

Risperidone Efficacy Differs in Pediatric Patients

BY DAMIAN McNAMARA

FROM THE NEW CLINICAL DRUG
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BOCA RATON, FLA. — The efficacy and tolerability of risperidone differ between pediatric and adult patients, according to a meta-analysis of 32 double-blind, placebo-controlled trials.

For pediatric prescribers of risperidone, there is good news, mixed news, and not-so-good news, Dr. Lawrence A. Maayan said.

"The good news is study-defined efficacy: Treatment did better than placebo for both children and adults, but significantly better in children," said Dr. Maayan, a child and adolescent psychiatrist at the Nathan S. Kline Institute for Psychiatric Research at New York University.

VITALS

Major Finding: Relative risk of risperidone inefficacy is lower among pediatric patients (0.43), compared with adults (0.64).

Data Source: Meta-analysis of 30 studies with 872 pediatric patients and 2,655 adults.

Disclosures: Dr. Maayan said he has received research support from Eli Lilly and Pfizer. The current study had no funding source.

in Orangeburg, N.Y.

Of the studies that included data on efficacy, Dr. Maayan and his colleagues compared 12 studies of 872 pediatric patients with 18 such trials of 2,655 adults. They found that a relative risk of inefficacy was lower among children and adolescents (0.43), compared with adults (0.64). The difference was most pronounced in schizophrenia, which favored pediatric patients (RR, 0.34), compared with adults (RR, 0.62).

"By this metric, risperidone works better in children than in

adults. It is reassuring to a pediatric prescriber," Dr. Maayan said in an interview at his poster. Risperidone is manufactured by Ortho-McNeil-Janssen.

The meta-analysis also included populations with bipolar disorder, subaverage intelligence/disruptive behavior disorders, posttraumatic stress disorder, autism/pervasive developmental disorder, and Alzheimer's dementia. The 32 studies comprised 1,184 children and adolescents (72% male, 65% white) and 3,909 adults (53% male, 85% white).

There was some mixed news regarding adverse events, Dr. Maayan said. For example, "children and adults did about equally" with discontinuation. A total of 26 studies assessed all-cause discontinuation and discontinuation because of inefficacy or intolerance/side effects.

There were no age-group differences in all-cause discontinuation between pediatric and adult patients, Dr. Maayan said. Although pediatric patients had a lower risk (RR, 0.60) compared with adults (RR, 0.77), the magnitude of the difference between risperidone and placebo groups was not statistically different between age groups, "which is reassuring."

Pediatric patients also had a lower risk for discontinuation because of treatment inefficacy (RR, 0.30), compared with adults (RR, 0.52), Dr. Maayan said. "Children were able to

continue [risperidone] just as well as adults."

However, children were more likely to report at least one adverse event during risperidone treatment (RR, 1.30), compared with adults (RR, 1.01).

"The not-so-good news was raw weight gain: It was about the same in children as in adults," Dr. Maayan said. "Two kilograms in a 40-year-old is different than a 2-kg gain in a 10-year-old."

Dr. Maayan and his associates assessed weight gain as a percentage of baseline body weight. "The kids gained about three times as much." Weight gain was 5.7% for children, vs. 1.5% for adults, a significant difference.

Counsel and talk to patients and families about this increased risk of weight gain with risperidone treatment as part of a full disclosure of benefits and risks, Dr. Maayan advised. ■

As in Adults, Most Adolescents Respond Early to Aripiprazole

BY ROBERT FINN

FROM THE ANNUAL MEETING OF THE AMERICAN
ACADEMY OF CHILD AND ADOLESCENT
PSYCHIATRY

HONOLULU — Adolescents with schizophrenia respond to treatment with aripiprazole as well as adults do, according to two poster presentations at the meeting.

As in adults, an early response to aripiprazole predicted future treatment success in adolescents with schizophrenia, wrote Dr. Christoph U. Correll, medical director of the Recognition and Prevention Program at Zucker Hillside Hospital, Glen Oaks, N.Y., and his colleagues.

And both adults and adolescents saw about 40-point improvements in total Positive and Negative Syndrome Scale (PANSS) scores at 32 weeks of treatment, wrote Dr. Margaretta Nyilas, director of clinical development at Otsuka Pharmaceutical Development and Commercialization Inc., Princeton, N.J., and her colleagues.

While aripiprazole is approved for the acute and maintenance treatment of schizophrenia in both adolescents and adults, relatively few studies have been performed in adolescents—especially on long-term treatment.

In addition, few studies directly address the question of whether adolescents and adults respond similarly to aripiprazole treatment.

In the early-response study, investigators conducted a post-hoc analysis of data from a 6-week randomized, double-blind, placebo-controlled trial of aripiprazole (10 or 30 mg per day) in 294 adolescents aged 13-17 years.

An early response at week 3 proved highly sensitive and specific in predicting an even larger reduction in PANSS scores at week 6. Investigators defined early response as a 20% reduction in baseline PANSS scores. That early reduction predicted week 6 responses with a sensitivity of 88%, a specificity of 83%, a positive predictive value of 84%, and a negative predictive value of 87%.

"This is the first confirmation that, like in adults, the majority of response occurs early in adolescents with schizophrenia," the investigators wrote. "Moreover, those who responded early are likely to maintain that status at 6 weeks."

The investigators noted that predicting response or nonresponse early in treatment can save both time and resources.

The long-term study also found comparable remission rates between adolescents and adults. ■

Teens' Health-Related Social Problems Often Overlooked

BY PATRICE WENDLING

FROM THE ANNUAL MEETING OF THE
PEDIATRIC ACADEMIC SOCIETIES

VANCOUVER, B.C. — Adolescents are seldom screened for health-related social problems, research suggests.

Among 362 patients, aged 15-25 years surveyed in an urban, adolescent/young adult medicine clinic, the rate of screening in the previous year by any health care provider averaged 40% per health-related social domain.

Adolescents experience a broad range of social problems that can deleteriously affect their health, Dr. Eric W. Fleegler said at the meeting. "We need to implement universal screening for health-related social problems, and we need to develop the systems that will provide our patients with the needed referrals," he said.

Yet, office visits during adolescence are often limited by insurance protocols, even though these young people may need more frequent visits during certain times of transition and major life changes, he said.

Among the nine domains (housing problems, food insecurity, nutrition and fitness, education, substance abuse, interpersonal violence, safety equipment, income security, and health care access), 9% of patients were screened for all and 15% were screened for none.

Screening rates were lowest for housing problems and food insecurity at 29% each. The top three

screening rates were for nutrition and fitness at 66%, education at 56%, and substance abuse at 52%.

Without screening, adolescents might miss opportunities for referral. Currently, there are no data

VITALS

Major Finding: The average rate of screening for a single health-related social problem was 40%.

Data Source: Analysis of screening for health-related social problems in 362 adolescents.

Disclosures: Dr. Fleegler reported no relevant disclosures.

available on actual referral needs for social problems among adolescents, said Dr. Fleegler, a pediatric emergency physician at Children's Hospital and a pediatrics instructor at Harvard Medical School, both in Boston.

In the current analysis, referrals were lowest for interpersonal violence at 11% and for safety equipment and substance abuse at 14% each.

The highest domains for referrals were nutrition and fitness at 46%, income security at 35%, and education at 31%.

The analysis was part of a larger study evaluating the efficacy of The Online Advocate, a self-administered, Web-based screening and referral tool for health-related social problems. ■

VITALS

Major Findings: At 27-32 weeks of treatment, 82% of adolescents achieved remission, compared with 76% of adults at week 26 and 79% of adults at week 52.

Source of Data: A post hoc analysis of trials involving 202 adolescents aged 13-17 years and 853 adults aged 18-65 years.

Disclosures: The studies were supported by funding from Bristol-Myers Squibb and Otsuka Pharmaceutical Co. Dr. Correll acknowledged serving as a consultant to or receiving honoraria from several pharmaceutical companies, including Bristol-Myers Squibb and Otsuka Pharmaceutical. He also has served on the speakers bureaus of those two companies and several others. Several of the coauthors in each of the studies were employees of Bristol-Myers or Otsuka.