Self-Cutting, Burning Reported By Up to 15% of German Ninth Graders

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SAN DIEGO — About 11% of ninth graders reported acts of deliberate self-harm in the form of cutting or burning themselves one to three times in the previous year, while an additional 4% reported performing such behavior more than four times in the previous year, results from a large German study show.

In addition, girls were more likely than boys to perform acts of deliberate self-harm, Dr. Romuald Brunner reported during a poster session at the annual meeting of the American Academy of Child and Adolescent Psychiatry.

The study also found that young people who performed acts of deliberate self-harm scored significantly higher on the Youth Self Report subscales of somatic complaints; anxiety and depressive symptoms; and delinquent behavior, compared with their counterparts who did not report committing self-harm.

"The adolescents who practice deliberate self-harm only a few times a year have emotional and behavior problems," Dr. Brunner said in an interview. "It suggests that we can rule out [self-harm] as a phenomenon of fashion. It's really linked to emotional problems."

In what he said is the largest study of its kind, he and his associates performed a cross-sectional survey of 5,759 ninth graders in the Rhein-Neckar area in Germany between October 2005 and January 2006. Their mean age was 15 years, and half were female.

To assess the frequency of self-harm, the researchers administered parts of the German version of the Schedule for Affective Disorders and Schizophrenia for School-Age Children–Present and Lifetime Version (K-SADS-PL). Occasional deliberate self-harm was defined as performing self-mutilative acts by cutting or burning themselves one to three times in the previous year. The repetitive deliberate form was defined as performing such behavior four or more times in the previous year.

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The Youth Self Report was used to assess respondents' emotional and behavioral disturbances.

Of the 5,759 students, 630 (10.9%) reported occasional forms of deliberate self-harm in the previous year, while an additional 229 (4.0%) reported repetitive forms of deliberate self-harm.

Compared with boys, girls were 1.60 times more likely to report occasional forms of deliberate self-harm and 2.64 times more likely to report repetitive forms of deliberate self-harm.

The major forms of emotional problems linked to deliberate self-harm on the Youth Self Report were somatoform problems; anxiety and depressive symptoms; and delinquent behavior. The ninth graders who performed self-injurious behavior "demonstrate externalizing problems and internalizing problems," said Dr. Brunner, of the center for psychosocial medicine in the department of child and adolescent psychiatry at the University of Heidelberg, Mannheim, Germany. "It's an interesting finding."

He and his associates also observed a significant correlation between cigarette smoking and the risk of deliberate self-harm in girls but not in boys.

"There's no link between smoking in male adolescents and self-injurious behavior," he said.

"Smoking in girls has another meaning. Perhaps it's linked to a higher grade of impulsive behavior. Girls with a more impulsive style are more prone to smoke," he added.

Dr. Brunner also reported that most of the adolescents who reported taking drugs did not practice self-harming behavior.

"They regulate their emotion in other [ways], but they don't use this form," he said. "This was a very surprising finding." ■

Comorbid Depression Is Aggravating Factor in ADHD, yet Goes Undertreated

SAN DIEGO — Youth with attention-deficit hyperactivity disorder and a history of major or minor depression reported significantly greater levels of functional impairment, family conflict, and adverse and traumatic life events, compared with ADHD youth who had never been depressed, results from a single-center cross-sectional study showed.

Worse yet, depression appears to be undertreated in ADHD youth who have it, Dr. W. Burleson Daviss said in an interview during a poster session at the annual meeting of the American Academy of Child and Adolescent Psychiatry.

The findings are important because research is limited regarding risk factors for depressive disorders when they occur with ADHD. "The mood disorders kids get when they have ADHD are not unlike the disorders kids get if they don't have ADHD," said Dr. Daviss of the University of Texas Health Science Center at San Antonio. "They're legitimate diagnoses, and we need to treat them as such."

He and his associates evaluated 104 patients aged 11-18 years with definitive or probable ADHD, based on Kiddie-Sads-Present and Lifetime Version (K-SADS-PL) interviews.

They divided the young people into three groups: those with a history of minor depression, those with a history of major depression, and those who had never been depressed.

The researchers then compared how the groups responded to a battery of tests, including the Mood and Feelings Questionnaire, the Children's Depression Rating Scale interview, the Clinical Global Impressions Scale of depression, and the Social Adjustment Scale.

Of the 104 youth, more than half (66) were boys and most (83) were white. Dr. Daviss reported that 40 had a history of major depression, 23 had a history of minor depression, and 41 had never been depressed. Subjects with a history of major depressive disorders tended to be older and female.

There were no differences among the three groups in terms of severity of ADHD. Compared with youth who had never been depressed, however, those with a history of major or minor depression reported significantly greater levels of functional impairment, family conflict, and adverse life and traumatic events.

The researchers also observed that the youth with comorbid depression were relatively undertreated for their depression.

"They're seeing their pediatrician or psychiatrist three times over an 8-month period of time for medication checks," according to Dr. Daviss. "Even the kids with major depression were seeing a therapist only once a month on average. It really is an undertreated group."

Dr. Daviss acknowledged certain limitations of the study. For example its design was cross-sectional. In addition, the population studied consisted of primarily white, upper-middle-class young people who were referred for treatment.

The study was supported by NARSAD: The Mental Health Research Association and the National Institute of Mental Health. ■

Atomoxetine May Benefit Kids With ADHD, Anxiety

SAN DIEGO — Atomoxetine is effective and well tolerated in children and adolescents with attention-deficit hyperactivity disorder and a coexisting anxiety disorder, results from a randomized, placebo-controlled trial show.

"If you have kids who have anxiety disorders with their ADHD, you want to consider atomoxetine as a treatment intervention," Dr. Daniel Geller said in an interview during a poster session at the annual meeting of the American Academy of Child and Adolescent Psychiatry. "There are other ways of managing them, including using an SSRI with a stimulant, [but] there's a concern in using stimulants in kids who have both ADHD and anxiety. There's always a concern that their anxiety will be exacerbated or triggered."

A nonstimulant, atomoxetine (Strattera, Eli Lilly and Co.) is approved for ADHD treatment in children, adolescents, and adults, but it is not approved for treating anxiety disorders.

In a multicenter study, Dr. Geller and his associates randomized 176 patients aged 8-17 years who met DSM-IV criteria for ADHD and anxiety disorder to receive 12 weeks of atomoxetine treatment or placebo.

The researchers then used a battery of tests to compare the two groups, including the Multidimensional Anxiety Scale for Children (MASC), the Life Participation Scale for ADHD–Revised (LPS-ADHD-R), the Child Health Questionnaire–Parent-Completed Full-Length psychosocial summary score (CHQ-PF50), and the Clinical Global Impressions, Severity of Illness scale (CGI-S).

A nonstimulant, atomoxetine is approved for ADHD treatment in children, adolescents, and adults, but it is not approved for treating anxiety disorders.

The mean age of the patients was 12 years, and 65% were boys, reported Dr. Geller of Massachusetts General Hospital's pediatric psychopharmacology research program in Cambridge, Mass.

Of the 176 patients, 87 received atomoxetine while 89 received placebo. The target dose of atomoxetine was 1.2 mg/kg per day, but that dose could be increased to 1.8 mg/kg per day for those who did not respond to the target dose, Dr. Geller said.

Of the 176 patients, 66 in each group completed all 12 weeks of the study. Dr. Geller reported that mean scores improved significantly for patients in the atomoxetine treatment group, compared with the placebo group, on the MASC (–4.6 vs. 2.1, respectively), the LPS-ADHD-R (9.5 vs. 3.1), the CHQ-PF50 (6.9 vs. 3.3), and the CGI-S (–0.9 vs. –0.4).

The only adverse event to occur significantly more often in the atomoxetine group than the placebo group was decreased appetite (14% vs. 4%, respectively).

Other adverse events that were relatively common but not significant between the two groups were headache (14% in the atomoxetine group vs. 9% in the placebo group) and upper abdominal pain (12% vs. 5%).

The study was funded by Lilly Research Laboratories. ■