psychiatrists, and primary care physicians. Many participants reported receiving a narcolepsy diagnosis >10 years after symptom onset (NT1=50%; NT2=60%). During that time, patients reported misdiagnoses, including depression, sleep apnea, and attention-deficit/hyperactivity disorder.

Common symptoms included EDS (NT1=100%; NT2=90%), cognitive impairment (NT1=92%; NT2=100%), and fatigue (NT1=75%; NT2=90%). All participants with NT1 reported cataplexy. Participants rated these symptoms as among the most bothersome.

Conclusions. Study results provide descriptions of narcolepsy symptoms and the often challenging journey toward seeking a diagnosis. By using patient-centered, qualitative methods, this study fills a gap by providing additional insights into the patient experience of narcolepsy.

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Predictors of Relapse in Patients with Schizophrenia and Schizoaffective Disorders in Real-World Data from a Large Health System

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Purpose. Schizophrenia is one of the top 15 causes of disability worldwide and among the most expensive mental disorders to treat. Relapse, commonly associated with healthcare utilization including hospitalization, is prevalent and progressive in schizophrenia. Electronic health record (EHR) data could be used for timely identification of those at highest risk for relapse. This study utilized a large sample of Midwestern healthcare patients (pts) diagnosed with schizophrenia and schizoaffective disorders to identify demographic, clinical, and utilization characteristics that predicted relapse.

Methods. This retrospective study includes EHR data from all pts between Oct 15, 2016, and Dec 31, 2021, who had at least 1 y of encounters. Patients' first encounter with a schizophrenia or schizoaffective disorder diagnosis (ICD-10 F20 or F25) in this timeframe was defined as their index date, and all encounters up to 3 y post-index date (PID) were explored. Patient-level variables within the first 6 mo of follow-up (FU) were assessed as potential relapse predictors, and first relapse at or after 6 mo of FU within the system was explored as the outcome. Relapse was defined as occurrence of any behavioral health-related emergency room or inpatient encounter after 6 mo of FU within the system. Potential variables assessed include pt characteristics at index date, comorbidities diagnosed, healthcare encounter settings utilized, medication classes prescribed, and disorder-related outcomes experienced.

Results. The study sample included 8119 pts with 325,745 total FU encounters, with an average of 28.0 mo of FU data PID. Among all pts, 30.5% experienced relapse by this study's definition. Analyses revealed differences in insurance type, race/ethnicity, and age, and differences across a breadth of comorbid diagnoses, healthcare encounter settings utilized, disorder-related outcomes experienced, and medical classes prescribed. Adjusted analysis revealed pts who relapsed were more likely to be younger (RR=0.99[0.99,0.99]; p<0.0001); identify as Hispanic or Latino (RR=1.15[1.03,1.28]; p=0.0121) or Non-Hispanic (NH) Pacific Islander (RR=1.83[1.16,2.89]; p=0.0090) vs. NH White; have Medicare (RR=1.22[1.08,1.39]; p=0.0018) or Medicaid (RR=1.33[1.17,1.51]; p<0.0001) vs. Private insurance; have diagnoses of substance use (RR=1.33[1.24,1.43]; p<0.0001) and EPS (RR=1.78[1.65,1.92]; p<0.0001); utilize more ER (RR=1.02 [1.01,1.02]; p<0.0001) and BH inpatient (RR=1.10[1.06,1.14]; p<0.0001) encounters; experience more prior relapse (RR=1.05; [1.03,1.06]; p<0.0001), and receive more LAI prescriptions (RR=1.01[1.00,1.02]; p=0.0349).

Conclusions. An algorithm of these variables could conceivably be used to proactively assess relapse risk among pts with schizophrenia to ultimately decide on and implement appropriate relapse prevention plans. Further exploration may be required to better understand underlying modifiable factors that put pts at increased risk of poor outcomes.

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Best Practices for Mental Health Treatment Teams From the Perspective of Certified Peer Support Specialists (CPSS): Results of a CPSS Roundtable

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Introduction. The 21st Century Cures Act mandated that new medication research include patient focused drug development initiatives. The act also recognized CPSSs as integral members of the healthcare team. Inclusion of CPSSs within care teams is associated with reduced hospitalization, increased treatment engagement, and a renewed focus on patient desired outcomes. CPSSs

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are people with lived experience in navigating complex mental health systems and whose unique perspective helps guide peers on their journey to wellness. In the same manner that CPSS knowledge has improved clinical outcomes, partnering with CPSSs during CNS drug development may provide wellness outcomes in clinical trials that are more meaningful for people with lived experience. To this end, a CPSS Ambassador program was initiated.

Methods. Of 85 peer support specialists identified by internet searches, Linked-In, and peer support specialists' registries, 7 CPSSs met our criteria (i.e., having lived experience of psychosis and being a member of a treatment team) and agreed to be part of our ambassador program. Interactions included 6 monthly virtual meetings and a live roundtable meeting. The objectives of the program were to: 1) understand unmet needs in people with lived experience and identify impediments to effective treatment, 2) learn best practices for discussing medication use to support wellness, 3) identify resources that can help educate people and families with lived experience, and 4) highlight the importance of CPSSs within healthcare teams to optimize treatment outcomes.

Results. This CPSS ambassador program emphasized the need for shared decision making and partnership to forge a positive treatment team alliance. As such, treatment goals should be tailored to patients' needs ("nothing about me without me"). A major obstacle to effective treatment is the presence of bias or stigma among health care practitioners. Specifically, certain language used by clinicians has the potential to ostracize patients and negatively impact treatment. Medications should be discussed as one pillar of a larger treatment plan and not as a "fix" for symptoms. Educational resources written in layman's terms are needed to explain treatment algorithms and medication side effects. And finally, CPSSs make a significant contribution to person-focused positive outcomes and are an essential part of the treatment team. CPSSs are a conduit of lived experience and advocate for the individual

Conclusions. The following key outcomes were illuminated because of this work together: CPSS's are liaisons that facilitate the intersection between the treatment team and people utilizing mental health systems. CPSS's are critical to successful navigation of the mental health care system and reaching desired outcomes. Best practices for treatment teams are about effective, person-based and stigma free partnerships for positive and patient focused outcomes.

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Prevalence of Concomitant Medications Among Patients with Schizophrenia Prescribed Atypical Antipsychotics

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Introduction. Typical and atypical antipsychotics (AAPs) are the main treatment options among patients with schizophrenia. However, AAPs have been associated with several side effects and comorbid conditions. To manage side effects, often patients are prescribed concomitant medications to manage their condition, increasing polypharmacy. Though common in practice, the prevalence of concomitant medication use in patients with schizophrenia is not well established. This study evaluated the annual prevalence of concomitant medications among patients with schizophrenia who were prescribed AAPs.

Methods. This retrospective study was conducted using the PharMetrics database (01/2019 – 12/2021). Patients were included in the analyses if they had a diagnosis of schizophrenia, were continuously enrolled in pharmacy and medical claims for the full year and were prescribed AAPs. A sensitivity analysis was also conducted among patients who demonstrated ≥50% adherence to their prescribed AAPs (with a grace period of 30 days). For both the main and sensitivity analyses patient populations, the concomitant drugs prescribed were labeled at the drug class (GPI2) and generic drug level. Prevalence for drug class and each drug was calculated as a percentage of patients who were prescribed ≥1 of the agent among those who met the inclusion and exclusion criteria within the given year.

Results. For the year 2019, 2020 and 2021, 12,360; 13,242 and 14,780 patients met the inclusion and exclusion criteria, respectively. The mean age of the cohort ranged from 43.5 - 45.4 years. Patients were predominantly male and commercially insured. Antidepressants were the most prevalent concomitant medication prescribed (2019: 61.2%, 2020: 61.2%, 2021: 62.0%). Other highly prevalent drug classes identified were - anticonvulsants (2019: 44.2%, 2020: 44.5%, 2021: 45.0%), antianxiety agents (2019: 36.3%, 2020: 37.6%, 2021: 38.9%), antihyperlipidemics (2019: 26.3%, 2020: 28.1%, 2021: 30.7%), antihypertensives (2019: 25.7%, 2020: 27.2%, 2021: 28.1%), antiparkinson agents (2019: 61.2%, 2020: 61.2%, 2021: 62.0%), anticholinergics (2019: 61.2%, 2020: 61.2%, 2021: 62.0%) and analgesics (2019: 61.2%, 2020: 61.2%, 2021: 62.0%). At the individual drug level, benzotropine mesylate (2019: 19.5%, 2020: 18.7%, 2021: 18.8%), atorvastatin (2019: 14.5%, 2020: 16.7%, 2021: 18.4%), lorazepam (2019: 14.1%, 2020: 14.7%, 2021: 14.3%), gabapentin (2019: 13.7%, 2020: 13.9%, 2021: 14.8%), and metformin (2019: 13.2%, 2020: 13.7%, 2021: 15.4%) were the most prevalent prescribed concomitant medications. There was no difference when similar analyses were conducted in the adherent patient population.

Conclusions. These results indicate a high prevalence of concomitant antidepressants, antihyperlipidemics, antihypertensives and anticholinergics among patients with schizophrenia who are prescribed AAPs.

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Healthcare Resource Use and Cost Associated with Negative Symptoms of Schizophrenia

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