatal serious effects (OR = 0.65), mortality (OR = 1.63) and discontinuation (OR = 1.52)).

Conclusion. The studies have shown the efficacy of 'Buvidal' was statistically significant in comparison to the control groups, with no difference in their side effect profiles.

To our knowledge, this is the first systematic review and meta-analysis of its kind, and our results support the hypothesis that 'Buvidal' is an effective and safe treatment for opioid use disorder.

Esketamine Nasal Spray Improves Rate and Time to Remission Versus Quetiapine Extended Release in Subgroups of Patients With Treatment Resistant Depression and Two or Three Plus Prior Treatment Failures: Results From ESCAPE-TRD, a Randomised Phase IIIb Trial

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Aims. For patients with depression, the likelihood of remission decreases with each subsequent treatment failure. Per European Medicines Agency guidance, treatment resistant depression (TRD) is defined as nonresponse to ≥2 consecutive treatments at adequate dosage and duration in the current depressive episode. In ESCAPE-TRD (NCT04338321), esketamine nasal spray (NS) increased the probability of achieving remission and remaining relapsefree, compared with quetiapine extended release (QXR) in patients with TRD. Here, we report the efficacy of esketamine NS vs QXR in patient subgroups with 2 or ≥3 consecutive prior treatment failures (PTFs).

Methods. ESCAPETRD was a phase IIIb trial comparing the efficacy of esketamine NS with QXR in patients with TRD. Patients (N = 676) were randomised 1:1 to esketamine NS (n = 336; 56/84 mg; twice weekly, weekly, or every 2 weeks [wks]) or QXR (n = 340; 150–300 mg daily, both in combination with an ongoing selective serotonin reuptake inhibitor/serotonin norepinephrine reuptake inhibitor. Randomisation was stratified by age (18-64 years; 65–74 years) and PTFs (2; ≥3).

The primary endpoint of remission (Montgomery-Åsberg Depression Rating Scale total score ≤10) at Wk8 and the secondary endpoint of remaining relapse-free through Wk32 after remission at Wk8, were analysed in PTF patient subgroups and compared between study arms, with treatment discontinuation considered as a negative outcome. The effect on time to remission was assessed using hazard ratios (HR) from a Cox regression model.

Results. Of the randomised patients, 415 (61.4%; esketamine NS: 204, QXR: 211) had experienced 2 PTFs and 261 (38.6%; esketamine NS: 132, QXR: 129) had experienced ≥3.

Of patients with 2 PTFs, 54/204 (26.5%) esketamine NS-treated patients and 46/211 (21.8%) Q-XR-treated patients achieved remission at Wk8 (p = 0.267). Of patients with ≥3 PTFs, 37/132 (28.0%) and 14/129 (10.9%) patients achieved remission at Wk8 in esketamine NS and Q-XR arms, respectively (p < 0.001). Of patients with 2 and ≥3 PTFs, 49/204 (24.0%) and 24/132 (18.2%) of esketamine NS-treated patients and 38/211 (18.0%) and 10/129 (7.8%) of Q-XR-treated patients achieved remission at Wk8 without relapse to Wk32 (p = 0.133 and p = 0.013), respectively.

Esketamine NS significantly improved time to remission, with a greater effect in the ≥3 PTF subgroup (2 PTFs: HR = 1.547 [95% confidence interval (CI) 1.210–1.976]; p < 0.001 vs ≥3 PTFs: HR = 2.066 [95% CI 1.469–2.907]; p < 0.001).

Conclusion. Esketamine NS demonstrated a significantly superior remission rate versus QXR at Wk8 in patients with ≥3 PTFs, and significantly shorter time to remission versus Q-XR in both subgroups.

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Quality Improvement

Compliance With Nice Policy on Ecg in Patients on Psychotropic Medications: Frays Ward August 2020 to January 2021

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Aims. 1. The need to ensure ECG is done before commencing Psychotropic medications. 2. The need to ensure both medical