could add objectivity to the otherwise subjective BPD diagnosis. However, prospective trials are needed to determine the prognostic utility of the QCAE tool.

Reduction of Neuropsychiatric Symptoms and Managing Safety Outcomes by Pimavanserin Versus Other Antipsychotics: Systematic Review and Meta Analysis.

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Aims: This meta-analysis aims to review safety and effectiveness of pimavanserin compared with other antipsychotics in managing psychotic symptoms in Alzheimer's disease and Parkinson's disease dementia.

Methods: We conducted a comprehensive literature search of controlled trials evaluating efficacy of pimavanserin versus placebo and other antipsychotics. A thorough search was made using specific terms in Pubmed, Web of Science, EMBASE, SIGLE and CINAHL. Of 423 studies only 2 studies met our requirements once detailed ROB 2 analysis was performed. The primary dependent measure was NPI and the CGI-I as the secondary measure;safety data being the other dependent measure.

Results: With active treatment by pimavanserin, there was a mean reduction of 4.5 points on NPI score, the SMD was −1.07 compared with placebo. It was more effective than other antipsychotics and it came with more acceptable side effects. Side effects included extrapyramidal symptoms, however this was significantly lower in the pimavanserin group (7% versus 15% with olanzapine) and minimal metabolic side effects.

Conclusion: Pimavanserin stands as a relatively new treatment approach for management of neuropsychiatric symptoms in dementia that has similar effectiveness when compared with other antipsychotics, yet exhibiting fewer side effects. Its mechanism of action as a selective serotonin inverse agonist may offer some advantage in controlling and managing psychotic symptoms without worsening of motor functions in patients with Parkinson's disease dementia.

In Children and Adolescents (Ages 6-17) With Attention Deficit Hyperactivity Disorder (ADHD), How Does Viloxazine Extended-Release (ER) Compare with Placebo or Other ADHD Medications in Terms of Improving ADHD Symptoms, Adverse Events and Treatment Discontinuation Rates? A Systematic Review

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Aims: In this systematic review, the effectiveness and safety of viloxazine ER in the treatment of ADHD in children and adolescents aged between 6–17 years will be assessed.

Methods: This review identified articles through a systematic approach using PubMed, EMBASE, and the Cochrane Library. Randomized controlled trials with viloxazine ER in an active comparator condition versus placebo or other stimulant/non-stimulant ADHD drugs were included.

The first set of outcomes for assessing efficacy was a decrease in the severity of ADHD symptoms as measured by the ADHD-RS-5 and CGI-I scales. Safety outcomes comprised comparability in the rates of adverse events and treatment discontinuation rates.

Results: A meta-analysis showed that viloxazine ER is effective in managing ADHD symptoms compared with placebo at 10–12 weeks. Very few side effects were reported with this medication and those reported were mostly mild to moderate in nature. Mild side effects were noted to be decreased appetite, somnolence, and headache. The rates of treatment disappearance were similar compared with other oral ADHD drugs.

Conclusion: The research implies that viloxazine ER may be useful to paediatric patients with ADHD as a new treatment approach. We hypothesize that its profile of being an NRI and 5-HT2B antagonist may be beneficial for patients who have not shown sufficient improvement with more common treatments. The use of once daily dosing of the extended release formulation may enhance compliance compared with drugs taken more than once per day.

In a general manner, viloxazine ER seems to be a safe and efficacious therapy in children and adolescents affected by ADHD. Because it has a unique mechanism of action and can be taken once daily, it complements other ADHD medications well. More prospective, multicentre trials of longer duration are, therefore, required to determine the success and risks of the technique in the long run.