CLINICAL

Family Structure, Affective Disorders

The makeup of the family in which a child lives and stressful life events are associated with affective disorders at baseline and follow-up, reported Steven P. Cuffe, M.D., of the University of South Carolina, Columbia, and his colleagues.

The investigators interviewed 490 adolescents in grades 7-9 who scored in the top 10% on the Center for Epidemiological Studies Depression Scale. Six years later, the adolescents were interviewed again.

Dr. Cuffe and his colleagues found that not living with both biological parents at baseline was associated with a fourfold risk of an affective disorder at both time points (J. Am. Acad. Child Adolesc. Psychiatry 2005;44:121-9).

Undesirable life events and low family cohesion also were associated with affective disorders and with any psychiatric disorder at baseline, but not at follow-up—after controlling for gender, race, and socioeconomic status.

Improve Working Memory in ADHD

Computerized, systematic practice of working memory tasks improved working memory in a study of 53 children with attention deficit hyperactivity disorder, said Torkel Klingberg, M.D., of the Karolinska Institute, Stockholm (J. Am. Acad. Child Adolesc. Psychiatry 2005;44:177-86).

The children in this study, aged 7-12 years, met the criteria for ADHD but were not taking stimulants.

They were randomized to a 5-week intervention of daily working memory exercises, including videospatial and verbal tasks, done on a personal computer.

Those in the control group performed simple tasks that were unlikely to yield improvement.

The exercises took about 40 minutes to complete.

When the children were evaluated 3 months later, those in the treatment group showed significant improvement from baseline, compared with the controls.

Predictors of Marijuana Use

The presence of three factors—delinquency, school problems, and use of other substances by self or peers—significantly increased the risk of experimental and regular marijuana use in adolescents, reported Marianne B.M. van den Bree, Ph.D., of Cardiff (Wales) University, and Wallace B. Pickworth, Ph.D., formerly of the National Institutes of Health, Bethesda, Md.

In a logistic regression analysis of 13,718 teens aged 11-21 years who were part of the National Longitudinal Study of Adolescent Health, 28% of the 1,386 teens who scored in the upper third for the three risk factors tried marijuana in the following year.

That compared with 2% of a low-risk group (Arch. Gen. Psychiatry 2005;62:311-9)

Medical and Psychiatric Comorbidity

Coexisting medical illness appeared in 29,535 of 32,214 children aged 6-12 years who were diagnosed with at least one psychiatric disorder, reported Donald W.

CAPSULES

Spady, M.D., of the University of Alberta, Canada, and his associates.

Children with a psychiatric disorder were more likely to use health services, as well as nonpsychiatric medical services, than were children without a psychiatric disorder

The most common comorbid medical condition was developmental delay (41.5%).

The least common comorbid medical condition was skin disorders (7.2%) (Arch. Pediatr. Adolesc. Med. 2005; 159:231-7).

Problems related to pregnancy, contraception, and menstruation made up four of six categories with a greater than 20% prevalence.

The other two were developmental delay and poisoning.

Latinas and Eating Disorders

Latina adolescents, regardless of their country of origin, are at risk for developing anorexia nervosa and bulimia nervosa symptoms, reported Teresa Granillo and her associates at the University of Arizona, Tucson.

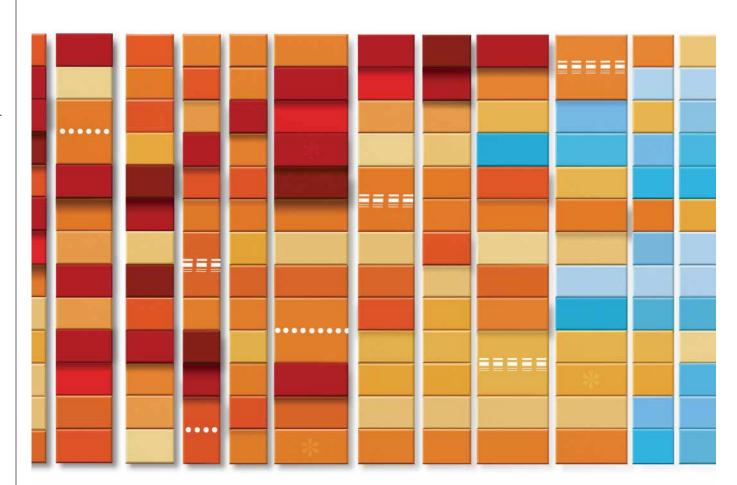
For the study, Ms. Granillo and her colleagues identified 1,866 Latina adolescents

aged 11-20 years from across the United States. A range of behavioral and biological eating disorder outcomes were examined.

Overall, 2.5% of the adolescent Latinas reported a body mass index of 17 or less, 5.5% had ceased menstruation, 53.3% reported dieting, and 1.9% had bulimic symptoms.

Further researcher should look at whether eating disorder services that have been developed primarily with white female adolescents in mind would be equally effective in treating Latina patients, the investigators said.

—Heidi Splete



Help your patients get out of mania.

Available Soon from Shire, an important new option for treating acute manic and mixed episodes associated with Bipolar I Disorder.

The most frequently observed adverse reactions, particularly during the initial phases of therapy, are dizziness, drowsiness, unsteadiness, nausea, and vomiting. Aplastic anemia and agranulocytosis have been reported in association with the use of carbamazepine. Reports of transient or persistent decreased platelet or white blood cell counts are not uncommon in association with the use of carbamazepine. However, the vast majority of the cases of leukopenia have not progressed to the more serious conditions of aplastic anemia or agranulocytosis. Nonetheless, complete pretreatment hematological testing should be obtained as a baseline. Discontinuation of the drug should be considered if any evidence of significant bone marrow depression develops.

Because the possibility of a suicide attempt is inherent in bipolar disorder, close supervision of high-risk patients should accompany drug therapy. Equetro $^{\text{TM}}$ is Pregnancy Category D.

Please see brief summary of Prescribing Information on the adjacent page.



carbamazepine

Capsules

extended-release

Equetro_m

Equetro[™] contains carbamazepine.
Please ensure patient is not taking any other form of carbamazepine.

1-800-828-2088

February 2005

EQJA010



Shire ©2005 Shire US Inc. Wayne, Pennsylvania 19087