Conclusion. In this descriptive analysis, a trend towards lower use and costs of acute MH-related care was observed after the initiation of ESK relative to the initiation of ECT and TMS. This finding should be interpreted with caution, given potential differences in patient profiles, clinical history and setting of administration.
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d-Amphetamine Transdermal System (d-ATS) in Treatment of Children and Adolescents With ADHD: SKAMP Score Analysis From a Pivotal Trial

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Background. The dextroamphetamine transdermal system (d-ATS) was developed as an alternative to current oral formulations of amphetamine, which is a first-line treatment for ADHD. In a randomized controlled trial of d-ATS in children and adolescents with ADHD, the primary endpoint (SKAMP total score) and secondary endpoints were met. This analysis evaluated the efficacy of d-ATS using SKAMP total score by optimized dose, gender, age group, ADHD type, and baseline ADHD severity.
Methods. This study comprised a 5-week, open-label dose-optimization period (DOP) followed by a 2-week, randomized, cross-over double-blind treatment period (DBP). All eligible patients received d-ATS 5 mg/9hr, with weekly evaluation for dose increase to 10 mg/9hr, 15 mg/9hr, and 20 mg/9hr. Once reached, the optimal dose was maintained for the DOP and used during the DBP. Preplanned subgroup analyses of mean SKAMP total score by optimized dose, gender, age group, ADHD type, and baseline ADHD severity were conducted. Efficacy was assessed by difference (d-ATS vs placebo) in least-squares (LS) mean SKAMP total score from a mixed-model repeated-measures (MMRM) analysis and is reported throughout as LS mean (95% confidence interval [CI]).
Results. In total, 110 patients were enrolled in the DOP, and 106 patients were randomized in the DBP. During the DOP, three patients reported 3 TEAEs that led to study discontinuation (irritability, appetite loss, abdominal pain). The difference (d-ATS vs placebo) in LS mean SKAMP total score was -5.9 (-6.8, -5.0), with differences in attention, deportment, and quality of work sub-scores of -1.4 (-1.7, -1.1), -1.9 (-2.2, -1.5), and -1.3 (-1.5, -1.0), respectively. Patients receiving d-ATS at each optimized dose demonstrated improvements vs placebo in LS mean SKAMP total score (-7.3 [-10.8, -3.7], -4.5 [-6.0, -3.0], -5.9 [-7.4, -4.5], -7.6 [-9.6, -5.6] at 5, 10, 15, and 20 mg/9hr, respectively). Both male and female patients experienced improvements vs placebo in SKAMP total score. The observed difference was greater in males (-6.3 [-7.3, -5.2]) vs females (-5.0 [-6.6, -3.4]). Similarly, improvements vs placebo were seen in patients with combined type ADHD and in those with predominantly inattentive type ADHD, with an observed LS mean difference of -8.0 (-9.2, -6.8) for the combined type and -3.3 (-4.6, -2.1) for the inattentive type. In addition, patients demonstrated improvement during the DBP regardless of baseline ADHD severity. The difference in LS mean SKAMP total score was -4.5 (-5.9, -3.1) for patients with a baseline SKAMP total score of 0-36 and -6.7 (-7.9, -5.6) for those with a baseline SKAMP score of 37-54.
Conclusions. d-ATS was effective and generally well-tolerated in treating ADHD in children and adolescents regardless of optimized dose, gender, age group, ADHD type, or baseline ADHD severity.
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Diagnosis and Symptoms of Narcolepsy from the Patient Perspective: Results from In-Depth Qualitative Interviews

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Introduction. Narcolepsy is a chronic neurological disorder characterized by excessive daytime sleepiness (EDS), among other symptoms. Previous studies of narcolepsy have largely relied on quantitative methods, providing limited insight into the patient experience. This study used qualitative interviews to better understand this rare condition.
Methods. Patients with narcolepsy (types 1 [NT1] and 2 [NT2]) were recruited using convenience and snowball sampling. Trained qualitative researchers conducted hour-long, individual interviews. Interview transcripts were coded and thematically analyzed using inductive and deductive approaches.
Results. Twenty-two adults with narcolepsy (NT1=12; NT2=10) participated (average age: NT1=35; NT2=44). Most were female (NT1=83%; NT2=70%) and white (NT1=75%; NT2=60%). Average times since diagnosis were 7 years (NT1) and 11 years (NT2).

At disease onset, symptoms experienced included EDS (NT1=83%; NT2=80%)—sometimes involving sleep attacks (NT1=35%; NT2=50%)—fatigue (NT1=42%; NT2=30%), oversleeping (NT1=33%; NT2=20%), and cataplexy (NT1=42%). Participants sought a diagnosis from healthcare professionals including sleep specialists, neurologists, pulmonologists,

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psychiatrists, and primary care physicians. Many participants reported receiving a narcolepsy diagnosis >10 years after symptom onset (NT1=50%; NT2=60%). During that time, patients reported misdiagnoses, including depression, sleep apnea, and attention-deficit/hyperactivity disorder.

Common symptoms included EDS (NT1=100%; NT2=90%), cognitive impairment (NT1=92%; NT2=100%), and fatigue (NT1=75%; NT2=90%). All participants with NT1 reported cataplexy. Participants rated these symptoms as among the most bothersome.

Conclusions. Study results provide descriptions of narcolepsy symptoms and the often challenging journey toward seeking a diagnosis. By using patient-centered, qualitative methods, this study fills a gap by providing additional insights into the patient experience of narcolepsy.

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Predictors of Relapse in Patients with Schizophrenia and Schizoaffective Disorders in Real-World Data from a Large Health System

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Purpose. Schizophrenia is one of the top 15 causes of disability worldwide and among the most expensive mental disorders to treat. Relapse, commonly associated with healthcare utilization including hospitalization, is prevalent and progressive in schizophrenia. Electronic health record (EHR) data could be used for timely identification of those at highest risk for relapse. This study utilized a large sample of Midwestern healthcare patients (pts) diagnosed with schizophrenia and schizoaffective disorders to identify demographic, clinical, and utilization characteristics that predicted relapse.

Methods. This retrospective study includes EHR data from all pts between Oct 15, 2016, and Dec 31, 2021, who had at least 1 y of encounters. Patients' first encounter with a schizophrenia or schizoaffective disorder diagnosis (ICD-10 F20 or F25) in this timeframe was defined as their index date, and all encounters up to 3 y post-index date (PID) were explored. Patient-level variables within the first 6 mo of follow-up (FU) were assessed as potential relapse predictors, and first relapse at or after 6 mo of FU within the system was explored as the outcome. Relapse was defined as occurrence of any behavioral health-related emergency room or inpatient encounter after 6 mo of FU within the system. Potential variables assessed include pt characteristics at index date, comorbidities diagnosed, healthcare encounter settings utilized, medication classes prescribed, and disorder-related outcomes experienced.

Results. The study sample included 8119 pts with 325,745 total FU encounters, with an average of 28.0 mo of FU data PID. Among all pts, 30.5% experienced relapse by this study's definition. Analyses revealed differences in insurance type, race/ethnicity, and age, and differences across a breadth of comorbid diagnoses, healthcare encounter settings utilized, disorder-related outcomes experienced, and medical classes prescribed. Adjusted analysis revealed pts who relapsed were more likely to be younger (RR=0.99[0.99,0.99]; p<0.0001); identify as Hispanic or Latino (RR=1.15[1.03,1.28]; p=0.0121) or Non-Hispanic (NH) Pacific Islander (RR=1.83[1.16,2.89]; p=0.0090) vs. NH White; have Medicare (RR=1.22[1.08,1.39]; p=0.0018) or Medicaid (RR=1.33[1.17,1.51]; p<0.0001) vs. Private insurance; have diagnoses of substance use (RR=1.33[1.24,1.43]; p<0.0001) and EPS (RR=1.78[1.65,1.92]; p<0.0001); utilize more ER (RR=1.02 [1.01,1.02]; p<0.0001) and BH inpatient (RR=1.10[1.06,1.14]; p<0.0001) encounters; experience more prior relapse (RR=1.05; [1.03,1.06]; p<0.0001), and receive more LAI prescriptions (RR=1.01[1.00,1.02]; p=0.0349).

Conclusions. An algorithm of these variables could conceivably be used to proactively assess relapse risk among pts with schizophrenia to ultimately decide on and implement appropriate relapse prevention plans. Further exploration may be required to better understand underlying modifiable factors that put pts at increased risk of poor outcomes.

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Best Practices for Mental Health Treatment Teams From the Perspective of Certified Peer Support Specialists (CPSS): Results of a CPSS Roundtable

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Introduction. The 21st Century Cures Act mandated that new medication research include patient focused drug development initiatives. The act also recognized CPSSs as integral members of the healthcare team. Inclusion of CPSSs within care teams is associated with reduced hospitalization, increased treatment engagement, and a renewed focus on patient desired outcomes. CPSSs

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