dasotraline 6 mg in the completer population (P<0.05; post-hoc analysis) but was not significant for either dose of dasotraline vs. placebo when drop-outs were included in the analysis. The most common adverse events on dasotraline 6 mg/d and 4 mg/d were combined insomnia (early, middle, late), dry mouth, headache, decreased appetite, nausea, and anxiety. Changes in systolic and diastolic blood pressure were minimal. Mean baseline to endpoint changes in supine pulse rate on dasotraline 6 mg/d and 4 mg/d vs. placebo was +6.2 bpm and +4.8 vs. +0.2 bpm.

**CONCLUSIONS:** In this 12-week, placebo-controlled, fixed-dose study, treatment with dasotraline 6 mg/d was associated with a significant reduction in frequency of binge-eating days per week; efficacy was not demonstrated for the 4 mg dose. Treatment with both doses of dasotraline resulted in improvement in the Y-BOCS-BE and the BE-CGI-S. Dasotraline was safe and generally well-tolerated at both doses; most common adverse events were insomnia, dry mouth and headache.

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## Buprenorphine – A Treatment for Psychic Pain and Suicidal Ideation?

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**ABSTRACT:** Buprenorphine (BPN) is an opiate medication that is increasingly used in the management of Opioid Use Disorder and pain disorders. This case report highlights the acute efficacy of using buprenorphine-naloxone (BPN-NAL) to reverse anhedonia and suicidal ideation in an individual with OUD, chronic pain and severe suicide attempts.

We present a case of a 39-year-old male with a history of bipolar disorder, several lethal suicide attempts and polysubstance abuse, who presented to the hospital after self-immolation, burning 45% total body surface area. He was admitted to the burn unit for three months, reporting continual anhedonia, suicidal ideation, and flashbacks of seeing and feeling himself on fire. He also endorsed chronic pain and hopelessness.

Upon transfer to the behavioral health unit, his symptoms persisted, despite trials of quetiapine, mirtazapine, methadone, oxycodone and prazosin. In consultation with pain management, he was initiated on sublingual BPN-NAL 8mg-2mg treatment as a transition from methadone; he immediately reported improvement in depressive symptoms and a reduction in pain. He was titrated on BPN-NAL and continued to report diminished pain and resolution of depression. Furthermore, his irritability was lessened and he newly cooperated with staff, participating in unit activities. Upon discharge, he exhibited stable mood, adequate pain control and the elimination of suicidal thoughts as well as a proactive drive for substance abuse treatment.

This case describes the significance of BPN on relieving psychic pain and stabilizing mood in a chronically suicidal patient. We speculate that BPN's pharmacokinetic properties terminate the cycle of short-term opioid-induced analgesia and euphoria with opioid withdrawal-induced hyperalgesia and dysphoria. This results in a steady treatment of pain, as well as maintaining the dopaminergic system, symptomatically translating to mood stabilization and annulling suicidal ideation.

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## A Phase 3, Multicenter Study to Assess the Long-Term Safety, Tolerability, and Efficacy of Olanzapine/Samidorphan in Patients with Schizophrenia

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**ABSTRACT:** Background: ALKS 3831, a combination of olanzapine and samidorphan (OLZ/SAM), is in development for the treatment of schizophrenia and is intended to provide the antipsychotic efficacy of olanzapine while mitigating olanzapine-associated weight gain. We report the safety, tolerability, and efficacy of OLZ/SAM in patients with schizophrenia in a phase 3, 52-week, open-label extension study.

**METHODS:** Patients aged 18–70 years who completed a previous phase 3, 4-week, inpatient acute efficacy study were switched from OLZ/SAM, olanzapine, or placebo to OLZ/SAM. Study assessments included adverse events (AEs), weight, clinical laboratory testing, and Positive and Negative Syndrome Scale (PANSS) and Clinical Global Impression-Severity (CGI-S) scores.

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