

episode, because of the presence of tremor and family reports of marked functional decline (from being independent for daily life activities to being bound to a wheelchair and with worsening cognitive symptoms), the psychiatrist opted for a gradual switch from valproate to carbamazepine. During our interview, her husband pointed to the complete dose of 100 mg of carbamazepine 3 weeks ago as the onset of her current symptoms. The patient demonstrated clear psychomotor inhibition, with an absence of spontaneous movement and sporadic, almost monosyllabic, responses to only the simplest questions. Although aware that she was in a hospital, she could not recall its name and was completely disoriented in regards to time. Barely capable of emoting with her facial muscles, she denied feeling depressed and only acknowledged a stomachache. After spending the night in observation, and the suspension of carbamazepine, the patient experienced an improvement of her cognitive functions: although still not fully oriented in space and time, she could now speak in sentences and answer most of our questions. Even though she still maintained not being depressed, when pressed about any weird sensations she admitted to the feeling of being dead inside. The decision was made to transfer her to the psychogeriatric hospitalization unit.

**Discussion.** The initial assessment of the patient was complicated due to a variety of factors. Beyond the physical comorbidities, the psychomotor inhibition impeded a thorough examination of her emotional state. Only the suppression of her evening dose of carbamazepine allowed for the diagnosis of Cotard-like major depressive symptoms. Even though the cognitive impairment was apparent before, the state of the patient was markedly improved with just the removal of carbamazepine and was confirmed by her family to be a lot closer to her base state of more than a month ago.

**Conclusion.** The use of anticonvulsant therapy in elderly bipolar patients with cognitive impairment can have important side effects. Further evidence of the prevalence and specific nature and frequency of its side effects is needed.

**Funding.** No Funding

## Pure Verbal Autopalinacousis

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### Abstract

**Introduction.** Palinacousis, the phenomenon in which sounds are internally perseverated or repeated has not heretofore been reported occurring exclusively to an individual's own voice.

**Methods.** A 52-year-old woman started to experience auditory hallucinations of her voice at 3 years old when she began talking out loud. The auditory hallucinations of her own voice, yclept autopalinacousis, consisting of one to three words, were affectively neutral, rarely disruptive, and unchanged by psychiatric medications. During these palinacoustic phenomena, she would hear the last few words she had spoken out loud repeat inside her head in both ears. When the autopalinacousis occurred, the words were repeated just once. Sound quality was an exact replication of how it was originally spoken. She only experienced the palinacousis to her own voice and never to any other sounds. For the palinacousis to occur, she had to verbally state the words loud

enough for her to hear. If she spoke out loud but could not hear her own voice, via occlusion of her external auditory canal or presence of loud noise, the internal auditory repetition would not occur. However, after the auditory stimulus was sensed, nothing could reduce the palinacousis. The palinacousis could occur if she read out loud, but not if she read silently. The frequency of the autopalinacousis ranged from a few times a week to several times a day and was associated with reduced sleep, but unaffected by mood, psychiatric medications, or headaches. Five months prior to her psychiatric hospitalization, she began to experience paranoid delusions, decreased sleep, increased activity, rapid speech, and auditory hallucinations of one male and two female voices. In contrast to autopalinacousis, these auditory hallucinations consisted of full phrases or sentences, were affectively charged, intrusive, and diminished by psychiatric medications. No palinacousis occurred with the hallucinated voices.

**Results.** Abnormalities: Mental Status Examination: Speech: pressured. Oriented x2. Memory: ability to remember 5 digits forwards and 2 digits backwards. She is not able to spell with word "world." Calculation ability: poor. MRI of brain with and without contrast: normal.

**Discussion.** In cases where patients with psychotic illness experience palinacousis, the palinacousis always appear after the psychotic illness has already manifested, anywhere from less than a year to 15 years later. Our patient's palinacousis presented almost 5 decades before the onset of her auditory hallucinations and paranoid delusions. Furthermore, her palinacousis only occurred to her own spoken voice and never to any other voices. In those who present with auditory hallucinations, query as to the presence and characteristics of palinacousis is warranted.

**Funding.** No Funding

## STARS Adjunct Trial: Evidence for the Effectiveness of a Digital Therapeutic as Adjunct to Treatment With Medication in Pediatric ADHD

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### Abstract

**Background.** Treatment of attention deficit hyperactivity disorder (ADHD) includes pharmacological and non-pharmacological interventions, both of which have demonstrated short-term efficacy. While efficacious, there are limitations to both modalities of treatment. Due partly to these limitations, there has been considerable interest in additional approaches to augmenting ADHD management. Digital therapeutics may offer improved access, minimal side effects, and low potential for abuse, while providing targeted treatment options for improving cognitive functions such as attention. AKL-T01 (EndeavorRx®) is the first and only FDA-cleared