PDA Screener Helps Enrich Adolescent Visit

BY MICHELE G. SULLIVAN Mid-Atlantic Bureau

SAN FRANCISCO — Teens who filled out a personal digital assistant health screen before their physician visit reported better communication with their doctor and higher overall satisfaction with their visit, Cecelia Gaffney said at the annual meeting of the Society of Behavioral Medicine.

The PDA screener is a good tool for organizing the adolescent visit, said Ms. Gaffney, a researcher at Dartmouth-Hitchcock Medical Center in Lebanon, N.H. Teens have a lot of things they want to discuss with their doctors, but most of them never get addressed during a typical 15-minute visit. We wanted to use technology to optimize the time physicians would have to discuss behavioral issues."

The project, funded by the Robert Wood Johnson Foundation as part of the

The 8-month study looked at 1,024 adolescents, aged 11-19 years. The 90question screen included entertaining 'health factoids.' national "Prescription Health" program," incorporated a 90question adolescent health screen loaded onto PDAs. screen—based on the American Medical Association's Guidelines for Adolescent Pre-

ventive Services—also included questions about sports and cardiovascular risk, questions designed to assess readiness-tochange factors, a statement of confidentiality, and entertaining "health factoids" that popped up between questions.

Ninety questions is a lot, but most kids didn't have to answer all of them," Ms. Gaffney said. The questions were branching, so if a teen answered "no" to a particular health risk, none of the related questions appeared.

The 8-month study included 1,024 adolescents, aged 11-19 years. In addition to completing the PDA screen, subjects also completed a survey before and after their physician visit. The survey assessed factors such as how well teens felt their physician listened to them, how often they got to address all their topics of concern, and how confidential they felt their conversations were. Physicians reviewed the results before seeing each patient.

About half of each group had one or two health risk factors. Three to five risk factors were present in 28% of 11- to 14year-olds and in 35% of 15- to 19-year-olds. Only 21% of the younger group and 12% of the older group screened negative for

About one-third of the subjects screened positive for at least one symptom of depression. The screen for the older group included a drug/alcohol risk assessment; 50% said they had used alcohol or drugs within the past month, and 15% screened positive for a potential drug or alcohol problem.

The screen showed that most subjects

were getting adequate milk intake, but more than half didn't eat adequate amounts of fruits and vegetables. Time spent watching television was higher in the younger group, whereas the older teens reported spending more time on the computer and playing video games.

The readiness-to-change assessment showed that most subjects were highly confident of their abilities to change health behaviors, even if they had never attempted any changes.

Exit surveys showed that the screener significantly increased the subjects' perceptions of communication and trust in their physician. Before the visit, 63% said their physician listened well to them; after the visit, that number increased to 68%. The percentage who felt their doctor-patient conversation was confidential rose from 61% to 84%. Before the visit, 89% said they usually get to address all their concerns with their physician; after the visit, 98% said they discussed everything they wanted to. The PDA also increased the number of adolescents who thought the physician was the right person to go to as a resource, Ms. Gaffney said.

Physicians involved in the study liked the PDA screener, she added. Physicians "were able to give reinforcement for the positive behaviors the kids reported and focus more on the risk factors," she said. The conversation started at the beginning of the visit, so the physicians spent more time counseling without making the visit longer.



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The efficacy of Daytrana was established in clinical trials in children aged 6 to 12 years¹



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Sudden death has been reported in association with CNS stimulant treatment at usual doses in children and adolescents with structural cardiac abnormalities or other serious heart problems. Sudden deaths, stroke, and myocardial infarction have been reported in adults taking stimulant drugs at usual doses in ADHD. Physicians should take a careful patient history, including family history, and physical exam to assess the presence of cardiac disease. Patients who report symptoms of cardiac disease such as exertional chest pain and unexplained syncope should be promptly evaluated. Use with caution in patients whose underlying medical condition might be affected by increases in blood pressure or heart rate.

New psychosis, mania, aggression, growth suppression, and visual disturbances have been associated with the use of stimulants. Use with caution in patients with a history of: psychosis; EEG abnormalities; bipolar disorder; depression. Growth and hematologic monitoring is advised during prolonged treatment. Patients should avoid applying external heat to the Daytrana patch. Skin irritation or contact sensitization may occur.

Daytrana should be given cautiously to patients with a history of drug dependence and alcoholism. Chronic abuse can lead to marked tolerance and psychological dependence. Frank psychotic episodes can occur, especially with parenteral abuse. Careful supervision is required during withdrawal from abusive use, since severe depression may occur. Withdrawal following chronic therapeutic use may unmask symptoms of the underlying disorder.

Common adverse events reported by patients who received Daytrana in clinical trials were decreased appetite, insomnia, nausea, vomiting, decreased weight, tics, affect lability, and anorexia, consistent with adverse events commonly associated with the use of methylphenidate.

Please see Brief Summary of Prescribing Information on adjacent page, including Boxed Warning.

References: 1. Doynara [package insert]. Wayne, Pa: Shire US Inc; 2006. 2. McGough IJ, Wigal SB, Abikoff H, et al. A randomized, double-blind, placebo-controlled, laboratory classroom assessment of methylphenidate transdermal system in children with AOHD. J Atten Disord. 2006;9.476-485.

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