

temporarily closed at the outset of the COVID pandemic. Subjects completing the DB during this time were allowed delayed entry into the OLE upon requalification. Safety and efficacy measures were assessed relative to DB (or OLE re-entry) Baseline) at OLE Weeks 2, 4, and ~ every 8 weeks thereafter. The trial was planned for 3 years or until commercial availability of viloxazine ER.

Results. Subjects (N= 159; including 133 immediate- and 26 delayed-rollover) received viloxazine ER for 265 ± 254.9 days (mean \pm SD). Nine subjects used adjunctive stimulant medication at some point after Week 12. Primary reasons for discontinuation included withdrawal of consent (25.6%), loss to follow up (17.7%), and adverse events (17.6%). Adverse events (experienced by 72.3%) were largely mild (26.4%) or moderate (40.3%) in severity and included ($\geq 10\%$) insomnia (13.8%), nausea (13.8%), headache (10.7%), and fatigue (10.1%). Changes in clinical laboratory measures, vital signs, and ECG parameters were consistent with those observed in DB and product labeling. Suicidal ideation (wish to be dead) was reported by 3 subjects at a single visit each; no subject reported suicidal behavior. ADHD symptom (AISRS), executive function (BRIEF-A), global function (CGI), and quality of life (AAQOL) measures showed continued improvement in the OLE relative to that seen in DB. Baseline [mean \pm SD] AISRS Total, CGI-S, BRIEF-A GEC T-score and AAQOL ratings, respectively, were 37.9 ± 6.34 , 4.6 ± 0.60 , 70.4 ± 10.94 and 54.9 ± 14.96 . All showed significant improvement ($P < .0001$ relative to Baseline) by the first OLE follow-up assessment (Week 2 for AISRS and CGI-S, Week 4 for BRIEF-A and AAQOL). Improvement continued with long-term use. Subjects maintained on viloxazine ER for at least 3 months (\geq Week 12) showed changes at Last OLE Visit of -20.0 ± 11.63 ($n=106$), -1.8 ± 1.34 , -13.6 ± 13.64 ($n=104$), and 12.7 ± 17.90 ($n=87$) respectively.

Conclusions. Subjects maintained on viloxazine ER showed continued improvement in ADHD symptoms, global and executive function, and quality of life measures during long-term treatment.

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complaints of trouble with memory. Cogwheel rigidity and pernicious anemia with low intrinsic factor and B12 levels (165 pg/ml) were found. SCD was diagnosed and treated with monthly B12 injections over the past three years, providing symptomatic relief, yet the cogwheeling persisted. She described never developing trouble with gait, movement disorders, autonomic abnormalities, olfactory dysfunction, disorders of sleep, visual hallucinations, or other parkinsonian symptoms.

Results. Abnormalities in Neurologic Examination: Cranial Nerve (CN) Examination: CN I: Alcohol Sniff Test: 9 (hyposmia). CN III, IV, VI: Bilateral ptosis. Motor Examination: 1+ Cogwheel rigidity both upper extremities. Drift Testing: Right pronator drift with left abductor digiti minimi sign. Reflexes: 3+ throughout other than 4+ ankle jerks. Quadriceps femoris bilaterally pendular. Bilateral Hoffman and Babinski reflexes present. B12 Level: 394 pg/ml (normal).

Discussion. While predominantly affecting the posterior columns and the lateral corticospinal tract, the demyelination may further extend into adjacent fibers including the reticulospinal tract and the rubrospinal tract, the tracts which, in Parkinson's Disease, have been cited for their role in maintenance of tone and thus cogwheeling. Additionally, low B12 and elevated homocysteine levels have been noted as potential contributory factors in the pathogenesis of Parkinson's Disease. It is also possible that this is a violation of Occam's razor, that this individual has two separate distinct diseases — the prominent subacute combined degeneration as well as a subclinical parkinsonism which was revealed on neurologic examination. The parkinsonian signs may have been present prior to the B12 deficiency, and if not for the examination findings, could have remained undiscovered for decades. In those that present with Subacute Combined Degeneration, evaluation for parkinsonism is warranted.

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Cogwheel Rigidity in Subacute Combined Degeneration Unresponsive to Vitamin B12 Therapy

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Introduction. Parkinsonian symptoms seen with B12 deficiency have been described in five cases where B12 therapy has led to their elimination. Subacute combined degeneration (SCD) presenting with parkinsonian signs of cogwheel rigidity, unresponsive to B12 supplementation, has not heretofore been described.

Methods. Case Study: This 62-year-old right-handed woman with a past medical history of hypothyroidism presented with

Pseudo-Wellens Syndrome: Demonstrating the Importance of Electrocardiogram in Emergency Psychiatric Patients

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Introduction. Pseudo-Wellens syndrome (PWS) is a rare but clinically significant condition characterized by electrocardiogram (ECG) abnormalities that mimic acute ST-segment elevation myocardial infarction (STEMI) in the absence of obstructive lesions on coronary angiography. The occurrence of PWS should be on the differential for any patient who visits the Emergency Room