This pooled analysis of lumateperone in 3 randomized, double-blind, placebo-controlled studies was conducted to evaluate the safety and tolerability of lumateperone 42mg (ITI-007 60mg).

METHODS: Data were pooled from the 3 controlled late-phase studies of lumateperone 42mg in patients with acute exacerbation of schizophrenia. Safety assessments of all patients who received at least one dose of any treatment included treatment-emergent adverse events (TEAEs), changes in laboratory parameters, extrapyramidal symptoms (EPS), and vital signs.

RESULTS: The safety population comprised 1,073 patients (placebo [n=412], lumateperone 42mg [n=406], risperidone [n=255]). TEAEs that occurred in the lumateperone 42mg group at a rate of ≥5% and twice placebo were somnolence/sedation (24.1% vs 10.0%) and dry mouth (5.9% vs 2.2%). Rates of discontinuation due to TEAEs with lumateperone 42mg (0.5%) were similar to placebo (0.5%) and lower than risperidone (4.7%). Mean change in weight and rates of EPS-related TEAEs were less for lumateperone 42mg and placebo patients than risperidone patients. Mean change from baseline in metabolic parameters were similar or smaller for lumateperone 42mg vs placebo. Mean changes were notably higher in risperidone patients vs lumateperone 42mg and placebo for glucose, cholesterol, triglycerides, and prolactin.

CONCLUSION: In this pooled analysis, lumateperone 42mg showed good tolerability with potential benefits over risperidone for metabolic, prolactin, and EPS risks. The only TEAE that occurred in >10% of lumateperone patients was somnolence/sedation, which was impacted by morning administration; in subsequent studies that administered lumateperone in the evening, somnolence/sedation rates were markedly reduced. These results suggest that lumateperone 42mg may be a promising new treatment for schizophrenia.

Funding Acknowledgements: Supported by funding from Intra-Cellular Therapies, Inc.

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Results From a 12-Month Open-label Safety Study of Lumateperone (ITI-007) in Patients with Stable Symptoms of Schizophrenia

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ABSTRACT: Introduction: Lumateperone (lumateperone tosylate, ITI-007) is an investigational drug for the treatment of schizophrenia, bipolar depression, and other disorders. Lumateperone has a unique mechanism of action that simultaneously modulates serotonin, dopamine, and glutamate neurotransmission. This may provide advantages in the treatment of the broad symptoms associated with schizophrenia, including negative and depression symptoms. In 2 previous placebo-controlled trials in patients with acute schizophrenia, lumateperone 42mg (ITI-007 60mg) demonstrated statistically significant improvement in the Positive and Negative Syndrome Scale (PANSS) Total score compared with placebo. In these studies, lumateperone was well tolerated with a safety profile similar to placebo. This open-label long-term study evaluated the safety and effectiveness of lumateperone 42mg in patients with schizophrenia and stable symptoms.

METHODS: Patients with stable schizophrenia were treated for up to 1 year with lumateperone 42mg. Safety assessments included adverse events (AEs), body weight, laboratory parameters, and extrapyramidal symptoms (EPS)/motor symptom assessments. Efficacy analyses included evaluation of changes in PANSS Total score and in depression symptoms, as measured by the Calgary Depression Scale for Schizophrenia (CDSS).

RESULTS: In the 1-year open-label study, 602 patients received at least 1 dose of lumateperone 42mg; at the time of this interim analysis, 107 patients had completed 1 year of treatment. Only 4 TEAEs occurred in ≥5% of patients (weight decrease, dry mouth, headache and diarrhea); the majority of AEs were mild or moderate in intensity. Most metabolic parameters and mean prolactin levels decreased from SOC baseline, as did mean body weight and BMI. Based on AE reporting and EPS/motor symptom scales, lumateperone treatment was associated with minimal EPS risk. Lumateperone 42mg treatment was associated with significant reductions in PANSS Total score from baseline, with continuing PANSS improvement throughout the study. In patients with moderate-to-severe depression symptoms at baseline (CDSS>5), mean CDSS scores decreased from 7.4 (baseline) to 3.1 (Day 300); 60% of patients met CDSS response criteria (50% improvement from baseline) by Day 75 and this response rate was maintained through day 300. Similar magnitude of CDSS improvement was seen regardless of concurrent antidepressant therapy.

CONCLUSION: In long-term treatment, lumateperone was associated with minimal metabolic, EPS, and cardiovascular safety issues relative to current SOC antipsychotic therapy. Lumateperone improved schizophrenia symptoms with continued long-term treatment. In patients

https://doi.org/10.1017/S1092852920001017 Published online by Cambridge University Press

with moderate-to-severe depression symptoms at baseline, lumateperone treatment was associated with marked improvement in CDSS scores. These data are consistent with and extend data previously reported in placebo-controlled studies in patients with acute schizophrenia treated with lumateperone.

Funding Acknowledgements: Supported by funding from Intra-Cellular Therapies, Inc.

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Between a Rock and a Hard Place: Challenges in Treating Patient with Phagophobia and Comorbid Panic Disorder and Severe Anorexia

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ABSTRACT: Phagophobia is a rare form of psychogenic dysphagia; it is characterized by an intense fear of swallowing food. It is a disorder which may be potentially life threatening if left untreated. Different effective approaches regarding the management for phagophobia have been documented in the past. However, there have not been sufficient data to support a definitive treatment. We would like to present a case which phagophobia, along with the presence of panic disorder and severe anorexia increase the difficulty in patient management.

Patient is a middle-aged female with history of anorexia nervosa and panic disorder. She presented with an eight-month history of inadequate caloric intake which was related to her fear of gaining weight and being preoccupied with intense fear of intake of food and medications; she stated that her throat was burning in attempt to swallow solids. She also stated that she felt like she had a "lump" in the throat. Her intake of food was limited to only certain types of food. However, after eating, she would engage in purging behaviors. Her hospitalization was complicated by multiple panic attacks in a day.

Patient underwent diagnostic interventions that helped us ruled out the other underlying causes of her symptoms: physical examinations, laboratory findings, bedside swallowing evaluation and esophagogastroduodenoscopy. These evaluations indicated that her symptoms were not caused by a medical condition or physiological effects of a substance. Daily medications aided with Anxiolytics as needed were prescribed for managing her symptoms. Non- pharmacological managements following the recommendations of the expert in positive behavior support were performed aiming to treat her symptoms.

Due to intense fear of swallowing, she was not able to take oral medications for panic disorder, and the effect of psychotherapy for eating disorder was limited due to frequent recurrence of panic attacks. She had not shown improvement of her symptoms: inadequate daily energy intake and medication, non-compliance to oral medications. Her BMI dropped from 14 to 13 over the course of 8 months and the symptoms of panic disorder persisted, and she is at risk of medical emergencies.

In this report, we present the challenges in managing a patient with multiple psychiatric comorbidities, where each illness increased the difficulty of treating another illness. We had reviewed case reports which indicated that cognitive behavioral techniques may be beneficial to patients with phagophobia. However, the effects of non-pharmacological managements were limited as patient's psychiatric illness prevented her from completing each session. To this date, there has been no report of treatment success in a patient whose situation is similar to hers. Further research, clinical trials, and additional data collected in the future may provide new insights into management of this therapeutic challenge.

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Challenges in Differentiating Between Obsession and Delusion in Schizophrenic Patients: A Case Report

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ABSTRACT: Schizophrenia is a serious, chronic mental illness that manifests a variety of symptoms: hallucinations, delusion of grandiose, disorganized behaviors, and neurocognitive decline after each episode. Among the patients with schizophrenia, obsessive- compulsive symptoms (OCS) or obsessive- compulsive disorder (OCD) are two relatively common comorbidities (25% and 12.5%, respectively). The appearance of these comorbidities complicates patient management: selecting the suitable pharmacological treatment may be challenging as delusion and obsession have similar presentation in this population. We would like to present a case which we suggest that differentiation between obsession and delusion will result in a positive impact on disease management.

Patient was a middle- aged male with history of Schizophrenia and status post skin grafting. He presented with delusions, auditory hallucinations and disorganized behavior. During his hospitalization, he spent much portion of a day slapping or hitting his wound. He would not follow staffs' recommendations regarding wound care as he believed that his behavior would lead to diminishing his pain from skin grafting and shorten the recovery time. He was treated with psychotropic medications, antidepressants aided with medication for pain. Despite adequate pain management, appropriate dosage of

https://doi.org/10.1017/S1092852920001017 Published online by Cambridge University Press