

media's representation of these animals (i.e., cartoons of Looney Toons high-pitched Tweety Bird or Disney's low-pitched Jiminy Cricket). While it is possibly due to the opioids themselves, heroin is frequently adulterated with fillers which may contain hallucinogenic properties, any of which may have been the pathogenic factor. Autophobia, or the need for social contact, may be the nidus motivating such communicative anthropomorphism. Query as to the presence of such Doctor Dolittle hallucinations in those with heroin or other intoxicants may be revealing.

Funding. No Funding

Electroconvulsive Therapy in Thrombocytopenic Patients: A Case Report and Literature Review

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Abstract

Introduction. Electroconvulsive therapy (ECT) continues to be one of the most effective treatments for severe and treatment-resistant major depression. Although there are no absolute contraindications to performing ECT, the risks and benefits need to be assessed in all patients. We present a patient with a history of paroxysmal nocturnal hemoglobinuria (PNH) with significant thrombocytopenia, who completed an index course of six ECT sessions without complication. Currently, there are only two published case reports which describe the use of ECT in patients with thrombocytopenia.

Methods. AD is a 37-year-old female with a history significant for MDD, GAD, panic disorder, PNH, and Budd Chiari, who presented to ED for suicidal ideation. Initial labs showed pancytopenia (Hb 4.56 mg/dl, Absolute Neutrophil $0.7 \times 10^3/\text{mL}$). Given her history of multiple failed SSRIs, ECT was proposed to treat her depression. Anesthesia delayed her initial pre-operative assessment due to concerns regarding her platelet count and risk of bleeding. They recommended transfusion with a preprocedural platelet count goal of $50 \times 10^3/\text{mL}$. Psychiatry recommended a platelet goal of $20 \times 10^3/\text{mL}$ given previous ECT literature. Patient underwent six ECT sessions without complications. Her platelets ranged from $24\text{--}40 \times 10^3/\text{mL}$ and she did not require preprocedural platelet transfusion.

Results. Due to a lack of published literature, there are no formal guidelines for performing ECT in thrombocytopenic patients. The first case report details a 64-year-old female who underwent 12 ECT sessions without complication, while her platelet count ranged from $7\text{--}38 \times 10^3/\text{mL}$. The most recent case report describes a 74-year-old male who underwent nine ECT treatments without complications. The authors decided to transfuse prophylactically if pre-procedure platelet count was less than $20 \times 10^3/\text{mL}$. The patient underwent nine treatments, requiring eight transfusions. CT head did not show any signs of hemorrhage or

structural changes. The authors remarked it is unclear whether the transfusions were necessary.

Conclusions. Even though ECT has been in use for over 80 years, there is still much that is unknown about this treatment modality. This case highlights the lack of absolute contraindications to performing ECT. However, the lack of literature and studies regarding platelet goals in thrombocytopenic patients for ECT delayed patient care in this specific case. We add a third case report in a thrombocytopenic patient who underwent ECT without complications with a pre-procedure transfusion criterion if platelet count was less than $20 \times 10^3/\text{mL}$. More research needs to be conducted to determine risk and cut-off limits for platelet transfusion prior to performing ECT in thrombocytopenic patients.

Funding. No funding

Evaluating the Impact of Caffeine on the Incidence of Adverse Events During Treatment with Viloxazine Extended-Release (Qelbree®) in Adults with ADHD

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Abstract

Introduction. Viloxazine ER (viloxazine extended-release capsules (Qelbree®) is a novel, nonstimulant, FDA-approved treatment for attention-deficit/hyperactivity disorder (ADHD) in adults and children ≥ 6 years of age. Viloxazine ER inhibits cytochrome P450-1A2, the enzyme responsible for caffeine metabolism. In a Phase 1 study, the peak exposure (C_{max}) of caffeine was unchanged, while the systemic total exposure (AUC) was shown to increase ~5-fold following coadministration of caffeine (200mg) with viloxazine ER (900 mg/day x 4 days) compared to caffeine alone. Except for insomnia (44.4%), and possibly dizziness (8.3%), the incidence of adverse events (AEs) was not notably higher following coadministration vs. either caffeine or viloxazine ER alone. The objective of this analysis was to evaluate the impact of caffeine consumption on the incidence of AEs in adults with ADHD treated with viloxazine ER.

Methods. Data were analyzed from the Phase 3, double-blind (DB), placebo-controlled trial (NCT04016779) and ensuing (ongoing) open-label extension (OLE) safety trial (NCT04143217) supporting the viloxazine ER indication for adults with ADHD. Participants reported caffeine intake during the past week at each study visit.

Correlation was assessed between viloxazine ER dose (mg/day) and weekly total caffeine consumption (mg) and between ADHD Investigator Symptom Rating Scale (AISRS)