Neurol Ther (2024) 13:1747–1749
https://doi.org/10.1007/s40120-024-00660-3

CORRECTION

Correction: Safety of Deutetrabenazine for the Treatment of Tardive Dyskinesia and Chorea Associated with Huntington Disease

Samuel Frank · Karen E. Anderson · Hubert H. Fernandez · Robert A. Hauser · Daniel O. Claassen · David Stamler · Stewart A. Factor · Joohi Jimenez-Shahed · Hadas Barkay · Amanda Wilhelm · Jessica K. Alexander · Nayla Chaijale · Steve Barash · Juha-Matti Savola · Mark Forrest Gordon · Maria Chen

Published online: 12 September 2024

Correction: Neurol Ther (2024) 13:655–675
https://doi.org/10.1007/s40120-024-00600-1

A graphical abstract is now available for this publication. The graphical abstract can also be accessed on the article's Figshare page here: https://doi.org/10.6084/m9.figshare.26819554.

The original article can be found online at https://doi.org/10.1007/s40120-024-00600-1.

S. Frank (✉)
Beth Israel Deaconess Medical Center/Harvard Medical School, 330 Brookline Ave., Kirstein 228, Boston, MA 02215, USA
e-mail: sfrank2@bidmc.harvard.edu

K. E. Anderson
Georgetown University, Washington, DC, USA

H. H. Fernandez
Cleveland Clinic, Cleveland, OH, USA

R. A. Hauser
University of South Florida Parkinson's Disease and Movement Disorders Center, Tampa, FL, USA

D. O. Claassen
Vanderbilt University Medical Center, Nashville, TN, USA

D. Stamler
Teva Branded Pharmaceutical Products R&D, Inc., La Jolla, CA, USA

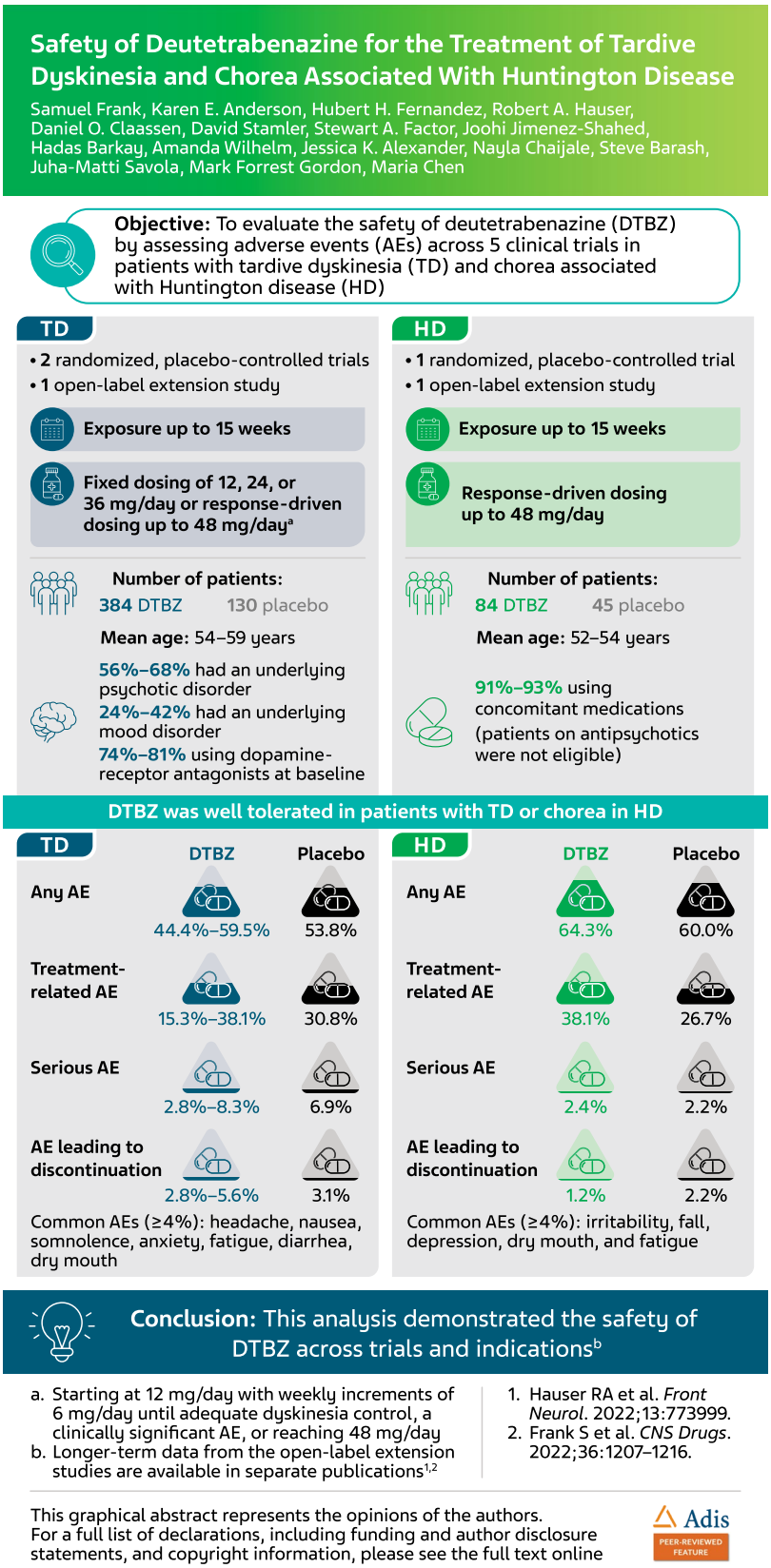
S. A. Factor
Emory University, Atlanta, GA, USA

J. Jimenez-Shahed
Icahn School of Medicine at Mount Sinai, New York, NY, USA

H. Barkay
Teva Pharmaceutical Industries Ltd., Netanya, Israel

A. Wilhelm · J. K. Alexander · N. Chaijale · S. Barash · M. F. Gordon · M. Chen
Teva Branded Pharmaceutical Products R&D, Inc., West Chester, PA, USA

J.-M. Savola
Teva Pharmaceuticals International GmbH, Basel, Switzerland


Safety of Deutetrabenazine for the Treatment of Tardive Dyskinesia and Chorea Associated With Huntington Disease
Samuel Frank, Karen E. Anderson, Hubert H. Fernandez, Robert A. Hauser, Daniel O. Claassen, David Stamler, Stewart A. Factor, Joohi Jimenez-Shahed, Hadas Barkay, Amanda Wilhelm, Jessica K. Alexander, Nayla Chaijale, Steve Barash, Juha-Matti Savola, Mark Forrest Gordon, Maria Chen
Objective: To evaluate the safety of deutetrabenazine (DTBZ) by assessing adverse events (AEs) across 5 clinical trials in patients with tardive dyskinesia (TD) and chorea associated with Huntington disease (HD)
TD
• 2 randomized, placebo-controlled trials
• 1 open-label extension study
Exposure up to 15 weeks
Fixed dosing of 12, 24, or 36 mg/day or response-driven dosing up to 48 mg/day[a]
Number of patients:
384 DTBZ 130 placebo
Mean age: 54–59 years
56%–68% had an underlying psychotic disorder
24%–42% had an underlying mood disorder
74%–81% using dopamine-receptor antagonists at baseline
HD
• 1 randomized, placebo-controlled trial
• 1 open-label extension study
Exposure up to 15 weeks
Response-driven dosing up to 48 mg/day
Number of patients:
84 DTBZ 45 placebo
Mean age: 52–54 years
91%–93% using concomitant medications (patients on antipsychotics were not eligible)
DTBZ was well tolerated in patients with TD or chorea in HD
TD
DTBZ
Placebo
Any AE
44.4%–59.5%
53.8%
Treatment-related AE
15.3%–38.1%
30.8%
Serious AE
2.8%–8.3%
6.9%
AE leading to discontinuation
2.8%–5.6%
3.1%
Common AEs (≥4%): headache, nausea, somnolence, anxiety, fatigue, diarrhea, dry mouth
HD
DTBZ
Placebo
Any AE
64.3%
60.0%
Treatment-related AE
38.1%
26.7%
Serious AE
2.4%
2.2%
AE leading to discontinuation
1.2%
2.2%
Common AEs (≥4%): irritability, fall, depression, dry mouth, and fatigue
Conclusion: This analysis demonstrated the safety of DTBZ across trials and indications[b]
a. Starting at 12 mg/day with weekly increments of 6 mg/day until adequate dyskinesia control, a clinically significant AE, or reaching 48 mg/day
b. Longer-term data from the open-label extension studies are available in separate publications[1,2]
1. Hauser RA et al. Front Neurol. 2022;13:773999.
2. Frank S et al. CNS Drugs. 2022;36:1207–1216.
This graphical abstract represents the opinions of the authors.
For a full list of declarations, including funding and author disclosure statements, and copyright information, please see the full text online
Adis
PEER-REVIEWED FEATURE