

of the ability to taste (Hummel, Basile, & Huttenbrink, 2016). Complaints of hyposmia and hypogeusia in the presence of normosmia and normogeusia has not heretofore been described. Three such cases are presented.

OBJECTIVE: To explore the complaints of reduced smell and taste with normal objective olfaction and gustation.

METHOD: All patients were given screening tests for smell and taste and obtained scores consistent with normosmia and normogeusia. The 12-item version of the Brief Smell Identification Test (B-SIT), using the odorants banana, chocolate, cinnamon, gasoline, lemon, onion, paint thinner, pineapple, rose, soap, smoke and turpentine was used. The Retronasal Olfactory Test was used to determine their perception of flavour and the Propylthiouracil Disc Taste Test used for gustation. Each patient also underwent a complete physical and neurological examination with any abnormalities mentioned.

RESULTS: Case 1: This 53 year old female, 8 months prior to presentation, developed the flu followed by the inability to taste any foods and differentiate between smells, with everything smelling bitter.

Results: Chemosensory testing: Olfaction: Brief Smell Identification Test (B-SIT): 10 (normosmia). Retronasal Olfactory Test: Retronasal Smell Index: 9 (normal). Gustation: Propylthiouracil Disc Taste Test: 7 (normal).

Case 2: This 86 year old female, 6 months prior to presentation, developed reduced taste, of gradual onset, to the point upon presentation was only 10% normal. She was able to taste lemons but very little else.

Results: B-SIT: 9 (normosmia). Retronasal Smell Index: 10 (normal). Propylthiouracil Disc Taste Test: 10 (normogeusia).

Case 3: This 63 year old female was nasute until 3 months prior to presentation, when she developed an upper respiratory infection, followed by loss of smell and taste to 20% of normal.

Results: B-SIT: 10 (normosmia). Retronasal Smell Index: 7 (normal). Propylthiouracil Disc Taste Test: 10 (normogeusia).

CONCLUSION: Discordance between subjective and objective findings may be due to the wide distribution of normal in the general population in olfactory ability. The associated reduction in retronasal smell may then be interpreted by the patient as reduced ability to taste. Alternatively, complaints of hyposmia and hypogeusia may be due to a non-organic need such as malingering or psychosomatic illness, or could represent a primary defect in the cortical integration of smell and taste, interpreted as reduction in perceived flavor, yet the primary sensory neurons and threshold as tested would appear to be normal. This disparity possibly indicates that the testing modalities are too insensitive to

demonstrate more subtle sensory perception findings, and suggests the need for more refined testing methods for smell and taste.

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A Modified Delphi Consensus Approach to Clinical Guidelines for Tardive Dyskinesia

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ABSTRACT: Objective: Vesicular monoamine transporter 2 (VMAT2) inhibitors are the first class of drugs approved to treat tardive dyskinesia (TD). With the recent approval of these medications, a modified Delphi process was implemented to address the need for updated clinical guidelines for TD screening, diagnosis, and treatment.

METHODS: A Steering Committee of 11 TD experts met in a Nominal Group meeting format to discuss/prioritize questions to be addressed about TD and identify individuals to be invited to serve as Delphi survey panelists. Two survey rounds were conducted anonymously; responses were collected, collated, and analyzed. Respondent agreement was defined a priori by the Steering Committee as unanimous (100%), consensus (75–99%), or majority (50–74%). For questions using a 5-point Likert scale, agreement was based on percentage of respondents choosing ≥ 4 (“agree completely” or “agree”). Round 1 survey included questions on TD screening, diagnosis, and treatment. Round 2 questions were refined per panelist feedback and excluded Round 1 questions with <25% agreement (deemed unlikely to achieve consensus) and some questions that already achieved consensus (>75% agreement).

RESULTS: Online surveys were sent to 60 individuals; 29 agreed to participate as panelists (23 psychiatrists; 6 neurologists). Respondents unanimously agreed (100%)

that all patients currently taking dopamine receptor blocking agents (DRBAs) should be screened for TD, and that the Abnormal Involuntary Movement Scale (AIMS) is the standard structured assessment for monitoring severity of TD. There was consensus (76%) that a semi-structured assessment could be used for more frequent routine TD screening. Respondents unanimously agreed that treatment with first generation antipsychotics, older age, and longer cumulative exposure to antipsychotics were risk factors for TD. For TD diagnosis, consensus (89%) was reached that a patient with an AIMS score >2 (mild) affecting 1 body area should be considered as having possible TD; consensus (93%) was also reached that TD was most often evident in orofacial musculature, although other body areas may be affected and should not be neglected. Consensus was not reached on minimum cumulative duration of DRBA exposure for TD diagnosis, but a majority (70%) agreed that minimum cumulative exposure of 1 month may be sufficient. For TD treatment, unanimity or consensus was reached on 4 strategies to consider: discussion of treatment options with patients/caregivers (100%), modification of antipsychotic regimen (100%), treatment with VMAT2 inhibitor (100%), and modification of anticholinergic regimen (86%).

CONCLUSIONS: Using a Nominal Group and modified Delphi process, consensus was reached within 1–2 rounds on several key aspects of TD screening, diagnosis, and treatment. This process may offer an expedient method to identify gaps in agreement and facilitate updated management guidelines.

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42 Training Forgiveness – A Novel Approach to Reducing Physician Burnout

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ABSTRACT: Study Objective: Psychological risk factors that lead to impaired work performance, negatively impacting mental and physical health, have emerged as a concern across clinical settings. Although depression and anxiety are linked to poor physician mental health, physician burnout characterized by work related stress due to chronic exhaustion from clinical work, cynicism toward meaning of the medical profession, and feelings of inadequacy toward work related accomplishments, may be an even stronger indicator of well-being. Literature suggests that work satisfaction among physicians is rapidly deteriorating owing to high rates of burnout and poor mental health. Although the relationship between work burnout (WB) and negative affectivity has been well documented, the association with positive affect, such as trait forgiveness (TF) has been overlooked. On that note, research shows that lifetime stress severity and lower levels of forgiveness predict worse mental and physical health. Since TF has been linked strongly with healthy workplace relationships, positive occupational outcomes and general well-being, its association with WB remains to be investigated. Therefore, the aim of the present study was to explore the link between TF and WB among physicians. We hypothesized that TF would be associated with reduced levels of burnout.

METHOD: A total of 62 (F=23) medical residents at a Teaching Hospital consented for the study. Residents were administered surveys on WB (Maslach Burnout Inventory), workplace bullying, personal bullying (PB), interpersonal rejection sensitivity (IRS), perceived stress scale (PSS), TF, anxiety, and depression, all of which were anonymously submitted via electronically. Hierarchical multiple regression (HMR) models were used to determine the associations between WB, work environment social factors and TF. A p-value of <0.05 was considered significant.

RESULTS: The mean age $33.1 \pm SD 4.2$ years. HMR analysis using WB as main outcome contained 6 predictors: Model 1 contained depression and anxiety, Model 2 added PB, Model 3 added IRS and PSS, Model 4 added TF. Anxiety and TF were the only significant predictors ($p = >0.05$) accounting for 10.4% and 17.5% of the variance in WB scores, respectively.

CONCLUSIONS: The novel finding of the present study is that TF was associated with low levels of burnout. Additionally, WB was found to be linked to anxiety and depression which is in line with previous research. These data suggest that TF could be a potential resolution to the deleterious influence of burnout. Further exploration is needed in order to understand the psychology of forgiveness as a potential adjuvant and/or therapeutic