Results. Abnormalities in physical examination: General: Decreased blink frequency. Continuous fidgeting and generalized tremulousness. Neurological examination: Mental status examination: Hypoverbal. Able to remember 5 digits forwards and 3 digits backwards. Unable to remember any of four objects in 3 minutes with and without reinforcement. Presidents as follows: Biden, Obama, ?. Animal Fluency Test: 7 (Abnormal). Cranial Nerve (CN) Examination: CN I Alcohol Sniff Test: 0 (Anosmia). CN VIII Calibrated Finger Rub Auditory Screening Test: Strong 2 AU. Motor Examination: 1+ cogwheel rigidity in the right upper extremity. Gait Examination: Unstable tandem gait. Reflexes: 1+ throughout. Other: Tinnitus Severity Questionnaire : 38/40 (Severe tinnitus). Tinnitus Handicap Inventory: 94/100 (Grade 5- Catastrophic handicap).

Discussion. While Kandinsky Clerambault Syndrome, Delusion of Possession Syndrome is uncommon in the United States (Dimkov, 2020; Enoch, 2020), 46% of Italians believe in the Devil (Marra, 1990) and 0.6% of Canadians believe that they have been possessed by a demon (Ross & Joshi, 1992). Although the most common neurological presentation of Kandinsky Clerambault syndrome is glossolalia, sensory phenomenon of anosmia (Chand et al, 2000; Medeiros De Bustos et al, 2014), ageusia (Chand et al, 2000), kinaesthesia (Gedevani et al, 2022), allochiria (Medeiros De Bustos et al, 2014), synesthetic neuralgia (Medeiros De Bustos et al, 2014), cenesthesia (Medeiros De Bustos et al, 2014), pain (Medeiros De Bustos et al, 2014) and anaesthesia (Yap, 1960) have also been described. While tinnitus has not been reported with Kandinsky Clerambault, it has been noted to occur with depression, anxiety (Zöger et al, 2006; Salviati et al, 2013), and psychosis (Frankenburg & Hegarty, 1994; Jain et al, 2017). Given the widespread belief in the general population of the Devil and possession by external entities, assessment of presence of Kandinsky Clerambault Syndrome in those with intractable tinnitus may be worthwhile.

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Proportion of Patients with Severe Postpartum Depression Achieving Response and Remission of Depressive and Anxiety Symptoms in the SKYLARK Study

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Introduction. Postpartum depression (PPD) is a serious illness where patients (pts) experience depressive symptoms that start during or after pregnancy. Concurrent anxiety symptoms in PPD are common and are associated with poorer outcomes. The Edinburgh Postnatal Depression Scale (EPDS) is a patient-reported instrument used for PPD and may be used concurrently with the clinician-administered Hamilton Rating Scale for Anxiety (HAM-A). Zuranolone (ZRN) is an investigational oral positive allosteric modulator of synaptic and extrasynaptic $GABA_A$ receptors and neuroactive steroid for the treatment of PPD and major depressive disorder in adults. The phase 3, double blind, randomized, placebo (PBO)-controlled SKYLARK study evaluating the efficacy and safety of ZRN 50 mg (ZRN50) in pts with severe PPD met its primary endpoint of change from baseline (CFB) in the 17-item Hamilton Rating Scale for Depression (HAMD-17) total score at Day (D)15 (−15.6 vs −11.6 for placebo; p<0.001). The percentages of pts achieving HAMD-17 response (≥50% CFB in HAMD-17 total score) and remission (HAMD-17 total score ≤7) were higher in the ZRN group vs PBO. We report a post hoc analysis of the EPDS and HAM-A response and remission rates to assess the effects of ZRN50 on depressive and anxiety symptoms in the SKYLARK study.

Methods. Adults aged 18-45 years with severe PPD (baseline HAMD-17 ≥26) were randomized 1:1 to oral once-daily ZRN50 or PBO for 14 days and followed through D45. EPDS and HAM-A response (≥50% CFB in EPDS or HAM-A total score, respectively) and remission (EPDS total score <10 or HAM-A total score ≤7) rates were recorded at D3, D8, D15, D21, D28, and D45. Response and remission rates were modeled using generalized estimating equations for binary responses. Statistical testing was not adjusted for multiplicity; p values and statements of significance are considered nominal. D15 and D45 results are reported.

Results. Among 196 pts randomized and dosed, 170 completed the 45-day study. Significantly greater percentages of pts treated with ZRN achieved EPDS response (52.7% vs 33.7%; p=0.0178) and remission (49.5% vs 33.7%; p=0.0192) at D15 vs PBO and achieved HAM-A response (54.3% vs 37.8%, p=0.0338) and remission (34.8% vs 15.6%; p=0.0050) at D15 vs PBO. Numerically greater percentages of pts achieved EPDS response (57.1% vs 50.6%; p=0.3020) and remission (56.0% vs 47.1%; p=0.0812) at D45 with ZRN vs PBO and achieved HAM-A response (65.5% vs 60.0%; p=0.3066) and remission (44.0% vs 37.6%; p=0.3662) at D45 with ZRN vs PBO.

Conclusions. ZRN50 was associated with improvements in both depressive and anxiety symptoms, which commonly co-occur in individuals with PPD. These results suggest treatment with ZRN may lead to improvements in measures of both depression and anxiety and support the potential role of ZRN as a novel, oral, rapid-acting, 14-day treatment course for PPD.

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