Clincal Capsules

Parent's HIV Death Affects Teen Stress

Depression and self-destructive behavior are more common among adolescents with HIV-infected parents prior to the parent's death than in the year after the parent's death, reported Mary Jane Rotheram-Borus, Ph.D., and her colleagues at the University of California, Los Angeles.

The investigators studied 414 adolescents who lived with a parent with HIV (PWH) for more than a year before the parent's death and followed them for at least 1 year after the parent's death for a total average observation period of 6 years. Compared with nonbereaved adolescents, the bereaved adolescents scored significantly higher on subscales of the Brief Symptom Inventory including hostility, interpersonal sensitivity, paranoid ideation, somatization, psychoticism, and global distress prior to the parent's death (J. Consult. Clin. Psychol. 2005;73:221-8).

In the year after the parent's death, however, their scores were not significantly different from those of nonbereaved children. PWH adolescents scored significantly higher on the BSI subscale for depression and on coping style of passive problem solving in the year immediately after a parent's death, but these scores returned to baseline in another year.

Adolescents Favor Oral Sex

In a longitudinal study of 580 ethnically diverse ninth-graders in California public schools, 19.6% reported having oral sex, compared with 13.5% who reported having vaginal sex, said Bonnie L. Halpern-Felsher, Ph.D., and her colleagues at the University of California, San Francisco.

The teens completed in-school surveys about oral sex. Overall, significantly more students reported an intention to engage in oral sex in the next 6 months, compared with vaginal sex (31.5% vs. 26.3%).

Although oral sex alleviates the risk of pregnancy, it remains a potential method for spreading herpes, hepatitis, gonorrhea, chlamydia, syphilis, and HIV. The adolescents correctly recognized that the risk of disease is significantly less likely from oral sex, but 14% responded that there was zero chance of contracting chlamydia and 13% responded that there was zero chance of contracting HIV from oral sex (Pediatrics 2005;115:845-51).

Atomoxetine Improves ADHD, ODD

A daily 1.8-mg/kg dose of atomoxetine (Strattera) significantly improved attention-deficit hyperactivity disorder symptoms in children and adolescents aged 8-18 years after 8 weeks of treatment compared with a placebo, said Jeffrey H. Newcorn, M.D., of Mount Sinai School of Medicine, New York, and his associates.

In a randomized, double-blind study, 115 patients with ADHD and oppositional defiant disorder (ODD) and 178 patients with ADHD but not ODD received one of three fixed daily doses: 0.5 mg/kg, 1.2 mg/kg, or 1.8 mg/kg (J. Am. Acad. Child Adolesc. Psychiatry 2005;44:240-8).

Those with both ADHD and ODD showed significant improvement on the Conners' Parent Rating Scale–Revised Short Form Oppositional subscale with daily doses of 0.5 mg/kg or 1.8 mg/kg. Those without comorbid ODD showed improvement in symptoms at daily doses of 1.2 mg/kg and 1.8 mg/kg but no incremental benefit at a dose of 0.5 mg/kg. Eli Lilly & Co. sponsored the study.

Gender Influences Suicide Attempts

Antisocial behavior is more prevalent among inpatient adolescents who attempt suicide than those who do not, regardless of gender, said Silvana Fennig, M.D., of Tel Aviv University and her associates (Compr. Psychiatry 2005;46:90-7).

A cohort of 404 consecutive adolescents aged 12-21 years in an inpatient facility was divided into four groups: male (76) and female (143) suicide attempters and males (103) and females (82) with psychopathology but no history of suicide.

Depression and anxiety were more common among the suicide attempters, and males were more depressed and anxious than were females. Among nonattempters, depression and anxiety were significantly more prevalent in females.

Antipsychotic Use in Young Children

Nearly one-fourth of insurance claims in 2001 for atypical antipsychotics in youth aged 19 years and younger were for children aged 9 years and younger, said Lesley H. Curtis, Ph.D., of Duke University Medical Center in Durham, N.C., and colleagues.

The investigators reviewed the administrative claims database of AdvancePCS, a large pharmaceutical benefits manager, for claims from January through December 2001 and evaluated claims for five drugs: clozapine (Clozaril), olanzapine (Zyprexa), quetiapine (Seroquel), risperidone (Risperdal), and ziprasidone (Geodon) (Arch. Pediatr. Adolesc. Med. 2005;159:362-6). Of 16,599 claims reported for patients aged 19 years and younger, 3,830 were for children aged 9 years and younger, and 80% of those 9 years and younger were boys.

—Heidi Splete