order in adults.

Eli Lilly presented the results of a short-term study of 107 patients aged 13-17 with schizophrenia, comparing 2.5 mg to 20 mg per day of olanzapine to placebo over 4 weeks. The primary efficacy end point—the changes in the Brief Psychiatric Rating Scale-for Children (BPRS-C) total score from baseline to end point—found a significantly greater effect among those on olanzapine, with an effect size comparable to that seen in adult studies, according to the company.

In another study of 161 patients aged 13-17 years with bipolar disorder who were in an acute manic or mixed episode, those who received 2.5 mg to 20 mg per day of olanzapine had reductions in the Young Mania Rating Scale (YMRS) total score (the primary efficacy end point) that were significantly greater than the reductions seen among those on placebo, after 3 weeks of treatment.

In the two studies combined, sedation-related events were the most common adverse events associated with treatment (44% among those on olanzapine, compared with 9% of those on placebo), followed by increases in weight (almost 30%, compared with almost 6%, respectively), and increased appetite (24%, compared with 5.6%, respectively). Among those on olanzapine, 8% had elevated liver enzymes, compared with 1% of those on placebo.

The differences in these adverse events were all significantly greater among the patients who were taking olanzapine.

In addition to weight gain, increases in fasting glucose, fasting total cholesterol, fasting triglycerides, and prolactin levels have been documented in adolescents treated with olanzapine for 12 weeks or less, and for longer durations, according to Eli Lilly.

The increased risks of weight gain, hyperlipidemia, hyperglycemia, and hyperprolactinemia associated with olanzapine use in adolescents are included in the drug's label, even though the drug has not been approved for this age group. ■

Votes Mixed on Ziprasidone for Pediatric Bipolar

ADELPHI, MD. — The atypical antipsychotic ziprasidone is effective for the treatment of manic or mixed episodes associated with bipolar disorder in patients aged 10-17 years, a Food and Drug Administration panel advised.

At a meeting in June, the Psychopharmacologic Drugs Advisory Committee voted 12-2 on ziprasidone's efficacy, with 4 abstentions. However, many on the 18-member panel abstained from voting on whether the data had shown the drug was acceptably safe in treating this population. Eight panel members voted in favor of safety, and one panelist voted no on this question. Among the reasons the nine panelists cited for abstaining was that a large number of patients were lost to follow-up in the study.

They also cited ambiguous data on an increase in QTc intervals among children treated with the drug, and the need for more data overall. Study data were presented by Pfizer, which manufactures ziprasidone (Geodon). The drug is already approved for treating schizophrenia and bipolar disorder in adults.

The panel was not asked specifically to rule on whether to recommend approval for treatment of the pediatric population. The FDA usually follows the recommendations of its advisory panels.

At the meeting, study results were presented on 238 patients, aged 10-17 years, with bipolar disorder (manic or mixed episodes) treated with placebo or ziprasidone (40-80 mg/day for those under 45 kg; 80-160 mg/day for those 45 kg or more). Based on the primary efficacy end point—change from baseline in the Young Mania Rating Scale after 4 weeks—there was a highly significant treatment effect similar to the changes observed in studies of adults, according to Pfizer.

Ziprasidone was generally well tolerated over 4 weeks, and for up to 26 weeks in an open-label study. The adverse event profile was similar to that seen in adults, with the exception of sedation and somnolence, which were more common in the pediatric population.

The rate of extrapyramidal symptoms was 24% among those on ziprasidone, compared with almost 8% among placebo. There were no completed suicides, and no increase in suicidality among those on ziprasidone.

In the short-term pediatric study, 3.6% of those on ziprasidone had a QTc interval increase of more than 450 msecs vs. 1.2% of those on placebo, Pfizer said.

—Elizabeth Mechcatie