

**The following abstracts were  
presented as posters  
at the 2019 NEI Congress**

**DISCLAIMER**

The material presented in this section contains the abstracts submitted as part of the scientific poster session at the 2019 NEI Congress in Colorado Springs, CO on November 7-10, 2019.

The abstracts have not been peer reviewed as part of the standard processes of *CNS Spectrums* and may contain promotional content that does not represent the view or policies of the journal or publisher. The abstracts are not approved for continuing education credit. Poster content and the views expressed therein are those of the presenting entity and not the Editors of *CNS Spectrums*, Cambridge University Press or of the Neuroscience Education Institute. Authors supply a standard disclosure form to the conference organizers which they retain.

## The following abstracts were presented as posters at the 2019 NEI Congress

The 2019 NEI Congress would like to congratulate the following scientific poster winners:

**1st:**

Implementation Of Personalized Medicine In A Community Psychiatry Practice (#110)

**2nd:**

Comparison Of Traditional Therapy Versus Biofeedback For Tension Type And Migraine Headaches A One Year Retrospective Study Of 50 Patients (#189)

**3rd:**

A Marionettist Pulling My Strings: A Case Of Buprenorphine-induced Chorea (#131)

**100**

### Olanzapine/Samidorphan for Schizophrenia: Weight Gain and Metabolic Outcomes in Phase 3 ENLIGHTEN-2 and Subsequent Long-Term, Open-Label Safety Study

*Christoph U. Correll, MD<sup>1</sup>; John W. Newcomer, MD<sup>2</sup>; Bernard Silverman, MD<sup>3</sup>; Lauren DiPetrillo, PhD<sup>4</sup>; Christine Graham, PhD<sup>5</sup>; Ying Jiang, PhD<sup>6</sup>; Yangchun Du, PhD<sup>7</sup>; Adam Simmons, MPH<sup>8</sup>; Craig Hopkinson, MD<sup>9</sup>; David McDonnell, MD<sup>10</sup>; and Rene Kahn, MD, PhD<sup>11</sup>*

<sup>1</sup> Medical Director, Department of Psychiatry, Zucker Hillside Hospital, Northwell Health, Glen Oaks, NY

<sup>2</sup> President and Chief Executive Officer, Thriving Mind South Florida, Miami, FL

<sup>3</sup> Vice President, Clinical Strategy, Alkermes, Inc., Waltham, MA

<sup>4</sup> Director, Regulatory Affairs, Alkermes, Inc., Waltham, MA

<sup>5</sup> Associate Director, Clinical Research, Alkermes, Inc., Waltham, MA

<sup>6</sup> Director, Biostatistics, Alkermes, Inc., Waltham, MA

<sup>7</sup> Senior Director, Biostatistics, Alkermes, Inc., Waltham, MA

<sup>8</sup> Director, Clinical Operations, Alkermes, Inc., Waltham, MA

<sup>9</sup> Chief Medical Officer and Senior Vice President, Research and Development Management

<sup>10</sup> Executive Medical Director, Clinical Science, Alkermes Pharma Ireland Ltd., Dublin, Ireland

<sup>11</sup> Icahn School of Medicine at Mount Sinai, New York, NY

**ABSTRACT:** Background: Opioid antagonists may mitigate medication-associated weight gain and/or metabolic dysregulation. ENLIGHTEN-2 evaluated a combination of olanzapine and the opioid antagonist samidorphan (OLZ/SAM) vs olanzapine for effects on weight gain

and metabolic parameters over 24 weeks in adults with stable schizophrenia.

**METHODS:** This phase 3, double-blind study (ClinicalTrials.gov: NCT02694328) enrolled adults 18–55 yo with stable schizophrenia, randomized 1:1 to once-daily OLZ/SAM or olanzapine. Co-primary endpoints were percent change from baseline in body weight and proportion of patients with  $\geq 10\%$  weight gain at week 24. Waist circumference and fasting metabolic parameters were also measured. Completers could enter a 52-week open-label safety extension.

**RESULTS:** 561 patients were randomized: 550 were dosed, 538 had  $\geq 1$  post-baseline weight assessment, and 352 (64%) completed; 10.9% discontinued due to AEs. At week 24, least squares mean (SE) percent weight change from baseline was 4.21 (0.68)% with OLZ/SAM and 6.59 (0.67)% with olanzapine (difference,  $-2.38$  [0.76]%;  $P=0.003$ ). Fewer patients treated with OLZ/SAM (17.8%) had  $\geq 10\%$  weight gain vs olanzapine (29.8%; odds ratio=0.50;  $P=0.003$ ). The change from baseline in waist circumference was significantly smaller with OLZ/SAM ( $P<0.001$ ). Common AEs ( $\geq 10\%$ ) with OLZ/SAM and olanzapine were weight increased (24.8%, 36.2%), somnolence (21.2%, 18.1%), dry mouth (12.8%, 8.0%), and increased appetite (10.9%, 12.3%), respectively. Metabolic parameter changes were generally small and remained stable with long-term OLZ/SAM treatment.

**DISCUSSION:** OLZ/SAM treatment limited weight gain associated with olanzapine. Metabolic parameter changes were generally small, similar between groups over 24 weeks, and remained stable over an additional 52 weeks of open-label OLZ/SAM treatment.

**Funding Acknowledgements:** This study was funded by Alkermes, Inc.