

Atypical Antipsychotic Adherence in Adolescents

Atypical antipsychotics are now used for the treatment of mood disorders in a wide variety of patients. While several studies have focused on the safety and efficacy of antipsychotics in adults, data are lacking regarding adolescent patients. Additionally, adherence rates and predictive factors that are associated with adherence have not been thoroughly investigated. This study, by David L. Pogge, PhD, Four Winds Hospital, Katonah, NY, and colleagues, evaluated 156 adolescent patients with mood disorders 120 days following discharge from their first inpatient admission.

All patients were taking either aripiprazole (n=96) or quetiapine (n=60) at the time of hospital discharge and were evaluated prior to atypical antipsychotic therapy. Of the 156 adolescent participants, 70 had depression spectrum disorders, 62 had conduct-related disorders, and 24 had bipolar spectrum disorders (as determined by consensus procedure in tandem with K-SADS structured diagnostic assessment). Participants were rated for severity of mood symptoms at baseline (hospital admission), 30 days postdischarge, and 120 days postdischarge using the Hamilton Rating Scale for Depression (HAM-D-17 item) and the Young Mania Rating Scale (YMRS). Assessments were performed via telephone interview at Day 30 postdischarge and in person at 120 days postdischarge. Patients were then stratified according to adherence. Adherence categories included: adherent (taking antipsychotic treatment as prescribed), discontinued (cessation of antipsychotic treatment at the advice of their physician, parent, or guardian), nonadherent (cessation of antipsychotic treatment against medical advice), and lost to contact prior to Day 30.

Adherence rates were similar for both quetiapine and aripiprazole (53% vs 69% at Day 30 and 48% vs 64% at Day 120, respectively). In adherent patients, HAM-D and YMRS scores improved from pretreatment baseline to follow-up at 120 days ($p < 0.05$ for both quetiapine and aripiprazole). In those who took quetiapine, higher baseline HAM-D scores were associated with better adherence rates. The average dose of quetiapine in adherent patients was 240 mg. However, adherence predictability did not appear to be associated with aripiprazole and baseline HAM-D score. While low discharge doses of quetiapine (average dose of 83 mg) were found to be associated with nonadherence and discontinuation during the follow-up course of the study, no correlation was observed concerning discharge dose of aripiprazole and poor adherence. It is important to note

that though the dosing range for aripiprazole was limited, there was a large variation in the quetiapine doses.

Overall adherence rates for both groups were favorable, demonstrating long-term benefits from atypical antipsychotic therapy in adolescents. However, dose may be an important factor to consider, particularly related to quetiapine therapy. Adherence to aripiprazole therapy did not appear to have the same associated dose effect that was observed with quetiapine.

There are two critical points to consider with regard to this study. First, the dose variation among those who were taking quetiapine may have influenced these findings. The average low dose of quetiapine was 83 mg in nonadherent patients, while the average higher dose of quetiapine was 240 mg in adherent patients. Second, many adolescents may progress from unipolar depression to bipolar disorder over time, and this study is limited by heterogeneous diagnoses.

Conduct Disorder and ADHD: Predictors for Substance Abuse

ADHD and associated comorbidities are known to be risk factors for substance abuse in adolescence and young adulthood, but few studies have examined the early childhood risk factors that may predispose to this behavior. In a 10-year follow-up of children with attention deficit hyperactivity disorder (ADHD), the occurrence of substance use disorder (SUD) was increased compared with controls, especially among ADHD youth with early conduct disorder, according to a study from by Timothy E. Wilens, MD, Massachusetts General Hospital and Harvard Medical School, Boston, MA.

“We hypothesized that early delinquency and academic or cognitive dysfunction will predict later SUD in two cohorts of ADHD children, followed for an average of 10 years. We examined early predictors for later SUD,” said Dr. Wilens.

The study compared 257 youths with ADHD to 225 youths without ADHD. All subjects were aged 6 to 17 years at baseline and were followed for approximately 10 years. Study subjects were assessed in a blinded manner using DSM-IV Schedule for Affective Disorders and Schizophrenia for School-Aged Children, epidemiological edition (KSADS-E), or Structured Clinical Interview for DSM Disorders (SCID), cognitive measures, Family and Environmental Scale (FES), and Social Adjustment Inventory for Children and Adolescents (SAICA) rating scales. Psychopathology and SUD were determined by structured interview.

At baseline, the subjects had a mean age of 11 years, and 50% of the study population was male. Most were Caucasian