(6.44), respectively. Response appeared similar in both patient groups. At Week 6/End of Study (EOS) the least squares (LS) mean (SE) CFB AISRS scores for prior stimulant users and nonusers were -15.8 (2.51) and -15.6 (1.08)]; treatment difference -0.2 (2.41); P=0.93. Though not significant, prior stimulant users showed a larger magnitude of improvement on the AISRS at early timepoints compared to those without prior stimulant use [Week 1, LS mean (SE) CFB AISRS Total scores: -9.2 (1.40) vs. -6.8 (0.70), respectively; treatment difference: -2.4 (1.56); P=0.12.]
Conclusions. A history of prior stimulant use did not appear to influence the magnitude of ADHD symptom response to viloxazine ER in this preliminary analysis of Phase 3 trial data in adults. Rather, subjects with prior stimulant use showed numerically larger reductions in AISRS scores at early timepoints that were not significantly different from those without prior stimulant use. Additional analysis should be undertaken to evaluate patterns of response in the pediatric population.
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Do Images in Jackson Pollock's Paintings - Polloglyphs – Arise From His Conscious and Unconscious, Or Are They All in The Viewer's Mind?

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Was Jackson Pollock "Jack the dripper" with paintings "that a dog or cat could have done better," or did Pollock insert Polloglyphs – images that are encrypted that tell a story about Pollock's inner being - into his paintings and then disguise them with drippings? On the one hand, some - especially art critics - have emphasized the formal elements of Pollock's work, arguing that no images are present and the viewer can find whatever they are looking for because such images are artefacts of the "fractal" fuzzy edges to the drippings and are just fooling the eyes. Thus, maybe Pollock's paintings are just a massive set of new Rorschach inkblots to provoke the viewer to project their own emotions onto the painting, whereas there is actually nothing at all in the painting from the artist. On the other hand, from a psychiatric point of view, given that Pollock had bipolar disorder, painted when he was euthymic or manic and not intoxicated nor depressed, had extensive exposure to Rorschach ink blots during his own psychiatric treatment, had visual images and hallucinations of images, clearly incorporated images into his pre-drip paintings (e.g., see Troubled Queen), and used repeatedly the same images in multiple drip paintings (e.g., booze bottles, images of himself, monkeys, clowns, elephants and more), the alternate point of view is that Pollock either consciously or unconsciously encrypted images in his drip paintings. His remarkable ability to do this with Polloglyphs hiding in plain sight may be part of Pollock's creative genius and could have been enhanced by the endowment of extraordinary visual spatial skills that have been described in some bipolar patients. If so, painting could have been Pollock's way to rapidly unspool his images and to do this onto canvas. Pollock himself stated that consciously "I try to stay away from any recognizable image; if it creeps in, I try to do away with it." However, he also admitted "recognizable images are always there in the end." If coming from his deep unconscious creativity and genius, such images may have appeared in spite of himself. Pollock thus may indeed not have been mindful of creating Polloglyphs as he stated "When I am in my painting, I'm not aware of what I am doing." He painted in air, letting gravity make the picture, and dripping became not just another way of obscuring images but as well a new way of creating them. Ultimately, we may never know if there are Polloglyphs present in Jackson Pollock's famous drip paintings, nor can we know for sure whether they are merely in the mind of the beholder or put there consciously or unconsciously by the artist. In the meantime, it can be fun and enlightening to view Pollock's works and decide for yourself.
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Viloxazine Extended-Release Capsules in Children and Adolescents with ADHD: Final Results of a Long-Term, Phase 3, Open-Label Extension Study

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Introduction. Viloxazine ER (extended-release capsules; Qelbree®) is a nonstimulant medication, FDA-approved for ADHD in children (≥6 years) and adults. Efficacy and safety for children and adolescents were evaluated in one phase 2 [NCT02633527] and four phase 3 [NCT03247517, NCT03247556, NCT03247530, and NCT03247543], double-blind (DB), placebo-controlled trials that fed into a long-term, open-label extension (OLE) trial [NCT02736656]. Here we report the findings from this OLE trial.
Methods. Participants completing the DB trials were eligible for the OLE. Viloxazine ER was initiated at 100 mg/day (children) or 200 mg/day (adolescents) and adjusted (if needed) over a 12-week Dose-Optimization Period (up to 400 mg/day [children] or 600 mg/day [adolescents]). Maintenance treatment then continued up to 72 months. Safety assessments included adverse events (AEs), clinical laboratory tests, vital signs, ECG (12-lead), and the Columbia Suicide Severity Rating Scale (C-SSRS). Efficacy

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assessments included the ADHD Rating Scale, 4th (Phase 2) or 5th (Phase 3) Edition (ADHD-RS-IV/5), and the Clinical Global Impression-Improvement (CGI-I) scale. Efficacy was assessed relative to DB baseline at study visits ˜ 3 months apart. Two response measures, 50% improvement in ADHD-RS-IV/5 Total score and CGI-I score of 1-2, were also evaluated.

Results. 1100 individuals (646 children; 454 adolescents; 66.5% male/33.5% female) received treatment. Median (range) exposure to viloxazine ER was 260 (1 to 1896) days. AEs were reported by 57.3% participants, most commonly (≥5%) nasopharyngitis (9.7%), somnolence (9.5%), headache (8.9%) decreased appetite (6.0%), and fatigue (5.7%). AEs were mostly mild or moderate in severity (3.9% reported any severe AE); AEs led to viloxazine ER discontinuation for 8.2%. The mean (SD) changes from DB baseline in ADHD-RS IV/5 Total score were -17.0 (14.18) (viloxazine ER) and -11.2 (13.19) (placebo) at the last DB study visit, 24.3 (11.96) at OLE Month 3, and 22.4 (13.62) at participants' last OLE study visit. ADHD-RS-IV/5 and CGI-I responder rates each exceeded 65% at all OLE visits following Dose-Optimization.

Conclusions. The safety and efficacy of viloxazine ER were maintained with long-term use in children and adolescents with ADHD. No new safety concerns emerged, and efficacy results suggested potential for continued improvement over that seen during DB treatment.

Funding. Supernus Pharmaceuticals, Inc.

Diagnosis and Treatment of Tardive Dyskinesia: Online Medical Education Improves Psychiatrists Knowledge, Competence, and Confidence

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Objectives. This study examined whether online continuing medical education (CME) could improve the knowledge, competence, confidence of psychiatrists regarding the diagnosis and management of tardive dyskinesia (TD).

Methods. Psychiatrists participated in a 30-minute online video-based lecture presented by an expert faculty. Educational effect was assessed using a repeated-pair design with pre-/post-assessment. 3 multiple choice questions assessed knowledge, and 1 question rated on a Likert-type scale assessed confidence. A paired samples t-test was conducted for significance testing on overall average number of correct responses and for confidence rating, and a McNemar's test was conducted at the question level (5% significance level, P <.05). Data were collected from 4/14/2022 to 7/8/2022.

Results. Psychiatrists (n=579) showed significant improvements in overall knowledge and competence (P<.001) as well as confidence.

- There was a 9% relative improvement in knowledge among psychiatrists regarding the factors that differentiate TD from other motor symptoms associated with antipsychotic use
- There was a 18% relative improvement in competence among psychiatrists regarding the selection of appropriate pharmacotherapy for TD
- 38% of psychiatrists had measurable increases in confidence to diagnose and treat TD

Conclusions. This study demonstrated the success of online, video-based lecture CME on improving knowledge, competence, and confidence related to the diagnosis and management of TD. These findings suggest the benefits of education that addresses clinicians' individual needs across the continuum of their professional development.

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Impact of a Virtual Patient Simulation on Clinical Decision Making for Pediatric Patients with ADHD

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Objectives. Attention-deficit/hyperactivity disorder (ADHD) is a common childhood disorder that can persist into adulthood in up to two-thirds of patients. ADHD is a heterogeneous disease, with a wide spectrum of symptoms and severity. Thus, ADHD presents diagnostic and treatment challenges for clinicians. This study utilized an online, virtual patient simulation (VPS)-based continuing medical education intervention to improve the ability of psychiatrists to diagnose, assess, and treat pediatric patients with ADHD.

Methods. A cohort of US-practicing psychiatrists who participated in the simulation-based education was evaluated. The simulation consisted of 2 patient cases that allowed learners to order lab tests, make diagnoses, and prescribe treatments in a manner matching the scope and depth of actual practice. Tailored clinical guidance (CG), based on current evidence and expert recommendation, was provided following each decision, followed by the opportunity for the learner to modify their decisions. Decisions were collected post-CG and compared with each user's baseline (pre-CG) decisions using a McNemar's test to determine P values (5% significance level, $P < 0.05$). Data were collected from February 2022 through May 2022.

Results. The assessment sample consisted of psychiatrists (n=420 for case 1, n=358 for case 2) who made clinical decisions within the simulation and proceeded to the concluding debrief section. As a result of clinical guidance provided through simulation,

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