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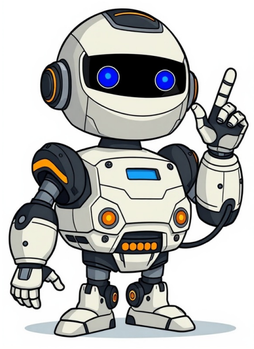

Academys Monthly Bulletin: June 2024 A Monthly Newsletter Dedicated to Our Academy Membership Community! Here is the summary of our posted Lectures, YouTube videos & Academys Monthly Bulletin: March 2024 A Monthly Newsletter Dedicated to Our Academy Membership Community! Academys Update for March 2024: Here is the summary of our Academys Monthly Bulletin: April 2024 A Monthly Newsletter Dedicated to Our Academy Membership Community! Academys Update for April 2024: Here is the summary of our Academys Monthly Bulletin: Feb 2024 A Monthly Newsletter Dedicated to Our Academy Membership Community! Academys Update for Feb 2024: Here is the summary of our Academys Monthly Bulletin: May 2024 A Monthly Newsletter Dedicated to Our Academy Membership Community! Academys Update for May 2024: Here is the summary of our Ecopipam: D1 Antagonist for Tourette Syndrome November 23, 2025 Which Bupropion Formulation is Preferred for Smoking Cessation? November 22, 2025 From Bipolar to Unipolar: Lumateperone FDA Approved as Adjunct for MDD November 10, 2025 Is Lurasidone Safe with Breastfeeding? October 31, 2025 Semaglutide Safely Improves Metabolic Health in SchizophreniaHISTORI Trial Findings October 28, 2025 Before You Diagnose Hyperprolactinemia Confirm It Correctly! October 11, 2025 Comparing Aripiprazole vs rTMS Augmentation vs SNRI Switch in TRD September 27, 2025 ADHD Treatment During Pregnancy: What the Latest Evidence Means for Mothers and Clinicians September 18, 2025 ANK3 Biomarker Unlocks Liafensines Potential in Treatment-Resistant Depression September 13, 2025 Propranolol + Sertraline: New Evidence in Treating Panic Disorder in Women September 6, 2025 Weekly Oral Risperidone (LYN005): Breakthrough in Schizophrenia Treatment? September 1, 2025 EEG Biomarkers to Predict Antidepressant Response: Emerging Evidence August 28, 2025 RE104 Shows Rapid & Durable Relief in Postpartum Depression August 25, 2025 Please note that this website is for educational purposes only and do refer to sources cited at the end of each topics for more information. Psychiatry Education Forum and authors do not assume any liability or responsibility for damage, injury, or death to you, other persons or property from any use of any ideas, information, or instruction in this website. Teva Pharmaceuticals announced data from the ongoing real-world phase 4 study, coined IMPACT-TD Registry, evaluating the efficacy of deutetrabenazine (Austedo) tablets and its extended-release tablet formulation (Austedo XR) in patients with tardive dyskinesia (TD). Overall, the findings showed that both treatments are associated with reduced severity of involuntary movements and improvements in patient-reported quality of life.1The silent struggle of tardive dyskinesia, with its relentless, involuntary movements, can deprive patients of their quality of life and independencereal-world findings are so critical to inform how we innovate and improve the everyday lives of individuals living with this disease, said Stacy Finkbeiner, Senior Medical Director, Movement Disorders and Psychiatry at Teva Pharmaceuticals, in a statement. 1Presented at the 2025 Neuroscience Education Institute Fall Congress, held November 6 to 9, in Colorado Springs, Colorado, the analysis evaluated a cohort of 27 adults with TD who were treated with deutetrabenazine or deutetrabenazine extended release. The study provided a questionnaire to patients after a 3-month treatment period that measured patient-reported impact across 5 key areas. Additionally, the study included patients with common comorbid psychiatric disorders, such as bipolar disorder (41%), anxiety disorder (37%), depression (26%), and schizophrenia (19%), reflecting a real-world patient population.All told, findings showed meaningful improvement after 3 months across several areas, including speech/communication (77%), eating (75%), psychosocial impact (65%), activities of daily living (59%), and sleep/pain (50%). Most participants (85%) reported that their underlying mental health condition remained stable or improved based on the Patient Global Impression of Severity (PGIS) scale when treatment was used in addition to their mental health medications. At 3 months, the total motor score on the Abnormal Involuntary Movement Scale (AIMS) showed a mean decrease of -2.9, indicating a notable reduction in the severity of uncontrolled movements consistent with what was previously seen in trials.Regarding the data, Finkbeiner added, These data articulate patient experience and further validate clinical research showing how deutetrabenazine or deutetrabenazine extended release can help people living with tardive dyskinesia improve their symptoms while maintaining their mental health.deutetrabenazine and its extended-release are the first vesicular monoamine transporter 2 (VMAT2) inhibitors approved by the FDA for the treatment of tardive dyskinesia and for the treatment of chorea associated with Huntingtons disease. deutetrabenazine extended release is the once-daily, extended-release formulation of deutetrabenazine and both treatments are cleared for adults.Read More: FDA Approves One Pill, Once-Daily Tablets of Deutetrabenazine for Tardive Dyskinesia, ChoreaAlthough deutetrabenazine and its extended-release treatments are approved to treat HD and TD, both have labels that indicate increased risk of depression, suicidal thoughts and behavior in patients with Huntington disease. Furthermore, both treatments are contraindicated in patients who are suicidal and in patients with untreated or inadequately treated depression.Deutetrabenazine was originally approved as a twice daily treatment by the FDA in April 2017 and later had its label expanded months later to include the treatment of TD. Years later, in 2023, the FDA approved a once-daily, extended-release formulation of the agent, further allowing for more administration flexibility and improved adherence.2 This came as a result of data from a phase 3 open-label, single-arm 2-cohort, multicenter ARC-HD extension study (NCT01897896) which showed that deutetrabenazine was safe and enhanced and maintained chorea in patients with HD over a 3-year period.3One year later, a single, extra strength tablet was approved by the FDA, providing patients with tablets of varying strengths and a different form of administration than before. The one-pill, once-daily, extended-release tablet offers patients 4 tablet strengths, 30, 36, 42, or 48 mg, for both chorea associated with HD and TD.4REFERENCES1. AUSTEDO (deutetrabenazine) tablets and AUSTEDO XR (deutetrabenazine) extended-release tablets Demonstrate Positive Real-world Impact, with Patients Reporting Improvement in Involuntary Movements and Activities of Daily Living. Teva Pharmaceuticals. News Release. November 7, 2025. Accessed November 25, 2025. . Teva Announces FDA Approval of AUSTEDO XR (deutetrabenazine) Extended-Release Tablets, a New Once-Daily Formulation of AUSTEDO (deutetrabenazine) Tablets. News release. Teva. February 17, 2023. Accessed May 29, 2024. C2%AE-XR-deutetrabenazine-Extended-Release-Tablets-a-New-Once-Daily-Formulation-of-AUSTEDO%C2%AE-deutetrabenazine-Tablets3. Teva announces results from 3-year study assessing the safety and tolerability of Austedo (deutetrabenazine) tablets for the treatment of chorea associated with Huntingtons disease. News release. October 18, 2022. Accessed May 29, 2024. C2%AE-deutetrabenazine-Tablets-for-the-Treatment-of-Chorea-Associated-with-Huntington%E2%80%99s-Disease4. Teva Announces AUSTEDO XR (deutetrabenazine) Extended-Release Tablets Now U.S. FDA Approved as a One Pill, Once-Daily Treatment Option for Clinically Therapeutic Doses (2448 mg/day). News release. Teva Pharmaceuticals. May 29, 2024. Accessed May 29, 2024. People with uncontrolled movement problems can have a harder time doing everyday tasks such as speaking, reading, writing, and cooking, which can cause a loss of independence. This may cause people to become self-conscious and anxious in social settings.Austedo (aw-STED-oh) was approved in 2017 and is the first medicine approved to treat both tardive dyskinesia and chorea caused by Huntingtons disease.Chorea is an uncontrolled movement disorder caused by a hereditary condition called Huntingtons disease. A hereditary condition is a condition that is passed down from your parents. Huntingtons disease causes nerve cells in the brain to break down and cause thinking, emotional, and movement problems.Tardive dyskinesia (TD) is a disorder that can cause repetitive movements such as twitching, shaking, or jerking in the arms, legs, face (including eyes and mouth), and torso. Certain medicines such as antipsychotics that are used to treat mental health conditions and medicines that are used to treat stomach issues can cause TD.Monoamine neurotransmitters such as dopamine, serotonin, norepinephrine, and histamine work to carry messages from one cell to the next, including muscle and nerve cells. When too much of these neurotransmitters are signaled by your cells, it can cause movement that you cannot control. Austedo works to lower the amount of neurotransmitters sent by the cells, which in turn can lead to fewer uncontrolled movements.Austedo comes as a regular tablet and an extended-release tablet (Austedo XR). An extended-release tablet works over a longer period of time and can lower the number of times you have to take the medicine every day. Austedo comes as a 6-milligram, 9-milligram, and 12-milligram tablet. The lowest dose of Austedo XR is 6 milligrams, and the highest dose is 48 milligrams, with the doses in between this range increasing by 6 milligrams.Your health care provider may start you on a dose of Austedo called a starting dose. They may gradually increase your dose every week for a few weeks up to a maintenance dose. Your maintenance dose is the dose that improves your movement symptoms and will generally be the dose you take every day. Everyones maintenance dose is different. In order to steadily increase your dose when you first start Austedo, your health care provider may prescribe you a titration kit. The Austedo XR titration kit contains a 4-week supply of a few different doses of Austedo. It allows you to start at a lower dose and increase your dose every week as you go through the kit. Take Austedo as prescribed by your health care provider. Austedo can be taken either once or twice a day, depending on the dose your health care provider prescribes you. Austedo is taken with food. If your dose is 12 milligrams or above per day, your health care provider may ask you to take it two times a day. Austedo XR is taken once a day with or without food.The starting dose of Austedo and Austedo XR is usually 12 milligrams per day. Do not crush, chew, or break the tablet. Swallow the tablet whole with water. If you are taking the Austedo XR tablet, the tablet may not dissolve completely in your body after all the medicine has been released, and you may see the tablet in your stool.Austedo was studied across three clinical studies one study in people with chorea and two studies in people with TD to look at how safe and effective the medicine was.In the clinical study that looked at Austedo in people with chorea, 90 people diagnosed with Huntingtons disease took either Austedo, at doses between 6 milligrams and 48 milligrams per day, or a placebo containing no medicine over a 12-week period. The study looked at the total maximal chorea score, which measures how severe a persons chorea symptoms are, with a lower score indicating little to no chorea. The average age of people in the study was 54 years old. About 92% of people in the study were White Americans, with the race of the remaining people in the study unknown. The average dose that people received in the study was 40 milligrams per day. In the two clinical studies that looked at Austedo in people with TD, the first clinical study looked at 298 people with TD who took either Austedo at a dose of 12, 24, or 36 milligrams per day or a placebo over a 12-week period. The study looked at the change in their Abnormal Involuntary Movement Scale (AIMS) score, which looks at the severity of TD, with a lower score indicating an improvement in symptoms. The average age of people in the study was 56 years old. About 79% of people were White Americans, with the race of the remaining people in the study unknown.The second clinical study in people with TD looked at 117 people with TD who took either Austedo at doses between 12 milligrams and 48 milligrams per day or a placebo over a 12-week period of time. The study looked at the change in AIMS score. The average age of people in the study was 55 years old. About 70% of people were White Americans, with the race of the remaining people in the study unknown. The average dose that people received in the study was 38 milligrams per day.Chorea. People who took Austedo had a greater improvement in their total maximal chorea score from baseline to week 12 (-4.4 in the Austedo group vs -1.9 in the placebo group). That means Austedo showed more improvement in peoples uncontrolled movement symptoms, compared to the placebo.Tardive dyskinesia.People who took Austedo had a greater improvement in their AIMS score. In the first study, in the Austedo group, the improvement in the AIMS score is as follows: -3.3 in the 36-milligram group, -3.2 in the 24-milligram group, -2.1 in the 12-milligram group; and in the placebo group, the improvement was -1.4 from baseline. In the second study, the improvement in the AIMS score from baseline to week 12 was -3 in the Austedo group vs. -1.6 in the placebo group That means Austedo showed more improvement in peoples uncontrolled movement symptoms, compared to the placebo.Austedo works to lower the amount of uncontrolled movements in people with chorea and TD. You should start to see less uncontrolled movement anywhere from a few weeks to a few months after taking Austedo. When you first start Austedo, your health care provider will start you on a low dose and will keep increasing the dose of the medicine, as often as weekly, until your symptoms improve. Some people may need a lower dose to manage their symptoms and may start to see their symptoms improve quicker. Some people may need a higher dose to manage their symptoms, and may not see their symptoms improve until a later time, as their health care provider continues to increase their dose. Talk to your health care provider if you feel that your symptoms are not improving or are getting worse. Your doctor may increase your dose, add on another medicine, or change you to a different medicine.The most common side effects seen with Austedo in people with chorea are drowsiness, diarrhea, dry mouth, and tiredness. The most common side effects seen with Austedo in people with TD are infection in the nose or throat, sore throat, common cold symptoms, and trouble sleeping.Austedo can cause drowsiness and tiredness. It is important not to drive or perform any activities that require you to be alert until you know how the medicine affects you.Diarrhea can happen when taking Austedo. It is important that you drink plenty of fluid so that you do not become dehydrated. Certain foods, such as bananas, rice, and toast, can help. Taking anti-diarrheal medicines may also help.Dry mouth can happen when taking Austedo. There are certain things that you can do to help ease this, including sipping water regularly, using a humidifier, breathing through your nose instead of your mouth, and limiting caffeine and sugar-free gumInfection in the nose or throat, sore throat, or the common cold may happen while taking Austedo. Over-the-counter medicines may help manage your symptoms.Austedo can cause trouble sleeping. There are techniques that may help manage this. Drinking less caffeine, including soda or coffee, trying to stick to a sleep schedule, and limiting screen time before bedtime can help.Talk to your health care provider if any of these symptoms do not improve or get worse.There are certain medicines that you should not take while you are taking Austedo. These medicines include monoamine oxidase inhibitors (MAOIs), reserpine, tetrabenazine, and valbenazine.Reserpine is a medicine that treats high blood pressure. It should not be taken while you are taking Austedo and within 20 days of stopping reserpine.MOAIs such as isocarboxazid, phenelzine, selegiline, and tranylcypromine are medicines that are used to treat depression or Parkinsons disease. Austedo should not be taken with an MAOI or within 14 days of stopping an MAOI.Tetrabenazine is used to treat chorea in Huntingtons disease, and valbenazine is used to treat TD.Medicines called CYP2D6 inhibitors can cause an increase of Austedo in the blood, which can increase the risk of side effects. These medicines include bupropion, fluoxetine, and paroxetine, which are used for anxiety and depression, and quinidine, which is used to treat an irregular heartbeat (arrhythmia) and malaria. Your health care provider may lower the dose of Austedo if you are taking it with a medicine that is classified as a CYP2D6 inhibitor. Taking Austedo with medicines called antipsychotics, such as aripiprazole, or dopamine antagonists, such as haloperidol, can increase your risk of having slow, stiff movements and slight shaking, a condition called parkinsonism. It can also cause neuroleptic malignant syndrome (NMS) which can cause muscle stiffness, and akathisia, which is a condition that makes it hard for you to sit still.Austedo can make you feel drowsy. Taking Austedo with other medicines that can make you feel drowsy, such as Benadryl, can make you feel drowsier. Drinking alcohol with Austedo can also cause you to feel more drowsy. It is not recommended to drink alcohol while taking Austedo.Talk to your health care provider about all the medicines you are taking. There is a free trial offer provided by the drugmaker that may allow you to receive a one-time, 30-day supply of Austedo if you are just starting on the medicine. There is also a cost savings program that may allow you to pay as little as $0 monthly for your Austedo prescription. Whether you are eligible depends on the type of insurance you have. If you are taking Austedo for chorea, you can find out more at www.austedo.com/huntingtons-chorea/financial-support. If you are taking Austedo for TD, you can find out more at www.austedo.com/tardive-dyskinesia/financial-support. You can also call 888-483-8279. Take a look at this months developments in the psychiatric treatment pipeline. We compiled a recap of the latest news here, just in case you missed any of the updates.sNDA Submitted for AXS-05 for the Treatment of Alzheimer Disease AgitationAxsome Therapeutics announced they have submitted a supplemental NDA (sNDA) to the US Food and Drug Administration (FDA) for dextromethorphan-bupropion (AXS-05) for the treatment of Alzheimer disease agitation. AXS-05 is Axsomes novel, oral, investigational N-methyl-D-aspartate (NMDA) receptor antagonist, sigma-1 agonist, and aminoketone CYP2D6 inhibitor being developed for the treatment of Alzheimer disease agitation and smoking cessation. AXS-05 was granted FDA Breakthrough Therapy designation for Alzheimer disease agitation back in 2020, the second Breakthrough Therapy designation granted to Axsome for AXS-05 (the first being for major depressive disorder).FDA Approves Caplyta for Adjunctive Treatment of Major Depressive DisorderThe FDA has approved Johnson & Johnsonslumateperone (Caplyta) as an adjunctive therapy for the treatment of adults with major depressive disorder. The 2 phase 3 double-blind, placebo-controlled clinical trials submitted to the FDA, studies 501 and 502, both demonstrated a significantly superior improvement in the Montgomery-Asberg Depression Rating Scale (MADRS) at week 6 compared with placebo at the dose of 42 mg per day. Study 501, which included 485 patients, demonstrated a 4.9-point decrease in the MADRS score for patients on Caplyta vs to an oral antidepressant plus placebo who all continued on their primary prestudy antidepressant. Study 502, which included 480 patients, demonstrated a 4.5-point decrease in the MADRS score for patients on Caplyta vs placebo who all continued on their primary prestudy antidepressant.BPL-003: Positive Phase 2b Open-Label Extension Study DataAtaiBeckley today announced positive topline results from the open-label extension study of a phase 2b clinical trial (NCT05870540) of intranasal mebufotenin benzoate (BPL-003) in patients with treatment-resistant depression. Investigators found that a 12 mg dose of BPL-003 administered 8 weeks after a 0.3 mg, 8 mg, or 12 mg dose of BPL-003 was generally well-tolerated and provided additional rapid, clinically meaningful antidepressant effects, which were sustained for up to 8 weeks.A Surprise Miss: NBI-1070770 for Major Depressive Disorder Fails in Phase 2 StudyNeurocrine Biosciences announced that its phase 2 study evaluating the efficacy, safety, and tolerability of NBI-1070770 in adults with major depressive disorder (MDD) did not meet the primary endpoint compared to placebo. Investigators of this signal-seeking study enrolled 73 adult participants with a diagnosis of MDD who did not adequately respond to at least 1 antidepressant in their current course of treatment. NBI-1070770 is an investigational selective, orally active, negative allosteric modulator of the NR2B subunit-containing N-methyl-D-aspartate receptor.Austedo Phase 4 Data Shows Reduction in Tardive Dyskinesia SeverityPhase 4 data from Teva Pharmaceuticals on deutetrabenazine (Austedo) showed significant reduction in involuntary movement and improvements in quality of life in adults with tardive dyskinesia. Up to 77% of participants taking Austedo reported that after 3 months there were meaningful improvements in impacts of tardive dyskinesia. Alixorexton for Treatment of Narcolepsy Type 2: New Positive Phase 2 DataAlkermes announced positive topline results from the Vibrance-2 dose-ranging phase 2 study evaluating alixorexton in patients with narcolepsy type 2 (NT2). Alixorexton, formerly referred to as ALKS 2680, is a novel, investigational, oral, selective orexin 2 receptor agonist in phase 2 development for the treatment of narcolepsy type 1, NT2, and idiopathic hypersomnia. In Vibrance-2, participants with NT2 (n=93) were randomly assigned (1:1:1:1) to receive a once-daily dose of alixorexton (10 mg, 14 mg, or 18 mg) or placebo for 8 weeks. Once-daily alixorexton met the dual primary endpoints, demonstrating statistically significant and clinically meaningful improvements from baseline compared with placebo on the Maintenance of Wakefulness Test and Epworth Sleepiness Scale at week 8.Iclepertin Found Ineffective in Treating Cognitive Impairment Associated With Schizophrenian an analysis of 3 phase 3 trials, iclepertin showed no significant improvement in cognitive impairment for adults with schizophrenia. The drug was well tolerated but did not result in significant changes in cognition in patients with schizophrenia. The analysis included the CONNEX 1, 2, and 3, trialsall randomized, double-blind, placebo-controlled phase 3 studies conducted across 41 countries. Patients were randomized 1:1 to oral iclepertin 10 mg or placebo once daily for 26 weeks. At week 26, there was no significant difference between treatment and placebo groups in individual trials or the pooled population. The adjusted mean difference for drug vs placebo in MCCB overall composite T-score was 0.127 (P=0.63)Planned FDA Investigational New Drug Application: SPC-15 for the Treatment of PTSDSilo Pharma today announced that it has chosen to partner with Allucent, a global full-service clinical research organization, to support their planned submission of an investigational new drug application to the FDA for a phase 1 clinical trial of SPC-15 for the treatment of posttraumatic stress disorder (PTSD). SPC-15 is a its intranasal prophylactic and novel serotonin 4 (5-HT4) receptor agonist that utilizes biomarkers for the treatment of PTSD, anxiety, and other stress-induced affective disorders.Tonmya Available Commercially for Treatment of FibromyalgiaTonix Pharmaceuticals announced that Tonmya (cyclobenzaprine HCl) is now available by prescription in the United States. The treatment was approved by the FDA in August of 2025 and is now commercially available. The most recent phase 3 trial for this drug showed significant improvements in symptoms and functioning for patients with fibromyalgia. The trial, RESILIENT, showed significant improvement (P < .001) in daily pain intensity scores at week 14. The study also showed improvement (P < .001) in Patient Global Impression of Change scores, Fibromyalgia Impact Questionnaire (Revised) Symptoms and Function domains, Patient Reported Outcomes Measurement Information System instruments for Sleep Disturbance and Fatigue, and daily diary sleep quality scores.New Review on VMAT2 Inhibitors and Ingrezza for Treatment of Tardive DyskinesiaNeurocrine Biosciences has announced publication of a narrative review paper on FDA-approved vesicular monoamine transporter 2 (VMAT2) inhibitors Ingrezza (valbenazine) and deutetrabenazine. The review covers clinical research on these drugs for treatment of tardive dyskinesia and highlights the unique profile of Ingrezza. Ingrezza and deutetrabenazine were noted to have key differences. Both medications target VMAT2 receptors, but Ingrezza was found to work with a single metabolite with high affinity for VMAT2 and had no off-target receptor activity.Phase 3 Trial of LPCN 1154 for Postpartum Depression Shows Positive ProgressLipocine announced completion of a scheduled independent review by the Data Safety Monitoring Board of the ongoing phase 3 trial of LPCN 1154 (oral brexanolone) for treatment of postpartum depression. The board recommended the trial continue with no modifications, after 30 patients completed at least the 7 day follow up visit. The current phase 3 trial is a randomized, double-blind study evaluating LPCN 1154 in women 15 to 45 years old diagnosed with severe postpartum depression.FDA Clears Investigational New Drug Application for TNX-102 SL for Treatment of Major Depressive DisorderTonix Pharmaceuticals announced that the FDA has cleared the Investigational New Drug application for development of TNX-102 SL (cyclobenzaprine hydrochloride) for treatment of major depressive disorder in adults. With millions of patients suffering from bipolar disorder every year, this investigation may provide a new treatment option for major depressive disorder.New Drug Application Submitted for Centanafidine for Treatment of ADHDOtsuka Pharmaceutical has submitted a new drug application to the FDA for centanafadine for treatment of attention deficit hyperactive disorder (ADHD) in children, adolescents, and adults. Centanafadine is the first investigational norepinephrine, dopamine, and serotonin reuptake inhibitor for ADHD therapy. NDA submission for this drug is based on results from 4 phase 3 clinical trials which evaluated the efficacy and safety of centanafadine. In these phase 3 studies, centanafadine showed statistically significant and clinically meaningful improvements in symptoms of ADHD.Be sure to follow us on LinkedIn, Facebook, or X, or subscribe to our eNewsletters to stay up to date with the latest news.

**Quem foi franklin roosevelt. Biografi franklin d roosevelt. Franklin d. roosevelt's pearl harbor address. Franklin delano roosevelt 1933. Qui est franklin roosevelt. Quem foi roosevelt. Franklin d. roosevelt quotes.**