Repeat Sex Talks With Teens Have More Influence Than One 'Big Talk'

BY HEIDI SPLETE
Senior Writer

Talking frequently with adolescents about sexuality is more effective than having one "big talk" and then ignoring the topic, data from a study of 312 adolescents show.

Given this, it makes sense to advise parents about the value of repeatedly discussing sexual topics with their adolescent children.

Previous studies have shown that parents can play a key role in promoting healthy sexual development in their adolescents, but most parents are uncomfortable talking about sex and prefer to have a single talk about the subject.

But regular, shorter conversations might be more effective at building a stronger bond with adolescents and reinforcing messages, reported Steven C. Martino, Ph.D., of Rand Corp. in Pittsburgh and his colleagues.

This study, the first to examine the role of repeated talks about sex on adolescents, included adolescents (52% girls, 48% boys) aged an average of 13 years and their parents who were randomized to an 8-week intervention to promote better communication.

The average age of the participating parents was 44 years, and 70% were women (Pediatrics 2008;121:3612-8).

The adolescents and parents completed surveys at the start of the study, and again at 1 week, 3 months, and 9 months after the intervention.

The researchers asked which of 22 sex-related topics the adolescents and parents had discussed, including, "How will you make decisions about whether to have sex" and, "What it feels like to have sex." They also asked the adolescents to answer questions about their relationship with the participating parent on a scale of 1 (terrible) to 7 (excellent).

Parents discussed an average of 7 of the 22 topics at baseline, and an average of 10 topics had been discussed repeatedly by the end of the study.

The parents in the control group completed the surveys but did not participate in the communication intervention.

Overall, repetition of sexual topics was significantly associated with an adolescent's perception of a close relationship with a parent, while the number of topics mentioned in a single talk or the number of talks had no apparent impact on relationship quality, the researchers said.

But that doesn't mean that addressing a range of sexual topics in one talk is negative.

Adolescents whose parents cover many topics during discussions about sex might be better equipped to make safe sexual decisions, compared with those whose parents limit discussions of sex to one or two topics, Dr. Martino and his associates said.

"Our results suggest, however, that parents who take a checklist approach to broadening their sexual discussions with their children are unlikely to have as great an influence on their children as parents who introduce new sexual topics and develop them through repeated discussions," they wrote.

The study was limited by the use of adolescent reports and the fact that the study subjects were participants in a communication improvement program, the researchers noted.

More research is needed to determine whether the results are applicable to a broader population. In addition, the researchers said that it is important for future studies to "establish the roles of breadth and repetition of parent-adolescent sexual communication in adolescent sexual risk taking." ■

Film Portrays Physician Depression, Suicides

KAUAI, HAWAII — U.S. physicians have among the highest suicide rates of any occupation in this country, and a 1-hour documentary has been made to illuminate this problem, Dr. Paula Clayton reported.

The hope is that the documentary, "Struggling in Silence: Physician Depression and Suicide," will foster a change in the practice and culture of medicine so that physicians begin to feel free to seek psychiatric help when they need it, Dr. Clayton, medical director of the American Foundation for Suicide Prevention (AFSP), said at the annual meeting of the American College of Psychiatrists.

According to a clip from the film shown at the meeting, 300-400 physicians commit suicide each year. The clip showed interviews with a medical student in San Diego, a surgeon from Arkansas, and a physician at Massachusetts General Hospital. The first two described their struggles with depression, and in the third interview, the physician discussed her difficulties in dealing with bipolar disorder. The film also includes interviews with two spouses who were survivors of husband physicians who committed suicide, Dr. Clayton said.

The film is scheduled to be aired on PBS stations in May, although the date had not yet been set at press time.

In addition, a set of slides related to the topic of the film is being developed that can be used at medical schools, in residency programs, and at hospitals, according to Dr. Clayton. Those slides will be available over the next few months.

From the larger film, a 13-minute short about the medical student also has been under development. "We lose about an entire medical school class a year—of physicians—to suicide every year." Dr. Clayton said.

"Struggling in Silence," created by AFSP, was partly funded by the American College of Physicians, Wyeth Pharmaceuticals, and proceeds from a fund-raising walk held in Boston, she said.

—Greg Muirhead

Atypical Expands Pediatric Bipolar Disorder Armamentarium

BY ELIZABETH MECHCATIE
Senior Writer

The Food and Drug Administration's approval of aripiprazole for the acute treatment of bipolar I disorder in children and adolescents is helpful for physicians and parents, according to an investigator in the study that led to the approval.

The agency approved the atypical antipsychotic aripiprazole (Abilify) for the treatment of manic and mixed episodes associated with bipolar I disorder in children and adolescents.

"When parents have questions now, they can look to the indication and the labeling to know what the common side effects are, how long it takes for the medicine to work, and what they can expect," Dr. Adelaide Robb, medical director of inpatient psychiatry at Children's National Medical Center, Washington, said in an interview.

The 4-week, multicenter U.S. study compared two fixed doses of aripiprazole to placebo in 296 outpatients, aged 10-17 years, who met DSM-IV criteria for bipolar I disorder manic or mixed episodes with or without psychotic features, and who had a Young Mania Rating Scale (YMRS) score of 20 or more at baseline.

After 4 weeks, improvements from baseline in the mean YMRS total score were significantly greater in patients titrated to a target dose of 10 mg or 30 mg, compared with those on placebo.

Both doses were effective in reducing manic symptoms, compared with placebo, as early as 1 week after treatment started, Dr. Robb said.

Aripiprazole, which was first approved for schizophrenia in 2002, is marketed by Bristol-Myers Squibb Co. and is manufactured by the Otsuka Pharmaceutical Co.

"What is exciting is that this is another labeled indication for pediatric bipolar disorder for ages 10 and up," said Dr. Robb, who is a speaker for BMS and a consultant to Otsuka.

After 4 weeks, the mean mania score improvement was significantly greater in patients titrated to a target dose of 10 mg or 30 mg, compared with placebo.

In the antipsychotic category, the only other drug approved for a pediatric bipolar indication is risperidone (Risperdal), and lithium is in the nonantipsychotic category, she pointed out. Neither divalproex sodium (Depakote) nor oxcarbazepine (Trileptal)—both anticonvulsants that have been approved for bipolar disorder in adults—has been approved for pediatric bipolar treatment because of negative trials, she added.

Risperidone was approved in August 2007 for the short-term treatment of bipolar mania associated with manic or mixed episodes of bipolar I disorder in children and adolescents aged 10-17 years. (It was also approved for treating schizophrenia in adolescents aged 13-17 years at that time.)

Olanzapine (Zyprexa) remains under review at the agency for the treatment of schizophrenia and bipolar disorder in adolescents aged 13-17 years, and the drug is considered "approvable" for those two indications.

In the 4-week aripiprazole study, the most common adverse effects that were observed in at least 5% of those who were in the two aripiprazole-treated groups combined and that were at least twice the rate observed in those on placebo were somnolence (23% vs. 3%), extrapyramidal disorder (20% vs. 3%), fatigue (11% vs. 4%), nausea (11% vs. 4%), akathisia (10% vs. 2%), blurred vision (8% vs. 0%), salivary hypersecretion (6% vs. 0%), and dizziness (5% vs. 1%).

Four of these side effects—extrapyramidal disorder, somnolence, akathisia, and salivary hypersecretion—were possibly related to the dose, as they were more common after 4 weeks of treatment among those on the 30-mg dose and were lowest among those on placebo, according to BMS and Otsuka.

Over the 4 weeks, 9.4% of those on the 30-mg dose gained at least 7% of their baseline weight, compared with 3.2% of those on the 10-mg dose and 3.3% of those on placebo.

Dr. Robb said that now that aripiprazole is approved for bipolar disorder and schizophrenia, a lot more safety data are available than when it was used off label for pediatric patients, based on experience in adults.

The pediatric bipolar indication does not include maintenance treatment. However, Dr. Robb said that the maintenance phase of the treatment trial has been completed, which showed that people continued to experience resolution of manic symptoms.

Dr. Robb said that the reauthorization of the Best Pharmaceuticals for Children Act by Congress will allow the continued expansion of knowledge about medications used in children and adolescents for psychiatric reasons.

Without this legislation—which provides incentives to pharmaceutical companies to study drugs in children and adolescents—these trials would not have been conducted, and providers would still be using adult experience to guide treatment in pediatric patients, Dr. Robb said. ■