

Reevaluate Adolescents' Need for Antipsychotics

In study, protective effect of long-term use was offset by 'shocking' weight gain.

BY SHERRY BOSCHERT
San Francisco Bureau

PHOENIX — To continue second-generation antipsychotics in adolescents with bipolar disorder after their psychosis or aggression has stabilized may not be helpful beyond 6 months of therapy, preliminary data from a randomized, controlled trial suggest.

Details on 21 of 68 patients who were randomized to continue combination treatment with a second-generation antipsychotic plus mood stabilizers or to replace the antipsychotic with placebo showed that a slightly greater proportion (4 of 12, or 33%) in the combination group maintained remission at 48 weeks, compared with the placebo group (2 of 9, or 22%). But the difference between groups was not statistically significant, Dr.

Vivian Kafantaris and her associates reported.

Patients gained a "shocking" amount of weight because of the antipsychotics—two pounds per week during 6 months of open treatment, followed by more weight gain in those randomized to stay on an antipsychotic rather than placebo for maintenance therapy, she said at a meeting of the New Clinical Drug Evaluation Unit sponsored by the National Institutes for Mental Health.

"There does not appear to be a very large protective effect of continuing antipsychotic medications for an additional 48 weeks, once remission is achieved and functional recovery is underway," said Dr. Kafantaris, director of research in child and adolescent psychiatry at the Zucker Hillside Hospital, Glen Oaks, N.Y.

The single-center study was

funded by the National Institutes of Mental Health. Pharmaceutical companies donated the medications and matching placebos used in the trial. Dr. Kafantaris reported no other potential conflicts of interest.

The addition of a second-generation antipsychotic to treatment with a mood stabilizer has been shown to rapidly stabilize mania in children and adults, but it's unclear how long to continue this adjunctive use of antipsychotics once initial symptoms have resolved, she said.

Earlier case series in which patients were tapered off a second-generation antipsychotic after achieving therapeutic serum levels of lithium showed that reducing the antipsychotic dose after only a week or a month of lithium therapy led to high relapse rates, she said. In the current study, patients with bipolar disorder and psychotic features or severe aggression started with 6 months of open treatment using

lithium (and valproic acid if needed) for mood stabilization and a second-generation antipsychotic—initially olanzapine (Zyprexa), with switches permitted to risperidone (Risperdal) or quetiapine (Seroquel).

Weight gain was a problem during this open-treatment phase. "We had a very difficult time. We would switch from one atypical to a different one, and we really didn't see much benefit" in weight, she said.

At the end of the 6-month open treatment, patients could be randomized to blinded maintenance therapy if they'd had 8 weeks free of psychosis, physical aggression, mania, depression, and mixed mania-depressive episodes, if they had been in school for 8 weeks, and if they'd had consistent therapeutic levels of a mood stabilizer on blood tests.

Twelve patients continued their combined treatment regimen as maintenance therapy for 48 weeks. Nine patients tapered

off the antipsychotic over a 4-week period, replacing it with placebo, and continued on placebo plus mood stabilizers for 44 more weeks.

Compared with their prerandomization weights (after 6 months on open treatment), patients who continued the drug combination gained 4% in weight, and those on placebo and mood stabilizers lost 4% in weight after 48 weeks of maintenance therapy.

The investigators had hypothesized that remission would be maintained in 90% of the patients who continued the combination therapy and in 60% of the patients on placebo and mood stabilizers, but neither group came close to those expectations.

"There is a critical need for effective and well-tolerated maintenance medication strategies for this population," Dr. Kafantaris said. "They will likely have a high recurrence rate and require intensive mental health care for life." ■

Family-Focused Therapy May Benefit Bipolar Adolescents

BY CAROLYN SACHS
Contributing Writer

KOLOA, HAWAII — Two studies show encouraging results for the effectiveness of including family-focused therapy in the treatment of adolescents with bipolar disorder.

Although patients must be "stabilized and treated with the appropriate medication, clearly with bipolar adolescents I think that there's a huge need for the family to be there and be involved in the therapy," said W. Edward Craighead, Ph.D., the J. Rex Fuqua chair in child psychiatry at Emory University, Atlanta.

Speaking at a premeeting session of the annual meeting of the American College of Psychiatrists, Dr. Craighead referred first to a preliminary open study of 20 bipolar adolescent patients that he and his colleagues conducted over the course of 12 months (*J. Affect. Disord.* 2004;82:S113-28).

In the study, combined treatment with family-focused therapy (FFT) and medication was associated with much improved ratings by parents on the Child Behavior Checklist and reductions in the Schedule for Affective Disorders and Schizophrenia for School-Age Children depression and mania scores.

In bipolar patients, "medications are much better at reducing and managing the mania, but are not as good with the depression side," Dr. Craighead observed, adding that "what's encouraging about [FFT] is that the effect is primarily on the depressive side."

The second study of bipolar adoles-

cents, in which Dr. Craighead is also an investigator, is currently under review by a journal. This two-site study compared the effectiveness of FFT plus medication versus crisis-management intervention plus medication. "There was a significantly larger effect for FFT," he said, "and the primary effect was on fewer depressive symptoms over 2 years."

The results of this new study in adolescents support the findings of earlier trials that examined the effectiveness of FFT in bipolar adults. He described one such study—a randomized trial of 101 adults in which FFT with pharmacotherapy showed significant benefits over crisis management with pharmacotherapy in reducing symptoms of mood disorder (*Arch. Gen. Psychiatry* 2003;60:904-12).

Family-focused therapy, Dr. Craighead noted, involves 21 outpatient sessions in which patients and their families receive psychoeducation about bipolar disorder, communication enhancement training, and problem-solving skills training.

The treatment, developed by David Miklowitz, Ph.D., and the late Michael Goldstein, Ph.D., is described in their book "Bipolar Disorder: A Family-Focused Treatment Approach" (New York: The Guilford Press, 1997). Dr. Miklowitz's new edition of the book was published in April.

Dr. Craighead holds stock in, consults with, or has contractual arrangements with Forest Laboratories, NovaDel Pharma, and John Wiley & Sons. He also disclosed that he had received an honorarium from Forest Laboratories. ■

Teenage Bisexuality Associated With Risky Sexual Behaviors

BY MARY ELLEN SCHNEIDER
New York Bureau

NEW YORK — More than 10% of teens in New York City public high schools who have ever had intercourse reported bisexual behavior in a 2005 survey, according to a recent analysis.

Those teens reported a higher prevalence of risky behaviors, including lower rates of condom use and a greater number of sex partners, researchers from the New York City Department of Health and Mental Hygiene and the Centers for Disease Control and Prevention found.

The analysis is based on responses to the New York City Youth Risk Behavior Survey, a population-based survey of in-school adolescents. Of 1,881 males who reported ever having had intercourse, 94% reported opposite sex partners, 3% reported same-sex partners, and 3% reported partners of both sexes. Of 1,705 females who reported ever having had intercourse, 88% reported opposite sex partners, 3% reported same-sex partners, and 9% reported partners of both sexes.

Males and females were equally likely to report same-sex only behavior, but females were three times more likely to report bisexual behavior, Preeti Pathela, Dr.P.H., a research scientist at the New York City Department of Health and Mental Hygiene said at a joint conference of the American Sexually Transmitted Diseases Association and the British Association for Sexual Health and HIV.

Males who reported both male and female sex partners reported an earlier age of sexual debut, compared with hetero-

sexual and homosexual respondents. Males who reported partners of both sexes also were more likely than the other two groups to report a greater number of lifetime and recent sex partners. For males reporting sex in the previous 3 months, 83% of those with partners of both sexes reported sex with two or more partners, compared with 46% of those with opposite-sex partners, and 28% of those with same-sex partners.

About 28% of males with partners of both sexes reported condom use at last sex, compared with 77% of homosexual males and 79% of heterosexual males.

Among females, the patterns were somewhat different, Dr. Pathela said. Females with partners of both sexes and those with same-sex partners only were both more likely than those with opposite sex partners only to report a greater number of lifetime and recent sex partners. Females with partners of both sexes were also more likely than those with opposite sex partners only to report alcohol and drug use at last sex, she said.

The researchers also found that in many cases the sexual identity given by the respondents and the behaviors they reported did not match up. For example, they found the greatest discordance in males who had same-sex partners only but reported a heterosexual identity.

Discordant findings were even more striking in females, Dr. Pathela said. Among those reporting only female partners, 79% of girls identified as heterosexual but engaged in same-sex behaviors only and 13% whose sexual identity was bisexual engaged only in same-sex behaviors. ■