

intervention for physicians' burnout. These results suggest that strategies including forgiveness training aimed at decreasing WB while increasing job satisfaction among physicians warrant further exploration.

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Tinnitus as an Aura for Sleep Paralysis

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ABSTRACT: Objective: To understand that tinnitus may be an aura for sleep paralysis.

BACKGROUND: Sleep paralysis is a transient-paralysis which occurs during awakening or falling asleep (Wilson, 1928). Those affected experience symptoms including visual, auditory, and haptic hallucinations, voluntary motor paralysis with intact ocular and respiratory motor movements, and diffuse or localized paresthesias. Sleep paralysis associated with tinnitus as an aura, has not heretofore been described.

METHODS: A 34 year-old, right-handed female presented with a 13 year history of sleep paralysis. One month prior, she began to notice tinnitus prior to the onset of sleep paralysis. The tinnitus was bilateral, high-pitched, with a volume intensity of 5/10, lasting seven seconds prior to sleep initiation. She denied hearing loss, vertigo, dizziness, cataplexy, *deja vu* and *jamais vu*. After termination of tinnitus, she experienced paresthesia, "like at a dentist's office" radiating from her posterior neck, to her tongue and down to her toes. She described seeing a white-shadowy male figure moving around her room, lasting seven seconds. Accompanied by a masculine "ahh" sound, lasting for three seconds. The sleep paralysis occurred after these events, lasting up to eight hours, or until her husband wakes her.

RESULTS: Abnormalities in Physical Examination: General Examination: right arm hemangioma 4 by 5 cm. Reflexes: absent bilateral brachioradialis, 1+ bilateral quadriceps femoris and bilateral Achilles tendon. Neuropsychiatric Examination: Calibrated Finger Rub Auditory Screening Test: faint 70 AU (normal).

DISCUSSION: Tinnitus has been described as an aura for migraines (Schankin, 2014), temporal lobe epilepsy (TLE)

(Florindo, 2006), and narcolepsy-cataplexy (Marco, 1978). These epochs may represent amigranous migraines, which initially present with tinnitus that occurs both during the day and night, forcing the patient to be partially awoken at night with induction of the sleep paralysis sequence. It would be worthwhile to query those with narcolepsy or sleep paralysis if tinnitus precedes the event.

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Real World Effectiveness: A 6-month Naturalistic Follow-up Study of Schizophrenia Patients After Switching to Aripiprazole Monohydrate (AOM) Treatment

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ABSTRACT: Rationale: Long-acting injectable antipsychotic therapies may offer benefits over oral antipsychotics in patients with schizophrenia. However, there is still a lack of real-world studies assessing the effectiveness of these therapies.

OBJECTIVE: This study aimed to explore the safety, tolerability, and treatment response of aripiprazole monohydrate (AOM) once monthly in non-acute but symptomatic adult patients switched from previous therapy with frequently used oral or injectable atypical antipsychotics.

METHODS: This was a post hoc analysis of a prospective, interventional, single-arm, open-label, 6-month study.

RESULTS: The patients (N=54) were switched to aripiprazole monohydrate once-monthly (AOM) from daily oral treatment or monthly injectable treatment with either aripiprazole (n=25), olanzapine (n=7), paliperidone extended-release (PP1M) (n=10), quetiapine (n=4), or risperidone (n=8). In all groups, mean Positive and Negative Syndrome Scale total (p=0.0001) and Clinical Global Impression-Severity scores improved significantly (p=0.0001). A reduction of ≥50% reduction of BPRS total-score and a CGI

severity-score ≤ 4 in the Positive and Negative Syndrome Scale total score were observed in 16.7% (aripiprazole), 21.2% (olanzapine), 35.1% (PP1M), 27.3% (quetiapine), and 37.2% (risperidone) of patients. The patients showed significant improvements involving safety features as they experienced significant overall weight loss ($p=0.0001$) and prolactin decrease (risperidone $p=0.0001$, paliperidone extended-release $p=0.0001$). AOM once-monthly was well tolerated, presenting no new safety signals. Patient also reported an overall significant improvement on their quality of life measured with the Quality of Life Rating Scale (QLS) ($p=0.0004$) as well as in sexual functioning PRSexDQ-SALSEX ($p=0.0001$). In addition, the all cause treatment discontinuation rate after 6-month follow-up was small ($n=3$; 5.55%)

CONCLUSIONS: These data illustrate that stable, non-acute but symptomatic patients either on oral antipsychotic therapy or under monthly antipsychotic treatment may show clinically meaningful improvement of psychotic symptoms, tolerability involving relevant side effects and quality of life perception. The findings are limited by the naturalistic study design; thus, further studies are required to confirm the current findings.

Keywords: Long-acting injectable antipsychotic therapy. Oral antipsychotic. Effectiveness- Tolerability-Quality of life.

45 Long-term Treatment with Deutetrabenazine Is Associated with Continued Improvement in Tardive Dyskinesia: Results from an Open-label Extension Study

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ABSTRACT: Study Objective: To evaluate long-term efficacy of deutetrabenazine in patients with tardive dyskinesia (TD) by examining response rates from baseline in Abnormal Involuntary Movement Scale (AIMS) scores. Preliminary results of the responder analysis are reported in this analysis.

BACKGROUND: In the 12-week ARM-TD and AIM-TD studies, the odds of response to deutetrabenazine treatment were higher than the odds of response to placebo at all response levels, and there were low rates of overall adverse events and discontinuations associated with deutetrabenazine.

METHOD: Patients with TD who completed ARM-TD or AIM-TD were included in this open-label, single-arm extension study, in which all patients restarted/started deutetrabenazine 12 mg/day, titrating up to a maximum total daily dose of 48 mg/day based on dyskinesia control and tolerability. The study comprised a 6-week titration and a long-term maintenance phase. The cumulative proportion of AIMS responders from baseline was assessed. Response was defined as a percent improvement from baseline for each patient from 10% to 90% in 10% increments. AIMS score was assessed by local site ratings for this analysis.

RESULTS: 343 patients enrolled in the extension study (111 patients received placebo in the parent study and 232 patients received deutetrabenazine). At Week 54 ($n=145$; total daily dose [mean \pm standard error]: 38.1 ± 0.9 mg), 63% of patients receiving deutetrabenazine achieved $\geq 30\%$ response, 48% of patients achieved $\geq 50\%$ response, and 26% achieved $\geq 70\%$ response. At Week 80 ($n=66$; total daily dose: 38.6 ± 1.1 mg), 76% of patients achieved $\geq 30\%$ response, 59% of patients achieved $\geq 50\%$ response, and 36% achieved $\geq 70\%$ response. Treatment was generally well tolerated.

CONCLUSIONS: Patients who received long-term treatment with deutetrabenazine achieved response rates higher than those observed in positive short-term studies, indicating clinically meaningful long-term treatment benefit.