

Intensive Use of Stimulants at Start Often Beneficial in ADHD

BY DAMIAN McNAMARA
Miami Bureau

ORLANDO — Start with a long-acting stimulant for treatment of attention-deficit hyperactivity disorder for most patients, increase the dose before adding a short-acting drug, and monitor response with a rating scale, Dr. Peter S. Jensen advised at a psychopharmacology congress sponsored by the Neuroscience Education Institute.

Begin with intensive treatment, because studies show it can make a difference up to 2 years out, Dr. Jensen said. "We now have studies of the stimulants—the methylphenidate preparations, the amphetamine, dextroamphetamine, and atomoxetine—showing sustained benefit through 12 months and up to 2 years."

The symptom profile for attention-deficit hyperactivity disorder (ADHD) evolves with age. Hyperactivity, impulsivity, aggression, distractibility, a low frustration tolerance, and difficulty with establishing routines are among the childhood symptoms. "Individuals with predominantly inattentive symptoms are more likely to be overlooked," said Dr. Jensen, director, Center for the Advancement of Children's Mental Health, department of child psychiatry, Columbia University, New York.

Adolescents with ADHD are often easily distracted/inattentive, easily bored, impatient, and emotionally immature, compared with peers. "ADHD—the full syndrome—is rarely seen in adults. So many kids initially diagnosed with the full syndrome lose a lot of the hyperactivity and impulsivity as they get older," Dr. Jensen said. "What remains? Inattention (*J. Clin. Psychol.* 2005;61:535-47).

Monitor treatment response with age-appropriate rating scales, Dr. Jensen suggested. Examples include the Early Childhood Attention Deficit Disorder Evaluation scale for preschool children; the Child Behavior Checklist for school-age children; and the Adolescent Symptom Inventory for adolescents. In addition, the Brown Attention Deficit Disorder scales are useful for patients who are primarily inattentive.

"If we don't use these, we are shooting from the hip. We get parent ratings and teacher ratings with these and it's great documentation," Dr. Jensen said. "I graph them and show them to families—they love them."

Stimulant medications can be effective for both motor and attention symptoms of ADHD. "Avoid dosing late in day, because of risk of insomnia. Children who are not growing or gaining weight should stop treatment, at least temporarily," Dr. Jensen said. "If a kid is not in terrible trouble on the weekends, you might consider [drug] holidays."

The stimulant methylphenidate is available in various long-acting formulations. For example, the methylphenidate transdermal system (Daytrana, Shire) was approved by the Food and Drug Administration in April 2006. "I have not used it yet, but it's a very interesting strategy," Dr. Jensen said. "You can remove the patch if you want to—you cannot unswallow a pill. It is also good option for kids who cannot swallow a pill."

A disadvantage is its relatively large size, which increases with the dose.

Onset of action is gradual and can take up to 2 hours after application. Peak administration typically takes 7-9 hours. A single patch can provide all-day efficacy (*J. Am. Acad. Child Adolesc. Psychiatry* 2005;44:522-9).

Duration of any methylphenidate should be balanced against the potential for side effects, most commonly, impaired sleep and appetite, Dr. Jensen said. "Except for very young children, start with long-acting. What I would urge you not to do is start with long-acting and add short-acting."

Not all methylphenidate is created equal. "A lot of these medications will have different percentages of short-acting beads and long-acting beads," Dr. Jensen said. "Even though it is the same molecule, you will see different peaks. How the body responds to these slopes can lead to significant person-to-person variations in response and side effects."

He said he generally goes to the methylphenidate products sooner because they have less potential for abuse than amphetamines. Amphetamines, however, "may have more of a punch of action for efficacy versus methylphenidate."

A new lysine prodrug of d-amphetamine is in development. It is designed for slower release onto the receptor and potentially less stimulation and abuse potential. "The company has an approvable letter from the FDA," Dr. Jensen said. "Will it be as effective with lower side effects? That remains to be seen." ■

Psychological Impact Of Diabetes Less Intense on Children

COPENHAGEN — Parents of children with type 1 diabetes intensely experience the psychological impact of the disease, according to new study findings.

"Both parents and children may need counseling to help them cope with worries associated with the disease," Douglas C.A. Taylor said at the annual meeting of the European Society for the Study of Diabetes.

The study, supported by Sanofi-Aventis U.S., was part of a baseline assessment of participants who were enrolled in a 24-week randomized clinical trial comparing insulin glargine to twice-daily intermediate-acting insulin, said Mr. Taylor, who is director of health economics and outcomes research for i3 Innovus, in Medford, Mass.

A total of 175 children and adolescents (aged 9-17 years), and one parent of each, answered either the youth or the caregiver modified versions of the Diabetes Quality-of-Life Measure, a self-administered questionnaire gauging life satisfaction, diabetes worry, and diabetes impact.

Life satisfaction questions assessed issues such as disease management, checkups, treatment, flexibility, and family burden of diabetes. Disease impact questions asked about embarrassment related to the disease, interference of the disease on family, school, and leisure. And diabetes worry questions addressed future concerns about the disease impact on education, marriage, job prospects, and future health.

The female parent was the respondent in 86% of the parental surveys.

Overall, parents scored worse (higher) than their children in all domains of the questionnaire. In the domain of life satisfaction, the parents' mean score was 28, compared with a mean score of 27 for the children; however, this difference was not statistically significant. For both the disease impact and the disease worry, the parents' score was 23, compared with 21 for the children, a difference that in both cases was statistically significant.

When the responses were divided by the gender of the children, boys reported better quality of life than girls; yet in the domains of disease impact and disease worry, parents of sons scored worse than those of daughters.

"My personal opinion is that the boys are less worried about the diabetes than the girls, because the boys aren't really thinking in the long term," he said.

—Kate Johnson

Children More Resilient Than Adults in Absorbing Severe Events

BY DOUG BRUNK
San Diego Bureau

SAN DIEGO — Children of parents who lost their jobs in the past 3-5 months were more likely to develop psychopathology if they reported three or more moderate to severely stressful life events in the past year than children who reported fewer such events, Dr. Karen L. Weihs reported in an interview during a poster session at the annual meeting of the American Academy of Child and Adolescent Psychiatry.

Dr. Weihs of the department of psychiatry at the University of Arizona, Tucson, said in an interview that she and her colleagues found a higher impairment threshold among children than had been previously reported. "When kids had one or two severe [life] events, they didn't seem to have any higher psychopathology ... than kids who had none.

"It was only when they had three severe

events that their psychopathology risk went way up," she said. "That's new, because when you study adults, the general finding has been one severe event greatly elevates the risk of psychopathology. There's some resilience factor that kids seem to have."

In an effort to test whether stressful life events in the past year predicted the mental health of 9- to 13-year-old children 3-5 months after a parent's job loss, the researchers studied 191 mother-child pairs in one- and two-parent families in nine Maryland counties. Adults had to be unemployed in the prior 8 weeks.

The researchers conducted in-home visits with mothers and their children, where they administered an instrument called the Contextual Assessment of Stressful Events in Childhood, the Child Behavior Checklist (CBCL), the Columbia Impairment Scale, the Reynolds Child Depression Scale, and the Manifest Anxiety Scale. (The Contextual Assessment is not published

but is available free of charge from the university's psychiatry department.)

"This is a stressed sample," Dr. Weihs said. "The most severe events were in the work category: family finances causing losses of some sort, having to move, having to go without a vacation—serious kinds of things."

Dr. Weihs and her associates found that more externalizing and impairment, as measured by the CBCL, could be predicted among those mothers alone, children alone, and mothers and children together who reported three or more moderately to severely stressful life events than among those who reported fewer events.

However, mothers and children who reported three or more moderately to severely stressful life events differed in their reporting of internalizing symptoms. Mothers were more likely than their children to report internalizing symptoms, as measured by the CBCL, while children were more likely than their mothers to

report symptoms of depression and anxiety, as measured by the other scales used in the interviews.

One possible explanation Dr. Weihs saw for the discrepancy is the salience of the mothers' reporting.

"A parent might remember something like the kid flunking a major exam or having to do extra schooling in the summer, whereas the kid doesn't want to think about that and might not even tell [the parent] about it," she said.

She added that one implication of the study is that when you're interviewing children clinically, one should remember that the child might omit some important information from the parent, and vice versa, Dr. Weihs advised.

Information from both the parents and the child can be predictive of how much psychopathology the child is going to have, she said. "It also speaks strongly for making sure we talk to kids and parents, not just one or the other." ■