Watch for Growth Slowdown With Stimulants

BY JEFF EVANS
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NEW YORK — Significant growth slowdown during treatment with stimulants may occur in a small subset of children who require closer monitoring and referral, Dr. Harold E. Carlson said at a psychopharmacology update sponsored by the American Academy of Child and Adolescent Psychiatry.

Height velocity, or yearly growth, typically slows for the first few years of stimulant therapy and then resumes at a nearly normal rate, said Dr. Carlson, head of endocrinology at the State University of New York at Stony Brook.

Final adult height is usually normal with long-term use of stimulants. However, a small subset of patients, perhaps 10%, have a more significant slowdown of growth, Dr. Carlson said.

"I don't think anybody has a good handle on how many [children experience this significant slowdown], and we certainly don't have a good idea as to how to identify them ahead of time," he said.

Because the secretion of growth hormone in these children is normal, researchers have speculated that the slowdown may be related to a decrease in food intake while on stimulants. "That's probably it," Dr. Carlson suggested, because "people on stimulants, especially on higher doses, often lose their appetite."

The slowdown of growth is greater in prepubertal children, boys, children who are taller or overweight, and children who use sustained-release formulations.

Dr. Carlson advised obtaining prior growth records and measuring the height and weight of children before beginning stimulants. Height and weight should be measured and plotted every 6 months while on treatment. A decrease of more than one standard deviation in height for age while on treatment should prompt consultation to exclude other disorders. ■

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nephrine reuptake inhibitor. Those cases, which are now under review, involve arrhythmias, syncope, cardiac arrest, MI, and stroke in pediatric and adult patients, Dr. Gelperin said.

Reports of sudden deaths in 12 children and 8 adults on the amphetamine products Adderall and Adderall XR resulted in a label change in August 2004 and a warning about its use in adults and children with structural heart anomalies. Those drugs were taken off the market temporarily in Canada.

Short-term studies that measure the effects of these drugs on blood pressure and pulse are among the panel recommendations for studying this potential risk in children and adults. Another suggestion was a study that would evaluate left ventricular wall/myocardial thickness in people who have been on these drugs for a period of time with echocardiograms, comparing them with similar people who have not been on the drugs.

Dr. John Moore, director of the diagnostic and interventional catheterization program in the division of pediatric cardiology at Mattel Children's Hospital at the University of California, Los Angeles, suggested a study in children with cardiovascular risk factors. About 40%-50% of children with congenital heart disease have ADHD, but only about 10% of them are treated because practitioners are nervous about prescribing these drugs.

At the press conference held after the meeting, Dr. Robert Temple, director of the FDA's Office of Drug Evaluation—which includes psychiatric drugs—said that the agency would review the panel's comments and that the same issues would be brought before the pediatric advisory panel this month. He added that any conclusion about how to label the drugs has to take into account that overstating potential risks can be harmful and can frighten people. He added that ADHD is a serious condition, a point acknowledged by panel members.

He described the information available as a complicated "mélange" of data on sudden death, which has a degree of uncertainty; the properties of the drugs, which can raise blood pressure and heart rate and can result in adverse effects in patients with heart failure; fairly good certainty about the pharmacologic effects of the drugs; and uncertainty about what the consequences of the pharmacologic effects might mean.

"We're going to have to sort all that out," Dr. Temple said. ■