

Teen Abuse of ADHD Stimulants Climbed 76%

BY KERRI WACHTER

Adolescent abuse of prescription stimulant attention-deficit/hyperactivity disorder medications increased far more rapidly than general and adolescent substance abuse for the years of 1998-2005, a study recently published online shows.

Stimulant abuse-related calls to poison control centers rose 76%, general substance abuse calls rose 59%, and adolescent substance abuse calls increased 55% over the 8-year period.

The findings, which come from a study of data from poison control calls collected in the National Poison Data System (NPDS), are published in the September issue of *Pediatrics* (2009;124:875-80; doi:10.1542/peds.2008-0931).

"The sharp increase in calls related to teen ADHD medication abuse, out of proportion to other poison center calls, suggests a rising problem with abuse of these medications," wrote Dr. Jennifer Setlik and her coinvestigators. Dr. Setlik is an emergency physician at Cincinnati Children's Hospital Medical Center.

Dr. Mark S. Gold, chairman of the department of psychiatry at the University of Florida, Gainesville, has written about the increasing use of prescription medications. Prescription medications (psychostimulants) are used for performance-enhancing effects and ADHD stimulant medications are sometimes used to reverse the effects of marijuana and alcohol, improving concentration and the ability to study.

"From our experience, these medications are given or traded and used for studying, alertness, or other drug-effect reversals. When these medications are snorted or injected or mixed with other prescriptions, they are used for abuse and by abusers," he said in an interview.

For this study, the researchers searched the database NPDS for cases of adolescent exposure to prescription ADHD medications for 1998-2005. The NPDS contains data on every human exposure report received by a member poison control center. The database includes 41.1 million cases from 1983 to 2005. Information collected includes patient and caller demographics, exposure scenario, symptoms/signs of clinical toxicity, treatment, and medical outcome.

The cases had to meet specified criteria: age 13-19 years with intentional abuse/misuse as the reason for exposure. All product codes for generic and brand name stimulant ADHD medications were identified and used in the search. Stimulant medications were broken down to amphetamine/dextroamphetamine or methylphenidate.

The centers classify medical outcomes as no effect, minor effect (minimally bothersome/resolves quickly), moderate effect (more pronounced/prolonged/systemic), major effect (life-threatening or resulted in significant residual disability/disfigurement), and death. The American Association of Poison Control Centers defines misuse as

improper or incorrect use of a substance; abuse is defined as improper or incorrect use of a substance with the intent to get high or achieve some other psychotropic effect.

For context, the researchers also assessed the total number of human exposure calls for the same period. They also looked at total population served, total number of calls coded as intentional abuse (and within the subset aged 13-19

years), and the total number of acetaminophen product exposures coded as suicide (all ages and 13-19 years).

During the study period, calls for adolescent abuse of ADHD prescription drugs rose 76% from 330 to 581 per year. However, the number of prescriptions written for these medications for 10- to 19-year-olds rose 86% during the same period, from 4.2 million to 7.8 million.

"The 76% rise in the number of calls for teen abuse of ADHD medications is significant," the researchers wrote. In contrast, the annual rate of total and teen exposures was unchanged. "This demonstrates a significant independent rise in reports of adolescent abuse of ADHD medications."

The authors reported that they have no financial relationships relevant to this article. ■

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