Data Scant on Tx for Young Opioid Abusers

BY JEFF EVANS
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BETHESDA, MD. — Very little published evidence exists to back treatments for adolescents with opioid abuse or dependence.

In addition, those adolescents appear to have characteristics that differ from those abusing or dependent on marijuana or alcohol, Dr. Geetha Subramaniam reported at the annual conference of the Association for Medical Education and Research in Substance Abuse.

Most of the studies on treatments for adolescent opioid users were published in the 1960s and 1970s, and included no randomized trials or control groups (J. Subst. Abuse Treat. 2002;23:231-7), said Dr. Subramaniam of Johns Hopkins University, Baltimore.

Methadone maintenance treatment is known to work for adolescents if it is given for a long enough period of time and in high enough doses. But it is tough for patients under age 18 to qualify for methadone maintenance treatment and to find a provider who is willing to treat them.

Even for adult patients, many physicians are uncomfortable with prescribing methadone because of concerns about addiction.

For adolescents, drug-free treatment in therapeutic communities for up to 6 months is known to be effective. But in many cases, it is not cost effective to place a patient in residential treatment for 6 months, Dr. Subramaniam pointed out.

In a recently published randomized, controlled trial of 36 adolescent opioid users who participated in a 28-day course of detoxification, a significantly greater percentage of patients who received 6-8 mg of buprenorphine remained in treatment (72%) and had a higher percentage of opioid-negative urine samples (64%) than did patients who received 0.1-0.3 mg of clonidine (39% and 32%, respectively) (Arch. Gen. Psychiatry 2005;62:1157-64).

Another trial is enrolling heroin-addicted patients 14-21 years old to compare a 12-week course of buprenorphine and naloxone (the combination is marketed as Suboxone) with a standard 2-week course of Suboxone.

Adult opioid users have had success with psychosocial treatments in outpatient (cognitive-behavioral therapy, contingency management, or self-help groups) or residential settings (therapeutic community). For those patients, methadone maintenance treatment has been shown to reduce opiate use and mortality. But researchers have not conducted any treatment trials comparing psychosocial treatments for opioid users who are adolescents.

The few published U.S. studies of comorbidities in adolescents with opioid use disorders are limited by their focus on heroin or opioid users rather than on those who had progressed to abuse and dependence, Dr. Subramaniam said.

Those studies found that most users were male and white, came from single-family homes, and had psychiatric and legal problems.

The reports showed that most of the adolescents used other drugs, and about half injected drugs.

At Johns Hopkins, Dr. Subramaniam is conducting a study examining the differences between adolescents diagnosed with an opioid use disorder and those diagnosed with a marijuana and/or alcohol use disorder. The diagnosis of a "use disorder" connotes drug abuse or dependence.

Trials comparing psychosocial treatments for adolescent opioid users have not been conducted.

DR. SUBRAMANIAM

Dr. Subramaniam presented results on 40 patients in each group; about 100 patients are expected to be recruited for each arm of the study. The patients are matched for age, gender, inpatient and outpatient status, and cocaine use in the past 30 days.

Whites made up a significantly higher percentage of opioid users (95%) than marijuana/alcohol users (48%). Dropout rates from school were significantly higher in opioid users (70%) than marijuana/alcohol users (33%). The average age of the patients in each group was about 17 years.

Most (65%) of the adolescents with opioid use disorder named heroin, oxycodone, or other opiates as their drug of first choice, but 19% called cocaine their first choice. Most (73%) patients in the comparison group reported marijuana as their drug of first choice, followed by cocaine and then alcohol.

Patients in both groups first began regularly using marijuana (about 14 years) and alcohol (13.2-13.5 years) at a similar average age. But patients with opioid use disorders began regularly using opioids and cocaine at a significantly younger age (15.2 years and 15.7 years, respectively) than patients in the comparison group (16.8 years for both).

"Somehow [patients with opioid use disorder are] gravitating into harder drugs much earlier" than the comparison group, Dr. Subramaniam said. "What facilitates this kind of trajectory, I don't know, but that is an important point for us to think about."

In the past year, patients with an opioid use disorder had a concomitant cocaine or sedative use disorder in a significantly higher percentage of cases than those with marijuana/alcohol use disorders. Both groups had high, but not significantly different, prevalences of psychiatric diagnoses in the past year.

Opioid users had engaged in behaviors in the past 30 days that put them at risk for HIV at significantly higher rates than patients in the comparison group, including injection drug use (43% vs. 3%) and never using condoms (38% vs. 18%).

Opioid users reported driving under the influence of any drug on an average of 97 occasions during the previous 90 days, which was significantly more than the average of 34 occasions reported by patients in the comparison group.

Opioid users may be using drugs to treat withdrawal symptoms to make them feel better before they go to work, Dr. Subramaniam said at the conference, which was also sponsored by Brown Medical School. ■

CLINICAL CAPSULES

Atomoxetine vs. Methylphenidate

Once-daily atomoxetine is just as effective as twice-daily methylphenidate in reducing symptoms of attention-deficit hyperactivity disorder in children, Dr. Yufeng Wang of Beijing Medical University reported in a poster at the joint annual meeting of the American Academy of Child and Adolescent Psychiatry and the Canadian Academy of Child and Adolescent Psychiatry.

However, the study, funded by Eli Lilly & Co., concluded that treatment-emergent adverse events, including anorexia, nausea, somnolence, dizziness, and vomiting, were significantly more common among those taking atomoxetine.

The study involved a total of 330 children aged 6-16 years from China, Mexico, and Korea who were randomized to either once-daily atomoxetine (0.8-1.8 mg/kg per day) or twice-daily methylphenidate (0.2-0.5 mg/kg per day).

Responders were those who experienced at least a 40% reduction from baseline symptom scores as measured by the parents' ADHD Rating Scale.

Response rates were 77% for atomoxetine and 81% for methylphenidate—not a statistically significant difference.

The total score changes on the parents' ADHD Rating Scale were similar for both atomoxetine and methylphenidate (38 vs. 37, respectively), as were the score changes on the inattention and hyperactivity subscales. Changes on the Connors Parent Rating Scale and the Clinical Global Impressions scale also were similar for both groups.

Sleep Disturbance and Headache

Twenty percent of children with episodic headaches have at least one symptom of sleep disturbance, according to a poster presented by Dr. Lenora M. Lehwald at a conference on sleep disorders in infancy and childhood, sponsored by the Annenberg Center for Health Sciences.

The incidence of sleep disturbance rises to 67% among children with chronic daily headache. These findings suggest that sleep disturbance should be considered in any child with headache, wrote Dr. Lehwald and her colleagues at the Mayo Clinic, Rochester, Minn.

In several cases, the investigators noted a close temporal relationship between the appearance of a sleep difficulty and the transformation of episodic migraine to chronic daily headache. This suggests that attention to sleep hygiene and early identification of sleep difficulties in children with episodic migraine may prevent that transformation.

The study involved a comprehensive chart review of 200 consecutive patients from a pediatric neurology practice who were diagnosed with chronic daily headache, migraine with aura, or migraine without aura.

The average age of the chronic daily headache patients was 14.6 years, and that of the migraine patients was 11.8 years, Dr. Lehwald reported.

After the investigators controlled for age and gender, patients with chronic daily headache were 6.4-fold more likely to have a sleep disturbance than were patients with episodic migraine.

This odds ratio was statistically significant.

Impact of Parents on Teens

Parents with social anxiety and depressive symptoms are more likely to have adolescents with social phobia diagnoses, according to data on 471 adolescents and their parents reported by psychology graduate student Emily R. Anderson and her colleagues at the University of Nebraska, Lincoln.

Parents with high levels of social anxiety may overreport anxiety in their adolescents, although the children themselves may not endorse such symptoms, the investigators wrote in a poster presented at the annual meeting of the Association for Behavioral and Cognitive Therapies.

The study covered 223 boys and 248 girls aged 13-17 years living in the Midwest; 90% were white.

Investigators assessed the adolescents using several measures: the Brief Fear of Negative Evaluation scale, the Social Avoidance and Distress scale, the Social Phobia and Anxiety Inventory, the Beck Depression Inventory, and the Anxiety Disorders Interview Schedule for DSM-IV.

The young people were then subdivided into three groups based on how they were diagnosed for social phobia: parental interviews, adolescent interviews, and both parent and adolescent interviews.

About 50 adolescents in the study met criteria for social phobia on each diagnostic scale based on parental interviews and parental/adolescent interviews, and about 25 met these criteria based on adolescent interviews only, according to Ms. Anderson.

Parents whose adolescents were diagnosed with social phobia based only on parent interviews, or on both parent and adolescent interviews, scored significantly higher on three scales, compared with parents whose adolescents were not diagnosed with social phobia or diagnosed based on adolescent interviews alone, the investigators found.

—From staff reports