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Background: The neuropsychological functioning of individuals with ADHD has been extensively studied in childhood but not as well in adults. Although the neuropsychological functioning of adults with ADHD has been studied, the quality, quantity and strength of these data are only conclusive in specific areas of functioning such as working memory and response inhibition but not as to the effects of treatment in the neuropsychological functioning of adults with ADHD.

Aims: To assess the effect of a licensed treatment for Adults with ADHD in the neuropsychological functioning of Adults with ADHD.

Methods: We measured the severity of symptoms of patients with a diagnosis of Adult ADHD using the Conners’ Adult ADHD Rating Scale (CAARS) and changes in the integrative capacity of their central nervous system by measuring changes in their Critical Flicker Fusion (CFR) threshold. Two measurements were taken, one at baseline and a second four weeks later after treatment with 80 mg daily of the noradrenaline uptake inhibitor atomoxetine. The CAARS was measured by the same trained investigator.

Results: There was no significant change in the CFR threshold before and after treatment with atomoxetine in 4 weeks (mean before: 33.85 Hz, mean after: 33.89 Hz, p = 0.98). There was a reduction of 21.6 units in CAARS, which is statistically significant (mean before: 39, mean after: 17.4, p = 0.004).

Conclusions: Atomoxetine is a clinically efficacious treatment for adults with ADHD with four weeks of treatment. This effect is delivered without affecting cortical activity, and this is reflected in its mechanism of action. The speed of processing and the integrative capacity of the central nervous system do not seem to be affected by atomoxetine despite statistically and clinically significant improvement. Improvement of ADHD symptomatology may not be related to cortical activity and more specific tests of assessing cortical functioning may produce better results.

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The Food and Drug Administration (FDA) approved Levetiracetam on November 1999. Recent studies have demonstrated the utility of Levetiracetam (Keppra) for treatment of partial seizures in children. Some studies have reported that Levetiracetam may also be useful in some patients with absence, generalized or myoclonic seizures. According to some reports, Levetiracetam has been considered as a potential option for children with treatment resistant partial seizures.

In children, according to some recent reports, Levetiracetam should be initiated at a dose of 10 mg/kg/day divided and given twice daily. The dose may be increased by 5 to 10 mg/kg/day increment every 2 weeks as needed, up to 40 mg/kg/day. In patients with moderate to severe renal dysfunction, 505, still given twice daily, should reduce the dose of Levetiracetam.

Some advantages of Levetiracetam over other antiepileptic drugs include relatively benign adverse effects, no drug interaction with other anticonvulsants, a wide margin of safety with no requirements of serum drug concentration monitoring. Keppra appears to have less adverse effects on cognitive function than traditional drugs.

The most frequent adverse effects in children have been reported to be anorexia, headache somnolence and adverse neuropsychiatric symptoms including agitation, apathy, anxiety, hostility, emotional liability, and depression. Some adverse effects are seen most frequently in the first month of therapy and typically lessen or resolve with continued treatment. Based on some studies, the onset of symptoms ranged from 2 days to 3 months after starting Levetiracetam.

Observations suggest that slower dose titration, beginning at 10 mg/kg/day and increasing to 20 mg/kg/day over 4 weeks may be beneficial in preventing some adverse effects, particularly in children predisposed to neuropsychiatric symptoms.

Levetiracetam has been associated with minor changes in hematologic studies in patients. Decreases in hemoglobin, red blood cell counts, hematocrit, white blood cell counts, and neutrophil count have been reported in some patients in premarketing trials.

Patients requiring discontinuation of therapy should have their Levetiracetam dose slowly tapered over the course of 2–4 weeks to prevent withdrawal seizures.

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walking activity was introduced at a psychiatric inpatient unit in Geelong, Australia. The efficacy of the walking program at improving psychiatric outcomes is assessed in this study.

Methods: Inpatients at a private psychiatric unit were offered the opportunity to participate in a daily morning 40-minute walk led by an activity supervisor. The patients were equally encouraged to participate in all group program activities, which in addition to the walking group, also included art, relaxation, music and psycho-educational sessions. After discharge, outcomes for patients who had regularly participated in the walking group (N = 35) and patients who had not participated (N = 49) were compared for length of stay during their period of admission, Clinical Global Impression-Severity (CGI-S) and Depression Anxiety Stress Scales (DASS) scores as measured at admission and discharge. This was a naturalistic study and had no exclusion criteria or randomisation.

Results: There were no significant differences between the two cohorts on most primary outcome measures, including length of stay, DASS scores at admission and at discharge and CGI-S scores at admission. Patients who had not participated in the walking group had a significantly lower score on a single measure, the CGI-S, than patients who had participated (p < 0.001).

Conclusions: This study does not support the hypothesis that participating in the walking program would result in improvement in the outcomes measured. However, interpretation of these results has to take into consideration a number of limitations in study design, such as the small sample size, selection bias relating to patient variables such as psychiatric diagnosis and physical comorbidities, lack of variable control and randomisation, and the use of broad outcome measures. The finding of a significantly higher CGI-S outcome for non-participants of the walking group is of interest. This may reflect an overriding therapeutic effect from other measures, such as psychological and pharmacological interventions, and the other non-exercise-based group activities, or there could be a recruitment bias where patients with more persistent symptoms are attracted to the walking group. This study nevertheless suggests that a physical activities program is well received by patients in the inpatient setting. Randomised, controlled trials of adequate power are required to determine whether offering a physical activity program in a psychiatric inpatient facility may be useful.


P03.117 POST-MARKETING SURVEILLANCE OF ESCITALOPRAM IN DEPRESSIVE OUTPATIENTS

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Objective: The objective of the current study was to evaluate the efficacy and tolerability of escitalopram in the treatment of depressed outpatients under naturalistic conditions.

Methods: In this open-label post-marketing surveillance study in Germany, patients were treated with escitalopram according to the package insert and were observed at the start of treatment (baseline), at the end of the second and 8 weeks of treatment. The main efficacy measures were the Clinical Global Impression-Severity (CGI-S) scale and the short version of the Montgomery-Åsberg Depression Rating Scale (MADRS).

Results: A total of 11,760 patients were included, 99% of whom completed the 8-week treatment period. The majority of patients were moderately to markedly ill based on their baseline CGI-S (mean 4.7) and MADRS total (mean 31.8) scores.

At baseline, 82.8% of the patients started with a daily dose of 10 mg, 12.1% with 20 mg. At week 8, 64% of the patients were on a dose of 10 mg and 32.5% on 20 mg/day escitalopram. During the course of the study, the patients showed a clear improvement in the general severity of illness, as well as their severity of depression, with scores of 3.1 and 12.5 on CGI-S and MADRS, respectively (last-observation-carried-forward). Response (MADRS total score decreased by at least 50%) was reached by 69.7% of patients, remission (MADRS total score <12) by 56.8% of patients at week 8. A sub-group analysis based on sex or age (above or below 65 years) showed a good therapeutic effect in all subgroups. The most frequent adverse reactions reported were nausea (1.7%), anxiety (0.7%), and dizziness (0.6%).

Conclusions: This study of the large open-label study confirm under naturalistic conditions the therapeutic efficacy and good tolerability of escitalopram in the treatment of depression.