RESULTS: 304 patients enrolled in the extension study. At Week 54, the mean (standard error) change in AIMS score was –5.1 (0.52). After 6 weeks of deutetrabenazine treatment, the proportion of patients who achieved treatment success was 58% per the CGIC and 53% per the PGIC, and by Week 54 was 72% per the CGIC and 59% per the PGIC, thus demonstrating maintenance or enhancement of benefit over time. Deutetrabenazine was well tolerated for up to 54 weeks, and compared with the ARM-TD and AIM-TD studies, no new safety signals were detected.

CONCLUSIONS: 54 weeks of deutetrabenazine treatment was generally efficacious, safe, and well tolerated in patients with TD.

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Estimation of an MCID for AIMS Total Score Change in Tardive Dyskinesia

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ABSTRACT: Background: The efficacy of valbenazine (INGREZZA) in tardive dyskinesia (TD) was demonstrated in placebo-controlled clinical trials, based on the Abnormal Involuntary Movement Scale (AIMS) total score (sum of items 1-7). In these trials, mean changes in the AIMS total score were significantly greater with valbenazine 80 mg than with placebo. Currently, no minimal clinically important difference (MCID) has been established for the AIMS total score in patients with TD. Using valbenazine trial data, analyses were conducted to establish a MCID for AIMS total score in TD.

METHODS: Data were pooled from three 6-week trials: KINECT (NCT01688037), KINECT 2 (NCT01733121), KINECT 3 (NCT02274558). Using the Clinical Global Impression ofChange (CGI-TD) as an anchor comparison, AIMS total score changes from baseline to Week 6 were summarized for all study participants (pooled valbenazine and placebo groups) with a "minimal" CGI-TD score of ≤3 (minimally improved or better) or "robust" ≤2 (much improved or better) at Week 6.

RESULTS: In the pooled population (N = 373), 72% and 29% of all participants had CGI-TD scores of ≤3 and ≤2, respectively. The median (maximum, minimum) change from baseline in AIMS total score at Week 6 was -2 (-13, 8) in participants with CGI-TD score ≤3 and -3 (13, 8) in participants with a score ≤2.

CONCLUSION: Pooled data from 3 randomized, double-blind, placebo-controlled trials suggest that a 2 point decrease in AIMS total score may represent the minimal clinically meaningful improvement. Larger AIMS score improvements were associated with "much improved" or "very much improved" CGI TD assessments.

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Improving the Systematic Use of Pharmacogenetic Testing for Depression Prescribing

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ABSTRACT: Study Objectives: The purpose of this project was to systematize the use of pharmacogenetic testing (PGT) among psychiatric prescribers. The use of PGT in clinical practice is inconsistent despite the evidence supporting its efficacy (Burke, Love, Jones, & Fife, 2016). The question to be answered is: In patients with major depressive disorder (MDD), how is PGT currently used in clinical practice compared to use after implementation of practice change interventions?

METHOD: This study was conducted among 4 psychiatric prescribers in a behavioral health clinic. 3 interventions were utilized to change practice. An educational in-service was delivered to address the PGT knowledge gap. A protocol for identifying patients that may benefit from PGT was developed, indicating PGT was warranted for patients with non-remitting moderate to severe MDD and at least 2 medication failures from 2 different classes. Next, a medication failure documentation template and the PGT report were integrated into the EHR. A baseline survey was administered before the in-service, assessing

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