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 ($\geq$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.

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.

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,