NEW INDICATION

Lisdexamfetamine for binge eating disorder

Lisdexamfetamine, approved by the FDA in 2007 for attention-deficit/hyperactivity disorder (ADHD), has a new indication: binge eating disorder (BED) (***Table 1***). BED is characterized by recurrent episodes of consuming a large amount of food in a short time. A prodrug of amphetamine, lisdexamfetamine is a Schedule-II controlled substance, with a high potential for abuse and the risk of severe psychological or physical dependence.

Lisdexamfetamine is *not* indicated for weight loss or obesity.

Table 1

Lisdexamfetamine: Fast facts

Brand name: Vyvanse
Class: CNS stimulant
Indication: Moderate and severe binge eating disorder
FDA approval date: January 30, 2015
Manufacturer: Shire
Dosage forms: 10, 20, 30, 40, 50, 60, and 70 mg capsules
Recommended dosage: 30 mg/d in the morning, titrated by 20 mg/d per week to 50 to 70 mg/d

Dosage

For BED, the initial dosage of lisdexamfetamine is 30 mg/d in the morning, titrated by 20 mg/d per week to the target dosage of 50 to 70 mg/d. Maximum dosage is 70 mg/d. Morning dosing is recommended to avoid sleep disturbance.

Efficacy

The clinical efficacy of lisdexamfetamine was assessed in two 12-week parallel group, flexible-dose, placebo-controlled trials in adults with BED (age 18 to 55). Primary efficacy measure was the number of binge days per week. Both studies had a 4-week dose-optimization period and an 8-week dose-maintenance period and followed the same dosage protocol. Patients began treatment at 30 mg/d and after 1 week were titrated to 50 mg/d; increases to 70 mg/d were made if clinically necessary and well tolerated. Patients were maintained on the optimized dosage during the 8-week dose-maintenance period. A dosage of 30 mg/d did not produce a statistically significant effect, but 50 mg/d and 70 mg/d dosages were statistically superior to placebo. Patients taking lisdexamfetamine also had greater improvement on the Clinical Global Impression—Improvement scores, 4-week binge cessation, and greater reduction in the Yale-Brown Obsessive Compulsive Scale Modified for Binge Eating score.

The prescribing information does not state if lisdexamfetamine should be continued long-term for treating BED.

Adverse reactions

In controlled trials, 5.1% of patients receiving lisdexamfetamine for BED discontinued the drug because of an adverse event, compared with 2.4% of patients receiving placebo. The most common adverse reactions in BED studies were dry mouth (36%), insomnia (20%), decreased appetite (8%), increased heart rate (8%), constipa-

Table 2

Rates of adverse reactions of lisdexamfetamine fluctuate among patients with BED and those with ADHD

	Adults with BED	Children with ADHD (age 6 to 12)	Adolescents with ADHD (age 13 to 17)	Adults with ADHD
Constipation	6%	Not stated	Not stated	Not stated
Decreased appetite	8%	39%	34%	27%
Decreased weight	4%	9%	9%	3%
Diarrhea	4%	Not stated	Not stated	7%
Dry mouth	36%	5%	4%	26%
Feeling jittery	6%	6%	Not stated	4%
Increased heart rate	8%	Not stated	Not stated	2%
Irritability/agitation	Not stated	10%	Not stated	3%
Insomnia	20%	23%	13%	27%
Nausea	Not stated	6%	Not stated	4%
Upper abdominal pain	2%	12%	Not stated	Not stated
Vomiting	2%	9%	Not stated	Not stated

ADHD: attention-deficit/hyperactivity disorder; BED: binge eating disorder

Source: Vyvanse [package insert]. Wayne, PA: Shire; 2015

Clinical Point

Lisdexamfetamine 30 mg/d did not produce a significant effect, but 50 mg/d and 70 mg/d were statistically superior to placebo

Related Resources

- Wilens TE. Lisdexamfetamine for ADHD. Current Psychiatry. 2007;6(6):96-98,105.
- Peat CM, Brownley KA, Berkman ND, et al. Binge eating disorder: evidence-based treatments. Current Psychiatry. 2012; 11(5):32-39.

tion (6%), and feeling jittery (6%). In trials of children, adolescents, and adults with ADHD, decreased appetite was more common (39%, 34%, and 27%, respectively) than in BED trials (*Table* 2). Anaphylactic reactions, Stevens-Johnson syndrome, angioedema, and urticaria have been described in postmarketing reports.

The safety of lisdexamfetamine for BED has not been studied in patients age <18, but has been studied in patients with ADHD.

Contraindications

Do not give lisdexamfetamine to patients who have a known hypersensitivity to amphetamine products or other ingredients in lisdexamfetamine capsules.

Lisdexamfetamine is contraindicated in patients who are taking a monoamine oxidase inhibitor, because of a risk of hypertensive crisis.

Source: Vyvanse [package insert]. Wayne, PA: Shire; 2015.

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