ethnic groups. The previous study has shown East Asians appear to have a clinically relevant decrease in clozapine clearance compared with Caucasians. This review will explore the magnitude of the impact of ethnicity, especially the East Asian population on psychotropic medications such as atypical antipsychotics.
Objective. To understand the efficacy, safety, and tolerability of atypical antipsychotics in East Asian ethnicity. To emphasize the importance of ethnicity in clinical practice while offering/prescribing atypical antipsychotic medications.
Discussion. Several previous studies reported the diverse response to the antipsychotics among different ethnicities secondary to differences in pharmacokinetics and pharmacodynamics. One study revealed White Europeans may require higher doses of therapeutic antipsychotics than Asians and Hispanics. Aripiprazole in Asians had a relatively higher rate of akathesia, and a significantly increased risk of tremor compared to placebo. A significantly increased risk of weight gain and fasting total cholesterol from olanzapine were observed in Japanese patients. Olanzapine was also associated with somnolence and dizziness. Quetiapine XR was associated with a significant increase risk of somnolence and dizziness in Chinese patients.
Conclusion. It is indicated from previous studies antipsychotics respond in various ways in different ethnicity in terms of metabolism, clearance, and adverse effects. Further research could be beneficial on what is clinically most effective dosing of different antipsychotics among different populations including East Asians.
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COVID-19 Induced Psychosis in Patients with Underlying Mental Health Disorder: Case Report

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Abstract

The COVID-19 pandemic confronted the world with an unknown reality whose challenges extend beyond the immediate threat to human health posed by the virus itself. Numerous stressors such as fear of the disease gravity and absence of proper treatment protocols, prolonged social isolation, anxiety, and financial burden lead to increased risk of developing psychiatric disorders in patients with underlying mental health problems. We present a case of a 23-year-old female, with a history of anxiety and depression who presents with psychosis and mania after contracting 2019 novel coronavirus. The patient was asymptomatic for the infection. The purpose of this case report is to highlight the fact that COVID-19 can increase the risk of mania and new-onset psychosis in patients with a previous psychiatric history.
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Psychosocial Stressors and Phase of Life Problems as a Cause of Somatic Symptom Disorder in Healthy Patients: Case Report

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Abstract

Knowledge about the aging process and in particular changes affecting mental health in the elderly has been gradually acquired as more research studies focus on this topic. However, as the majority of studies are geared toward more commonly encountered mental health disorders such as depression and anxiety, there is less data for conditions that are encountered less frequently such as somatoform disorder. We present the case of a 62-year-old male who presents with idiopathic physical symptoms not explained by any medical conditions except somatic symptom disorder. A comprehensive review of the literature using databases, such as PubMed, NCBI, and Google Scholar was conducted to gain a better understanding of this specific disorder and to rule out similar conditions that present in a similar way. The purpose of this case report is to emphasize the fact that social stressors and phase of life problems could trigger somatic symptom disorder in otherwise healthy individuals.
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Effects of Long-Term Deutetrabenazine Treatment in Patients with Tardive Dyskinesia and Underlying Psychiatric or Mood Disorders

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Abstract

Introduction. Deutetrabenazine is FDA-approved for the treatment of tardive dyskinesia (TD) in adults. In two 12-week pivotal trials (ARM-TD/AIM-TD), deutetrabenazine significantly improved Abnormal Involuntary Movement Scale (AIMS) scores and was well-tolerated. This post hoc analysis examined the efficacy and safety of long-term deutetrabenazine treatment in TD patients with comorbid psychiatric illness, including schizophrenia/schizoaffective disorder and mood disorders (bipolar/depression/other).

Methods. Patients who completed ARM-TD or AIM-TD enrolled in the 3-year, open-label extension (OLE) study. Deutetrabenazine was titrated based on dyskinesia control and tolerability. Change from baseline in total motor AIMS score, Patient Global Impression of Change (PGIC), Clinical Global Impression of Change (CGIC), and adverse events (AEs) were analyzed in subgroups by comorbid psychiatric illness.

Results. A total of 337 patients in the OLE study were included in the analysis: 205 patients with schizophrenia/schizoaffective disorder (mean age, 55 years; 50% male; 6.4 years since diagnosis; 92% taking DRA) and 131 patients with mood disorders (mean age, 60 years; 35% male; 4.6 years since diagnosis; 50% taking DRA). At week 145, mean ± SE dose was 40.4 ± 1.1 mg/day for schizophrenia/schizoaffective disorder (n = 88) and 38.5 ± 1.2 mg/day for mood disorders (n = 72). Mean ± SE change from baseline in AIMS score at week 145 was −6.3 ± 0.49 and −7.1 ± 0.58, 56% and 72% achieved PGIC treatment success, and 66% and 82% achieved CGIC treatment success in schizophrenia/schizoaffective disorder and mood disorder patients, respectively. Overall AE incidence (exposure-adjusted incidence rates [incidence/patient-years]) was low: any, 1.02 and 1.71; serious, 0.10 and 0.12; leading to discontinuation, 0.07 and 0.05).

Conclusion. Long-term deutetrabenazine treatment provided clinically meaningful improvements in TD-related movements, with a favorable safety profile, regardless of underlying comorbid psychiatric illness.

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Long-Term Efficacy and Safety of Deutetrabenazine in Patients with Tardive Dyskinesia by Concomitant Dopamine-Receptor Antagonist Use

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Abstract

Introduction. Tardive dyskinesia (TD) is an involuntary movement disorder that can result from exposure to dopamine-receptor antagonists (DRAs). Deutetrabenazine demonstrated significant improvements in Abnormal Involuntary Movement Scale (AIMS) scores in the 12-week pivotal trials (ARM-TD/AIM-TD). This post hoc analysis assessed the long-term efficacy and safety of deutetrabenazine by baseline DRA use.

Methods. Patients who completed ARM-TD or AIM-TD enrolled in the 3-year, open-label extension (OLE) study, with deutetrabenazine dose titrated based on dyskinesia control and tolerability. Change from baseline in total motor AIMS score, Patient Global Impression of Change (PGIC), Clinical Global Impression of Change (CGIC), and adverse event (AE) rates were analyzed in subgroups by baseline DRA use.

Results. Of 337 patients in the OLE study, 254 were taking DRAs at baseline (mean age, 56 years; 48% male; 6.0 years since diagnosis) and 83 were not (mean age, 60 years; 31% male; 4.9 years since diagnosis). Mean ± SE dose at week 145 was 39.9 ± 1.0 mg/day in patients taking DRAs (n = 108) and 38.5 ± 1.5 mg/day in patients not taking DRAs (n = 53). At week 145, mean ± SE change from baseline in AIMS score was −6.1 ± 0.43 and −7.5 ± 0.71; 64% and 62% achieved PGIC treatment success; and 69% and 81% achieved CGIC treatment success, respectively. Overall AE incidence was low (exposure-adjusted incidence rates [incidence/patient-years]: any, 1.08 and 1.97; serious, 0.10 and 0.12; leading to discontinuation, 0.06 and 0.05).

Conclusion. This analysis suggests that deutetrabenazine for long-term treatment of TD is beneficial, with a favorable safety profile, regardless of concomitant DRA use.

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Effect of REL-1017 (Esmethadone) on Cholesterol, Triglycerides, PCSK9, and hs-CRP in a Phase 2a Double-Blind Randomized Trial in Patients with MDD

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