

## CLINICAL CAPSULES

### Look for Borderline in Adolescents

Don't dismiss the possibility of comorbid borderline personality disorder in adolescents with severe psychiatric problems, wrote Dr. Andrew M. Chanen of the University of Melbourne, and his colleagues.

Borderline personality disorder (BPD) is diagnosed often in adults, but data in adolescents are limited, they said.

To define the psychiatric symptoms and functional abilities of adolescents with BPD, the researchers interviewed 177 psychiatric outpatients aged 15-18 years. The teens were divided into three groups: 46 patients with BPD, 88 patients with a personality disorder other than BPD, and 43 patients with no personality disorder. Adolescents in the BPD group met at least three of the DSM-IV criteria for BPD (*J. Clin. Psychiatry* 2007;68:297-306).

The BPD patients had significantly more and greater impairment compared with teens in the other two groups. BPD patients averaged more psychiatric diagnoses than did patients in either of the other two groups, and they were significantly more likely to have mood disorders, substance abuse/dependence, disruptive behavior disorders, and anxiety disorders than were the patients without personality disorders. In addition, teens with BPD were significantly more likely than were those in the other groups to have internalizing and externalizing problems (based on self-reports).

### Breast-Feeding and PTSD

Among children who were hospitalized for severe burns or other injuries, those who were breast-fed during infancy experienced significantly fewer symptoms of posttraumatic stress disorder when queried 3 months after the injury, according to results of a poster presentation at the annual meeting of the International Society for Traumatic Stress Studies.

The study involved 29 children hospitalized at Shriners Burns Hospital, Boston, and 73 children hospitalized at Boston Medical Center for other injuries including motor vehicle accidents, gunshot wounds, and assaults. The children's ages averaged 13 years, and almost half of them had been breast-fed.

The investigators, including Katherine K. Bedard and Dr. Glenn N. Saxe of the department of child and adolescent psychiatry at Boston University and their colleagues, assessed the children's degree of posttraumatic stress disorder (PTSD) by administering the Child PTSD Reaction Index (CPTSD-RI), and they asked the child's parents whether the child had been breast-fed.

The average CPTSD-RI score was 18 among those who had been breast-fed (corresponding to "mild" PTSD according to standard interpretations of this measure) and 25 among children who had not been breast-fed (corresponding to "moderate" PTSD).

The history of breast-feeding was not associated with the child's age, injury severity, socioeconomic status, symptoms of PTSD among the parents, or family strain.

The meeting was also sponsored by Boston University.

### Poor Reading Linked to Psychopathy

Adolescents with poor reading skills are significantly more likely to exhibit psychiatric disorders than are adolescents who have adequate reading skills, reported David B. Goldston, Ph.D., of Duke University, Durham, N.C., and his associates.

Although the link between attention-deficit hyperactivity disorder and reading problems is well known, few studies have addressed whether non-ADHD psychiatric comorbidities in young people with reading problems are related to the ADHD or to the reading problems (*J. Am. Acad.*

*Child Adolesc. Psychiatry* 2007;46:25-32).

To determine associations between poor reading ability and psychiatric disorders in adolescence, Dr. Goldston and his colleagues reviewed psychiatric evaluations from 94 teens with poor reading skills and 94 teens with typical reading skills who were part of a larger longitudinal study.

After adjustment for sociodemographic variables, adolescents with reading problems were significantly more likely to have ADHD and significantly more likely to have anxiety disorders than were those with typical reading skills.

Overall, 14.4% of poor readers met cri-

teria for affective disorders, compared with 7.9% of typical readers. Major depressive disorder (the most common affective disorder) was present in 12.9% of poor readers and 7.9% of typical readers.

In addition, 23.9% of poor readers met criteria for anxiety disorders, compared with 7.6% of typical readers. Social phobia (the most common anxiety disorder) was present in 15.2% of poor readers and 3.0% of typical readers.

Finally, 24.8% of the poor readers met criteria for disruptive behavior disorders, compared with 10.9% of the typical readers. ADHD (the most common disruptive behavior) was present in 18.0% of poor

**FIRST**  
IN A NOVEL  
CLASS OF  
**SLEEP**  
AGENTS

Rozerem is indicated for the treatment of insomnia characterized by difficulty with sleep onset. Rozerem can be prescribed for long-term use. Rozerem should not be used in patients with hypersensitivity to any components of the formulation, severe hepatic impairment, or in combination with fluvoxamine. Failure of insomnia to remit after a reasonable period of time should be medically evaluated, as this may be the result of an unrecognized underlying medical disorder. Hypnotics should be administered with caution to patients exhibiting signs and symptoms of depression. Rozerem has not been studied in patients with severe sleep apnea, severe COPD, or in children or adolescents. The effects in these populations are unknown. Avoid taking Rozerem with alcohol. Rozerem has been associated with decreased testosterone levels and increased prolactin levels. Health professionals should be mindful of any unexplained symptoms possibly associated with such changes in these hormone levels. Rozerem should not be taken with or immediately after a high-fat meal. Rozerem should be taken within 30 minutes before going to bed and activities confined to preparing for bed. The most common adverse events seen with Rozerem that had at least a 2% incidence difference from placebo were somnolence, dizziness, and fatigue.

Please see adjacent Brief Summary of Prescribing Information.

readers and 4.9% of typical readers, Dr. Goldston and his associates reported.

But after controlling for ADHD, they found that poor readers were still more than three times as likely as were typical readers to have anxiety disorders. In particular, poor readers were more than five times as likely to have generalized anxiety disorder and social phobia, compared with typical readers.

Poor reading ability also was significantly associated with higher overall levels of functional impairment, as well as impairment in the specific areas of role functioning, behavior toward others, thinking, and mood.

The findings suggest a relationship between psychiatric problems and reading problems in adolescence independent of ADHD and imply that reading assessments for adolescents who are having problems in school may not only improve their reading skills but also identify those in need of psychiatric care, the investigators said.

#### Gene CYP2D6 and Risperidone

The activity of the CYP2D6 gene may affect how children with developmental disorders respond to risperidone and release prolactin, based on data from a small study by Dr. Pieter W. Troost of the Uni-

versity of Groningen (the Netherlands) and colleagues.

Previous studies have shown that low to medium doses of risperidone in children may increase prolactin to dangerous levels that can be associated with side effects such as sexual dysfunction and impaired growth.

To assess the role of the CYP2D6 gene on risperidone metabolism and prolactin levels, the investigators reviewed data from 25 children aged 5-15 years with pervasive developmental disorders (J. Clin. Psychopharmacol. 2007;27:52-7).

Gene analysis showed that 5 children (20%) had no functional CYP2D6 genes, 6 (24%) had one functional gene, 12 (48%)

had two functional genes, and 2 (8%) had three or more functional genes. The children were treated with an average daily risperidone dose of 0.06 mg/kg.

After 8 weeks of treatment, elevated serum prolactin levels appeared to be positively, but not significantly, correlated with a greater number of CYP2D6 genes. Elevated serum prolactin was, however, positively and significantly correlated with an increased dose of risperidone and an increased concentration of serum 9-hydroxyrisperidone. Children with more functional CYP2D6 genes had higher levels of the metabolite 9-hydroxyrisperidone.

—From staff reports

## Start and stay with nonscheduled Rozerem— ZERO evidence of abuse or dependence

Clinical studies show no evidence  
of potential abuse, dependence, or withdrawal\*

- **First and only**—nonscheduled prescription insomnia medication... not a controlled substance and approved for long-term use<sup>1</sup>
- **First and only**—prescription insomnia medication that targets the normal sleep-wake cycle<sup>1</sup>
- **First and only**—prescription insomnia medication with no evidence of abuse potential in clinical studies<sup>1</sup>
- **First and only**—prescription insomnia medication that does not promote sleep by CNS depression<sup>1</sup>
- **Promote sleep with Rozerem**—patients who took Rozerem fell asleep faster than those who took placebo<sup>1</sup>
- **One simple 8-mg dose**<sup>1</sup>

\*Rozerem is not a controlled substance. A clinical abuse liability study showed no differences indicative of abuse potential between Rozerem and placebo at doses up to 20 times the recommended dose (N=14). Three 35-day insomnia studies showed no evidence of rebound insomnia or withdrawal symptoms with Rozerem compared to placebo (N=2082).<sup>2</sup>

Please visit [www.rozerem.com](http://www.rozerem.com)

 **Rozerem**<sup>TM</sup>  
ramelteon 8-mg tablets

*Proven for sleep.  
Nonscheduled for added safety.*