

than 10,000 downloads (2) a score of 3.5 or higher on the Mobile Apps Rating System (MARS) and (3) acquisition cost less than \$1. Consumer reviews were scanned. A total of 7 apps were culled from an expanding universe of thousands. This included top-rated apps in each of three symptom domains: depression, anxiety and cognitive disorders. Ranked in order of MARS rating the leading depression apps were “Depression CBT Self-Help Guide” and “eCBT Mood”. The most popular anxiety apps were “Stop Panic & Anxiety” and “Headspace”. The top apps for cognitive enhancement training were “Brain HQ” and “Fit Brains Focus”. In addition, the suicide prevention app “My3” was included because of its life saving potential. Consumers have rated the reviewed apps favorably. Conclusion: Smartphone apps are achieving wide acceptance in self-management of common psychiatric disorders. Clinicians need to become familiar with these adjunctive therapeutic tools, and integrate them in brief psychopharmacology visits.

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Use of Pimavanserin in Patients With Parkinson’s Disease Psychosis: Subgroup Analysis of Efficacy and Safety in Patients With and Without Cognitive Impairment

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ABSTRACT: Objective: A planned subgroup analysis of a phase 3 study was performed to evaluate the efficacy and safety of pimavanserin (PIM) in Parkinson’s disease psychosis (PDP) patients with global cognitive impairment.

BACKGROUND: PDP is frequent, distressing, a leading cause of institutionalization, complicates PD management and is linked to increased morbidity, incident dementia and mortality. PIM, a selective serotonin

receptor (5-HT_{2A}) inverse agonist/antagonist, is newly FDA-approved for the treatment of hallucinations and delusions associated with PDP.

METHODS: In Study 020, a 6-week FDA registration study, 199 patients with baseline Mini-Mental State Examination (MMSE) score ≥ 21 , moderate-severe psychosis, and on stable PD meds, were randomized to PIM (34 mg/day) or placebo (PBO) for 6 weeks. This subgroup analysis evaluates efficacy and safety between two groups: those with MMSE total score ≥ 21 but < 25 (cognitively impaired; equivalent to Montreal Cognitive Assessment [MoCA] score 15-19) and those with score ≥ 25 (cognitively normal; equivalent to MoCA score 20-30). Safety assessments were performed on the full safety dataset (i.e., three 6-week placebo-controlled studies) including 614 subjects (PIM = 382, PBO = 231).

RESULTS: Overall, patients in the PIM group experienced a statistically significant improvement in SAPS-PD scores from baseline to Day 43 compared with PBO (-5.79 vs. -2.73; $p = 0.001$). In the subgroup analysis stratifying by baseline MMSE score, the change from baseline to Day 43 compared with PBO in the cognitively-impaired group (N = 50) was numerically larger (-7.11 vs. -0.47; $p = 0.002$). In the full safety dataset examining cognitively impaired patients, there were no between-group (PIM vs. PBO) differences in any treatment-emergent adverse event (TEAE) (57.6% vs. 56.1%) or serious TEAE (6.8% vs. 5.3%). The most common TEAEs occurring at $\geq 5\%$ in either group were fall (7.4% vs. 10.5%), confusional state (6.5% vs. 1.8%), and orthostatic hypotension (0.0% vs. 8.8%).

CONCLUSIONS: In this subgroup analysis of PDP patients, the treatment effect of PIM on SAPS-PD was larger in the cognitively-impaired group, with similar TEAE and serious TEAE rates. These results hold promise for cognitively-impaired patients that will be further elucidated in future studies.

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Adjunctive Brexpiprazole in Patients With MDD and Symptoms of Anxiety: Results From Post-Hoc Analyses of Three Placebo-Controlled Studies

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