Give Teens With ADHD Control; Gain Compliance

BY FRAN LOWRY
Orlando Bureau

ATLANTA — Adolescents with attention-deficit hyperactivity disorder need to be listened to by their physicians and given a sense of being in control of their lives and their therapy, Dr. Howard Schubiner said at the annual meeting of the American Academy of Pediatrics.

This approach tends to improve compliance, increase motivation, and create an atmosphere for success for the adolescent. Teenagers must be made to feel that they are respected and that they are equal partners with their physicians in terms of deciding whether, or when, they will take ADHD medications, said Dr. Schubiner of Providence Hospital, Southfield, Mich.

Find something to help you connect with the patient; ask what they are good at, and get them to show you their strengths.

DR. SCHUBINER

ADHD can impair a teen's chances of success in life if it is not treated. It is true that adolescents can be difficult to reach, but if the physician makes an effort to "really listen to them, find out what they are good at and what they like to do, encourage them to pursue positive activities, and believe in them, they tend to do well," said Dr. Schubiner, who specializes in treating children, adolescents, and adults with ADHD.

A plethora of studies has demonstrated that taking stimulants improves distractibility, fidgeting, parent-child interactions, and problem-solving activities with a child's peers. The studies also have shown that academic progress often is dramatically improved, and that spelling, math, and reading skills are enhanced when children with ADHD take appropriate medications, said Dr. Schubiner, who disclosed that he is a member of the speakers' bureau for McNeil and Shire pharmaceutical companies.

Dr. Schubiner stressed the importance of rolling with a teen's resistance and never pushing medication use. He gave the following tips on ways to manage patients:

► **First, explain what ADHD is.** "I explain that ADHD has no relation to intelligence, that it is a mild disability. Take myself, for example. I wear glasses. If I didn't have them, I wouldn't have been able to go to medical school and become a doctor. So my glasses have allowed me to use my potential. It is the same with you and medications for ADHD. You have potential, and you can realize your potential if you are successfully treated."

► **Ask the patients what they are good at.** "That is the most important question. I don't care if it's video games. I found out that one of my patients was interested in NASCAR racing, so I asked who was his favorite driver, what was that driver doing, and so on. The critical thing is to find something that you can connect with these kids on, to get them to show you their strengths." I encourage them to recognize how they have been successful at learning new skills, such as video games, NASCAR, dance, art, or music, and show them that these same skills can help them in school or in any endeavor.

► **Reassure them they can stop taking their medication any time they want.** I treat a lot of people with medication because it works. I tell them, "I don't care if you take the medication or not. It doesn't matter to me. But I care that you achieve your goals. I use medications because they usually help teenagers achieve their goals. But if you don't want to take medications, that's fine. We can discuss how you plan on achieving your goals without it. If you ever want to stop your medication, just let me know."

► **Put the patients in control.** I tell them, "If you choose to try medications for ADHD, I will work with you very closely to ensure that there is benefit and there are no side effects, because I wouldn't want to give you any medications if you're not being helped or you are having any side effects." Dr. Schubiner said that he has zero tolerance for side effects, and emphasizes to his patients that side effects simply mean that they are not on the right dose, or not on the right medication.

Common stimulant side effects include headache, insomnia, decreased appetite, dry mouth, and feeling sweaty, jittery, or spaced out. Rare side effects include tics, psychosis, seizures, glaucoma, arrhythmia, and sudden cardiac death. The rate of sudden cardiac death in children taking ADHD medication is 0.4 per 100,000 person-years. But the rate of sudden cardiac death in the general population of children is 1.5 to 8.3 per 100,000 person-years. So it's actually higher in the general pediatric population," Dr. Schubiner said. ■

Comorbidity to ADHD Plays Into How Preschoolers Respond to Rx

BY DOUG BRUNK
San Diego Bureau

SAN DIEGO — Preschool children with attention-deficit hyperactivity disorder who had three or more comorbid disorders responded less favorably to 5 weeks of methylphenidate treatment, compared with children who had fewer comorbid disorders, a randomized study shows.

Dr. Jaswinder K. Ghuman reported the findings of a secondary analysis of the National Institute of Mental Health Preschool and Treatment Study (PATS) at the annual meeting of the American Academy of Child and Adolescent Psychiatry. Dr. Ghuman and her associates examined baseline characteristics of methylphenidate treatment response in 165 children aged 3.5-5 years who were randomized to methylphenidate over a 5-week period. The doses ranged from 7.5 mg/day to 22 mg/day.

Of the 165 children, 47 (28%) had no comorbid disorder, 69 (42%) had 2 comorbid disorders, and 15 (9%) had 3-4 comorbid disorders, reported Dr. Ghuman, who directs the infant and preschool program in the division of child and adolescent psychiatry at the University of Arizona in Tucson. Oppositional defiant disorder was the most common comorbid disorder, followed by communication disorders and anxiety disorder.

She and her associates found that study participants who had three or more comorbid disorders responded less favorably to 5 weeks of methylphenidate treatment, compared with those who had two, one, or no comorbid disorders. They also found no evidence that age, ethnicity, gender, intelligence quotient, ADHD subtype and severity, or the mother's education level influenced treatment outcome.

In a separate presentation at the meeting, Howard Abikoff, Ph.D., discussed a subset analysis of 114 children in the PATS who improved with methylphenidate treatment. Of the 114 children, 61 received methylphenidate and 53 received placebo over a period of 4 weeks.

He and his associates compared the two groups of children to see whether methylphenidate improved children's social skills, classroom behavior, and ratings of parenting stress. At baseline and at week 4, they administered the Strengths and Weaknesses of ADHD Symptoms and Normal Behavior (SWAN) scale, the Social Competence Scale (SCS), the Parenting Stress Index (PSI), and the Clinical Global Impression-Severity (CGI-S) scale.

Of the 114 children, 24 in the placebo group and 9 in the treatment group dropped out because their behavior deteriorated, said Dr. Abikoff, who directs the Institute for Attention Deficit and Hyperactivity and Behavior Disorders at New York University, New York.

Dr. Abikoff reported that the placebo and treatment groups did not differ significantly in the parent SWAN, SCS, and PSI ratings, or in the SWAN teacher ratings. However, teachers rated children in the treatment group as significantly improved on the SCS, compared with their peers in the placebo group. ■

Tool Screens IVF Candidates For Mental Impact of Failure

BY KATE JOHNSON
Montreal Bureau

NEW ORLEANS — The majority of women who are at risk for anxiety and depression following a failed in vitro fertilization cycle can be identified by a one-page screening questionnaire administered before treatment, Christianne M. Verhaak, Ph.D., reported at the annual meeting of the American Society for Reproductive Medicine.

"If you can identify who is at risk before the start of treatment you can offer them tailored intervention in time to prevent future emotional problems," said Dr. Verhaak, a clinical psychologist at Radboud University Nijmegen Medical Center in the Netherlands.

Simply informing patients about the emotional impact of unsuccessful treatment can help them prepare appropriately. "For most patients and their families, the emotional impact of infertility is unknown because it is still not easy for people to talk about," she said in an interview.

Her study followed 400 women who were starting in vitro fertilization (IVF) cycles at eight different fertility clinics in the Netherlands. Psychological questionnaires were administered before treatment, after each IVF cycle, and 6 months after the last IVF cycle. The questionnaires included the short version Spielberger State Trait Anxiety Inventory (STAI) to assess state anxiety, the Beck Depression Inventory (BDI) to assess depression, the Illness cognition questionnaire to assess cognitions of helplessness and acceptance regarding infertility, and a social support inventory.

Six months after the end of all IVF treatment, 20% of the women who had failed to become pregnant showed clinically relevant levels of anxiety and 25% showed clinically relevant levels of depression, reported Dr. Verhaak. "What is important is that in these women no recovery had taken place since the end of treatment."

The study found five pretreatment risk factors that were associated with persistent emotional problems after treatment: anxiety, depression, cognitions of helplessness, reduced cognitions of acceptance, and lack of social support. Patients with at least one of these risk factors had a fourfold chance of developing posttreatment emotional problems compared with patients who had no risk factors, she said.

The researchers then developed a one-page screening tool to identify these risk factors before treatment and validated the tool in a separate group of 512 patients. They found the screening tool identified 74% of the overall cohort correctly as either at risk or not—with a sensitivity of 69% and a specificity of 79%. The sensitivity increased to 70% and the specificity to 87% in the subgroup of women who did not get pregnant.

Dr. Verhaak said the findings suggest that screening all patients is worthwhile before they start IVF—this would include both those with primary and secondary infertility. "The longing for a second child is the same as the longing for a first child, and the emotional impact of not getting pregnant is the same in both cases," she said. ■