

the proportion of patients who did not meet MetS criteria at DB baseline but developed MetS at endpoint was 9.0% in the adjunctive lurasidone group, and 10.5% in the adjunctive placebo group (LOCF).

CONCLUSION: This post-hoc analysis found that short- and long-term treatment with lurasidone was associated with a relatively low risk for the development of metabolic syndrome in patients with bipolar I disorder. These findings are consistent with similar analyses in patients with schizophrenia.

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The NeuroStar Outcomes Registry

Miriam Mina¹; Todd Hutton, MD²; and Karen Heart³

¹Associate Director of Clinical Applications, Neuronetics, Inc., Malvern, PA

²Medical Director, Southern California TMS Center, USC Keck School of Medicine, Pasadena, CA

³Director Medical Operations, Neuronetics, Inc., Malvern, PA

ABSTRACT: Objective: NeuroStar® Advanced Therapy System is an effective acute treatment for patients with major depressive disorder (MDD). To further understand the efficacy of the NeuroStar in a clinical setting, Neuronetics has established the largest patient treatment and outcomes registry for Major Depressive Disorder (MDD) to collect and analyze the efficacy of transcranial magnetic stimulation (TMS) on patients receiving NeuroStar treatment.

METHODS: Individual NeuroStar providers are invited to participate in the registry and over 100 clinical practice sites have agreed to provide their de-identified patient treatment data. An integrated electronic data management system (TrakStar) allows for large-scale data collection to be automated. The data collected for the registry include Demographic Elements (age, gender), Treatment Parameters, and Clinical Ratings. Clinical assessments performed at baseline and the end of acute treatment are the Patient Health Questionnaire 9-item (PHQ-9) and the Clinician Global Impression - Severity of Illness (CGI-S). De-identified patient data is uploaded to a Registry server; an independent statistical service then creates final data reports.

RESULTS: Over 3300 evaluable patients have entered the NeuroStar Outcomes Registry since September 2016. The population is 64% female with a mean patient age of 47.8 (SD±16.9); Mean baseline PHQ-9 is 19.0 (SD ±5.0). Response & remission rate on PHQ-9 is 63% & 33%, and on CGI-S was 76% & 54%, respectively.

CONCLUSIONS: For the over 3300 patients in the Outcomes Registry, approximately 2/3 patients achieve response and 1/3 patients achieve remission with an acute course of NeuroStar TMS. These treatment outcomes are consistent with previous open-label study data (Carpenter et al., 2012) using the NeuroStar system. The NeuroStar Outcomes Registry is ongoing and has surpassed Star*D dataset (Rush et al., 2006) with over 3300 evaluable patients from more than 100 clinical sites in 3 years.

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Post-lithium Delirious Mania in Patients with Bipolar Disorder

Muhammad Zaidi, MD¹; Michael Champ, MD²; Aqvanette Brown, MD³; and Tzvetelina Dimitrova, MD³

¹ Saint Elizabeths Hospital, DC

² Medstar Georgetown University Hospital, DC

³ Veterans Affairs Medical Centre, DC

ABSTRACT: Delirious mania is a life-threatening condition, presenting with symptoms of acute delirium and psychotic mania as a complication of medical or psychiatric condition. It is not recognized as a diagnosis in DSM-V and is under recognized in clinical practice. It was first described by Calmeil (Calmeil, 1832). In 1849 Luther Bell described 40 cases with an associated 75% mortality rate. More recently, Jacobowski et al (2013) compiled a comprehensive review of clinical characteristics, diagnostic work up, and treatment recommendations for delirious mania. In addition to acute onset, clinical course is frequently worsened by psychosis and catatonia. Delirium leads to disequilibrium of neurotransmitters, particularly depletion of acetylcholine and elevation of dopamine.

Lithium has been used for the treatment of mania for many decades. Suppes et al performed a meta-analysis of 14 studies including 257 patients with Bipolar I disorder and concluded that patients relapsed 28 times more when stopping lithium compared to those who continued this medication. Baldessarini et al (1999) completed analysis of 227 patients with Bipolar I and II disorders, dividing the sample into “abrupt” (1-14 days) and “gradual” (15-30 days) discontinuation groups and concluded that the frequency of relapse following “abrupt” cessation was four times higher compared to following “gradual” cessation. In a study of 450 bipolar patients, Baldessarini et al (2003) reviewed the long-term treatment of lithium as monotherapy (86 % of the study’s population) in the context of lithium maintenance population morbidity. Greater pretreatment morbidity lead to larger relative reduction in morbidity as a result of treatment with lithium. A subgroup of bipolar patients with “abrupt”