

EQ 5D-5L utility in the full Cohort 2 (-0.021,  $P < 0.001$ ) and limited Cohort 2 (-0.024,  $P < 0.001$ ). A significant association was also found with patient rated severity in limited Cohort 2 ( $P < 0.05$ ), but not with clinician-rated severity. Similar results were found for SDS total score.

**CONCLUSIONS:** RE-KINECT patients were consistent in evaluating the severity and impact of TD, whether based on subjective assessments or standardized patient-reported instruments (EQ-5D-5L, SDS). Clinician-rated severity of TD may not always correlate with patient perceptions of the significance of TD. Patient self-assessments (focused on symptom impact) can be clinically relevant; incorporating such measures into everyday practice may provide a more comprehensive approach to TD assessment and management.

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### “Random Twitching” - A Case Presentation

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**ABSTRACT:** Purpose of the study: To present a case about a 12 year old with a movement disorder to educate the community about an uncommon side effect of a commonly utilized class of psychiatric medications. Simple statement of methods: Patient was seen in the context of a consultation-liaison psychiatry capacity during the first author’s general psychiatry residency. Information was obtained from an electronic medical record and interviews with other physicians that treated the patient. Research about the patient’s supposed diagnosis was conducted using a PubMed + OneSearch searches and articles were obtained under the guidance of a certified hospital librarian.

**RESULTS/DISCUSSION:** Withdrawal Emergent Dyskinesia is an uncommon, but debilitating condition that can occur after a rapid discontinuation/dosage change of a neuroleptic. This condition has been documented sparsely in the literature; more literature exists regarding its presence in children than in adults. The condition lasts for 2-3 months and resolves spontaneously in ~90% of cases. The literature that is available suggests (1) avoiding neuroleptic use in children if possible, (2) tapering off antipsychotics slowly, (3) using benzodiazepines and/or beta-blockers to treat symptoms of this condition, and (4) restarting the neuroleptic if symptoms do not improve.

**CONCLUSION:** Withdrawal Emergent Dyskinesia is an uncommon, poorly studied, debilitating condition that can occur after a rapid discontinuation/dosage change of a neuroleptic. Future research efforts could be focused on (a) the prevalence of neuroleptic withdrawal symptoms in both adults and children, (b) the complete neurochemical and neurobiological pathogenesis of WED, and (c) the differences in terms of diagnosis and treatment between dyskinesias associated with both neuroleptic use and/or withdrawal. In addition, the existence of such a condition is yet another reason to reconsider off-label use of neuroleptics to treat behavioral symptoms in the absence of clear psychiatric indications for their use.

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### Examining Real World Treatment Pathways in Parkinson Disease Psychosis: Initial Findings from the INSYTE Observational Study

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**ABSTRACT:** Study Objectives: The INSYTE study provides an understanding of the management of Parkinson disease psychosis (PDP) in actual practice settings, including use of antipsychotic (APs) and their impact on clinical, economic, and humanistic outcomes. Treatment paradigms or the benefits/consequences of various “real world” PDP treatment strategies have not been evaluated. Thus, providers may be using a wide range of AP treatment strategies that contrast with consensus recommendations.

**METHOD:** The INSYTE study is enrolling up to 750 patients from up to 100 sites in the US. Data are compiled at the baseline (BL) visit and from standard-of-care follow up visits over 3 years. PDP treatment pathways are defined