comorbidity, ADHD and Childhood Bipolar Disorder, the sooner the child is on appropriate medications, the better. When just the surface diagnosis of ADHD is medicated, the outcome is often problematic. There may be a poor response to treatment and a higher rate of suicide.

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Toxic Psychosis: Follow-up After One Year of Treatment

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ABSTRACT: Introduction: Anti-NMDA (N-methyl-D-aspartate) receptor encephalitis often presents itself in psychiatric settings as first-break psychosis. I present a case of a 31-year-old female who returned to the clinic one year after being treated for NMDA receptor antibody encephalitis.

CASE REPORT: Ms. C is a 31 y/o female who returned to the clinic after one year of being discharged from the hospital for NMDA-receptor encephalitis with positive serological NR1 antibodies. She was initially admitted to our inpatient psychiatric facility for an unspecified psychotic disorder complicated with seizure-like episodes. She was given various psychotropic medications without any improvement. She was moderately responsive to olanzapine and lorazepam. Her condition gradually worsened; she stopped communicating and became mute. Neurology consultation prompted work-up for encephalitis and the probable diagnosis of NMDA receptor encephalitis. She was subsequently treated with steroids, IVIG and then intrathecal rituximab and bortezomib. In addition to these aforementioned medications, she underwent a prophylactic oophorectomy and 10 ECT treatments for life threatening catatonia. After three weeks of this regimen, Ms. C recovered completely and was discharged home.

DISCUSSION: This case adds to literature that suggests prompt diagnosis and management of NMDA receptor encephalitis significantly improves prognosis. Treatment should be initiated if the patient meets probable diagnostic criteria for NMDA receptor encephalitis. Similar to other cases in the literature, our patient's symptom of catatonia improved with ECT administration. During Ms. C one year follow-up, no evidence of psychotic symptoms were appreciated. Family members reported that she had returned to her baseline cognitive function.

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Long-Term Deutetrabenazine Treatment Is Associated with Sustained Treatment Response in Tardive Dyskinesia: Results from an Open-Label Extension Study

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ABSTRACT: Background: In the 12-week ARM-TD and AIM-TD studies evaluating deutetrabenazine for the treatment of tardive dyskinesia (TD), the percentage of patients achieving ≥50% response was higher in the deutetrabenazine-treated group than in the placebo group. These studies also showed low rates of overall adverse events (AEs) and discontinuations associated with deutetrabenazine. The current open-label study evaluated the long-term efficacy and safety of deutetrabenazine in patients with TD.

METHODS: Patients with TD who completed ARM-TD or AIM-TD could enroll in this open-label, single-arm extension study, titrating up over 6 weeks to a maximum total daily dose of deutetrabenazine 48 mg/day on the basis of dyskinesia control and tolerability. The proportion of Abnormal Involuntary Movement Scale (AIMS; items 1-7) responders was assessed based on response rates for achieving ≥50% improvement from baseline in the open-label extension study. AIMS score was assessed by local site raters for this analysis.

RESULTS: 343 patients enrolled in the extension study. At Week 54 (n=249; total daily dose [mean ± standard error]: 38.6±0.66 mg), the mean percentage change from baseline in AIMS score was –40%; 48% of patients achieved a ≥50% response and 59% of those had already achieved a ≥50% response at Week 15. Further, 34% of those who had not achieved a ≥50% response at Week 15 achieved a ≥50% response at Week 54. At Week 106 (n=169; total daily dose: 39.6±0.77 mg), the mean

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