Publicaciones Relevantes Sobre el TDAH

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Comunidad de Madrid

CON F.I.A.S.

Fundación para una infancia y adolescencia saludables

Journal of the American Academy of CHILD & ADOLESCENT PSYCHIATRY

Andrés Martin, Editor
Madrid, Enero 28, 2012

YALE CHILD STUDY CENTER 1911-2011 100

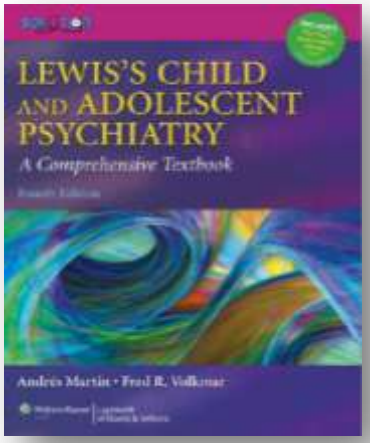
Yale Child Study Center

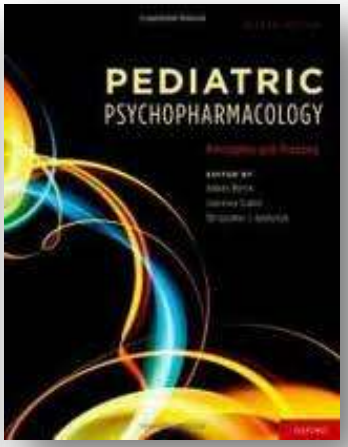
FROM GENERATION

TO GENERATION

Disclosures

- *JAACAP* editorial stipend
- Royalties from books
- No pharmaceutical involvement
- Travel, lodging, honorarium from CONFIAS





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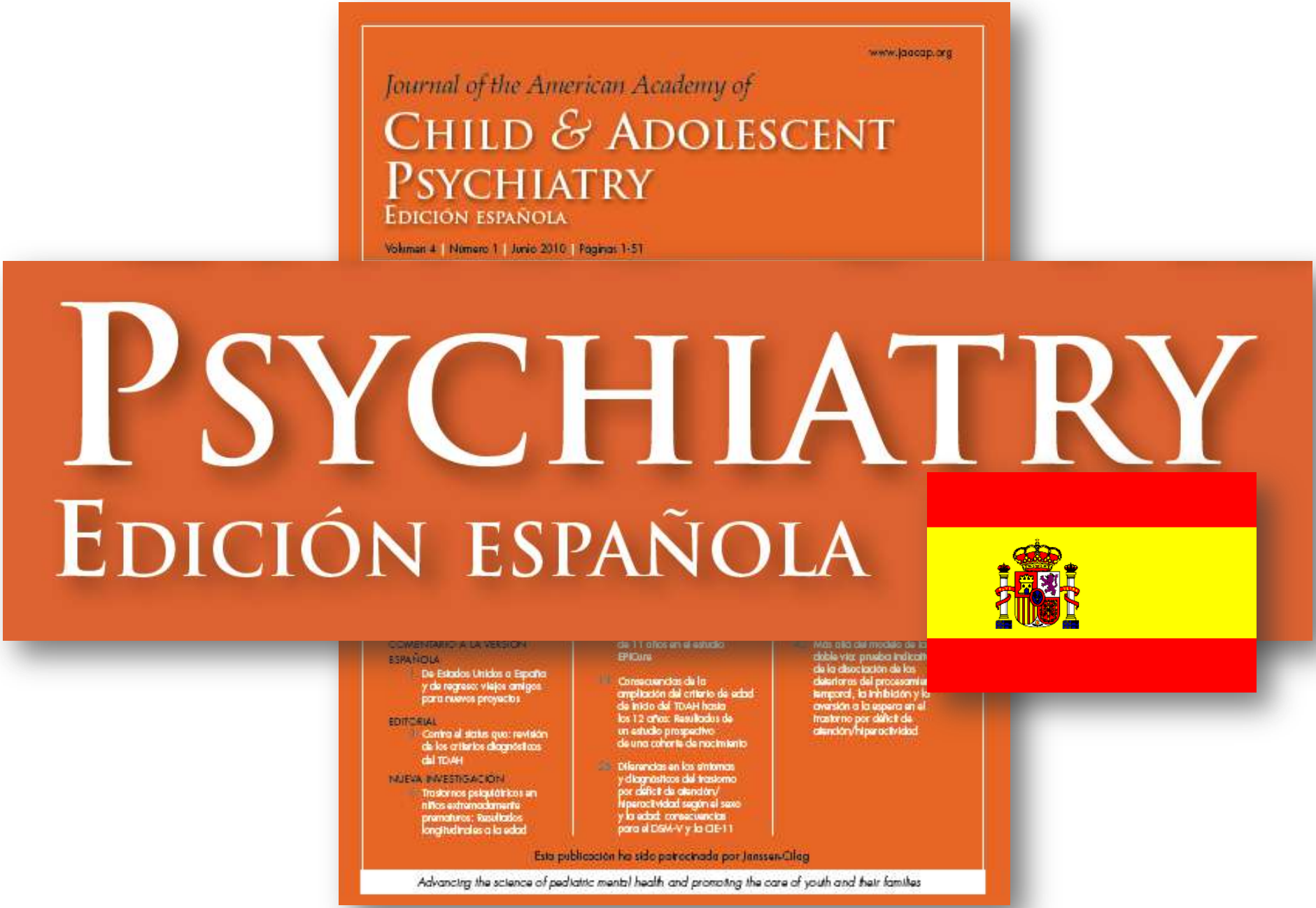
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Journal of the American Academy of
CHILD & ADOLESCENT PSYCHIATRY
EDICIÓN ESPAÑOLA
Volumen 4 | Número 1 | Junio 2010 | Páginas 1-51
PSYCHIATRY
EDICIÓN ESPAÑOLA
COMENTARIO A LA VERSIÓN ESPAÑOLA
De Estados Unidos a España y de regreso: viejos amigos para nuevos proyectos
EDITORIAL
Contra el statu quo: revisión de los criterios diagnósticos del TDAH
NUEVA INVESTIGACIÓN
Trastornos psiquiátricos en niños extremadamente prematuros: Resultados longitudinales a la edad
de 11 años en el estudio EPICure
Consecuencias de la ampliación del criterio de edad de inicio del TDAH hasta los 12 años: Resultados de un estudio prospectivo de una cohorte de nacimiento
Diferencias en los síntomas y diagnósticos del trastorno por déficit de atención/hiperactividad según el sexo y la edad: consecuencias para el DSM-V y la CIE-11
Más allá del modelo de doble vía: prueba indicativa de la disociación de los déficits del procesamiento temporal, la inhibición y la aversión a la espera en el trastorno por déficit de atención/hiperactividad
Esta publicación ha sido patrocinada por Janssen-Cilag
Advancing the science of pediatric mental health and promoting the care of youth and their families

COMENTARIO A LA VERSIÓN ESPAÑOLA

De Estados Unidos a España y de regreso: viejos amigos para nuevos proyectos

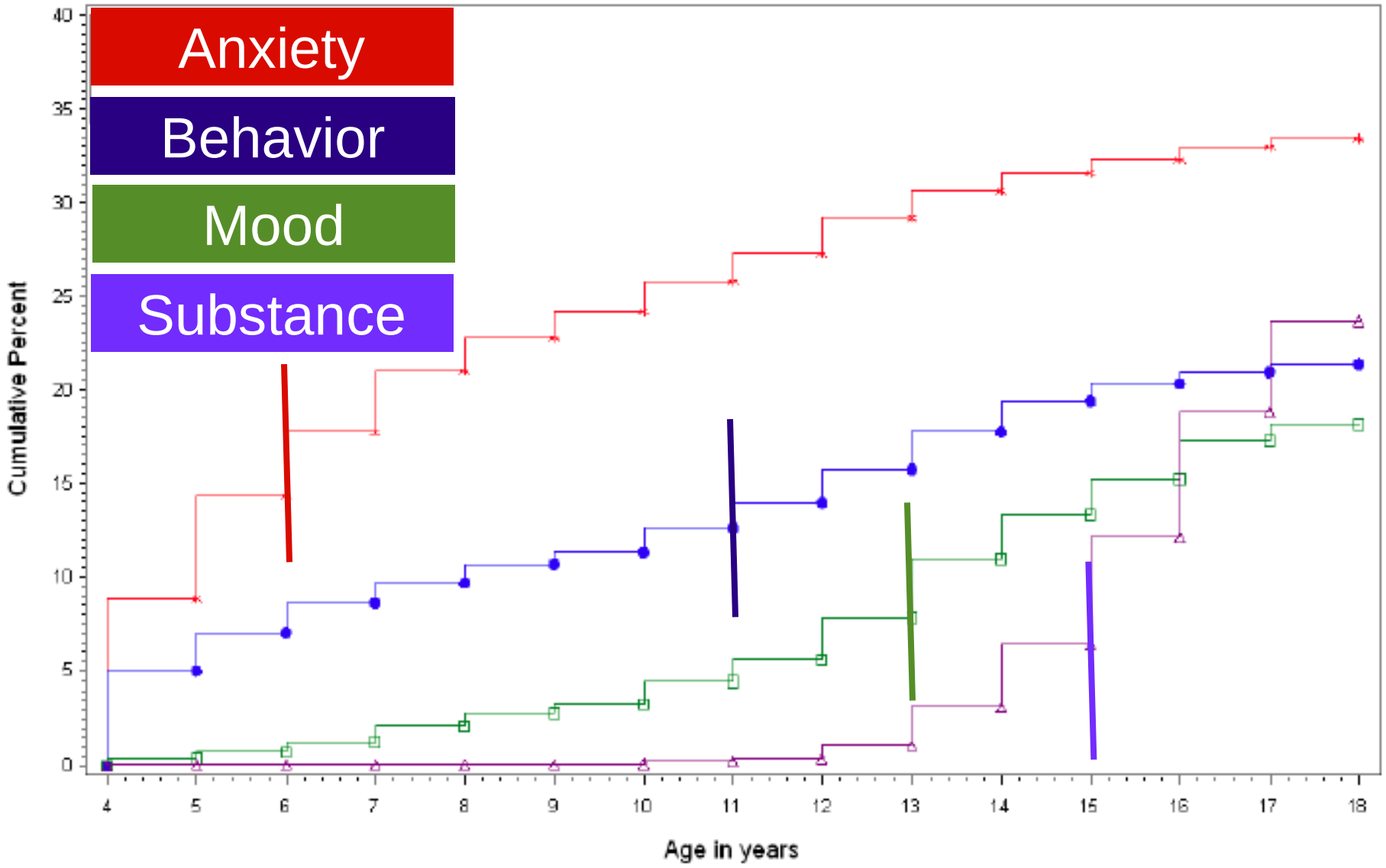
Apreciado compañero,

Llega a tus manos, con un cierto inevitable re-

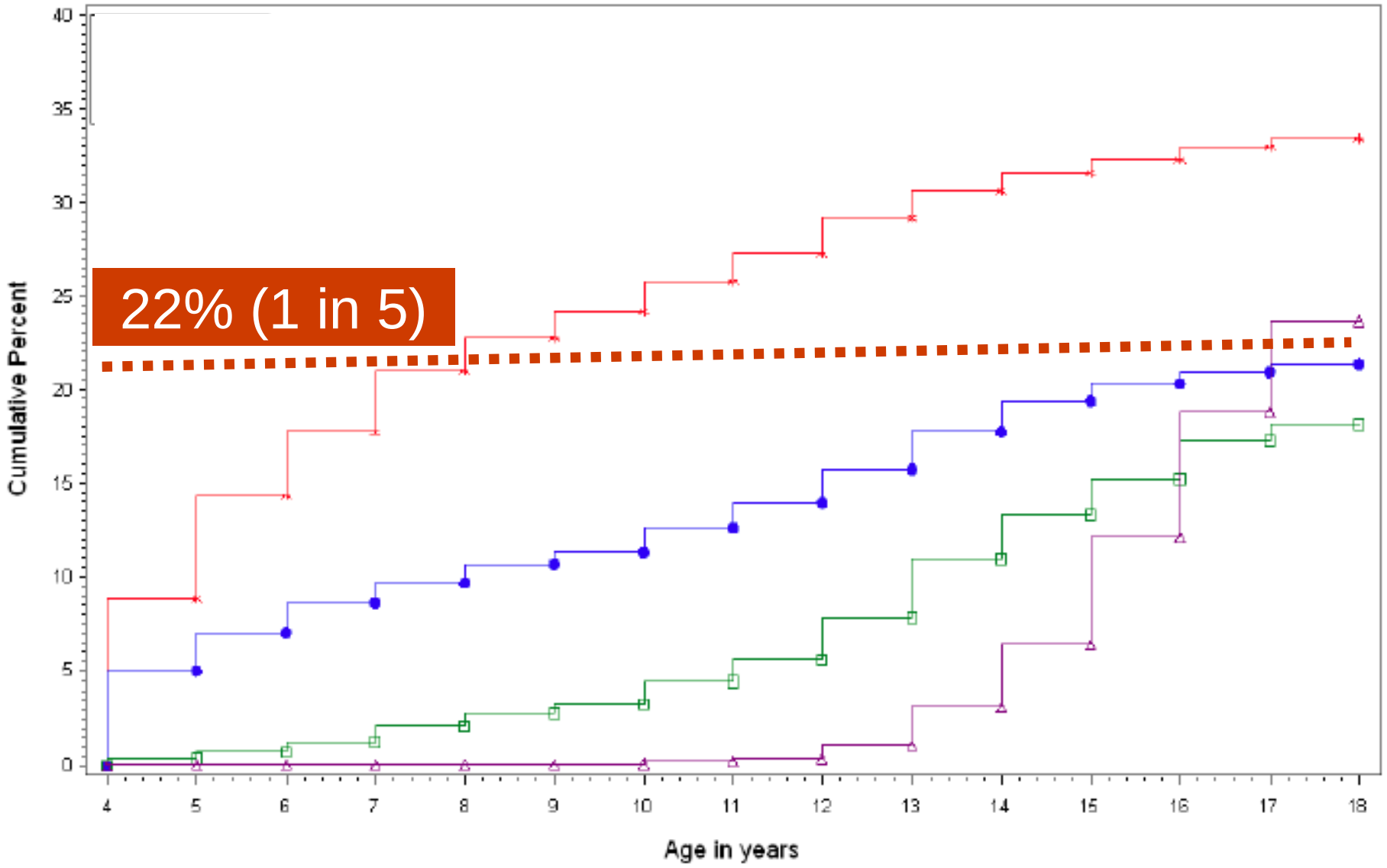
ja portada se colorea de novísimos *"covert arts"*, también de hispánico trazo (Socorro Rivera, que, como Andrés, proviene de la Ciudad de México),

PSYCHIATRY
EDICIÓN ESPAÑOLA

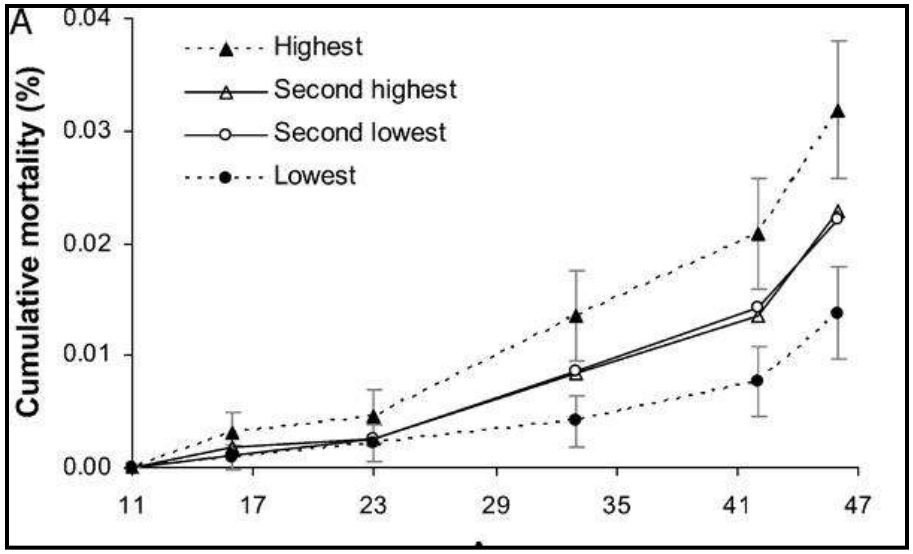
Con gracias a Xavier Gastaminza & Óscar Herreros!

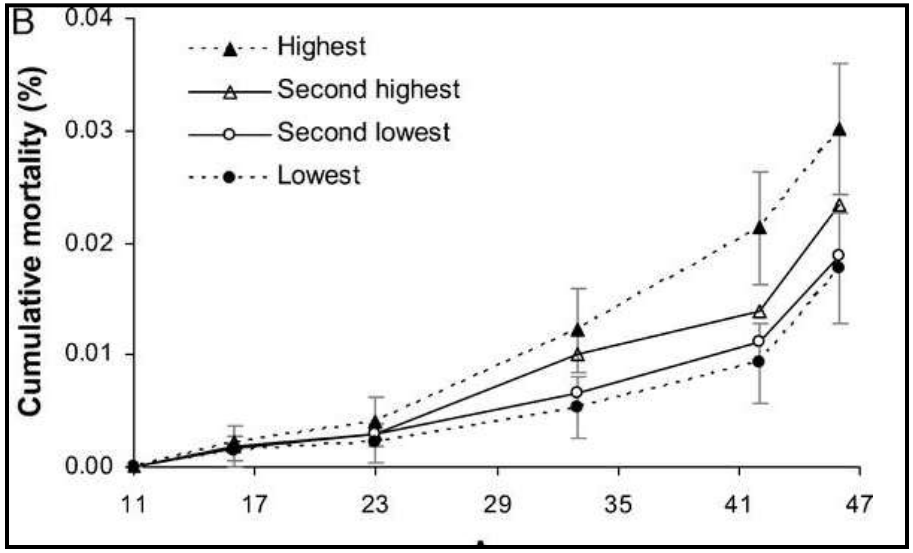


Lifetime prevalence of mental disorders in US adolescents:results from the National Comorbidity Study-Adolescent Supplement. Merikangas *et al JAACAP* 10.2010



Lifetime prevalence of mental disorders in US adolescents:results from the National Comorbidity Study-Adolescent Supplement. Merikangas *et al JAACAP* 10.2010





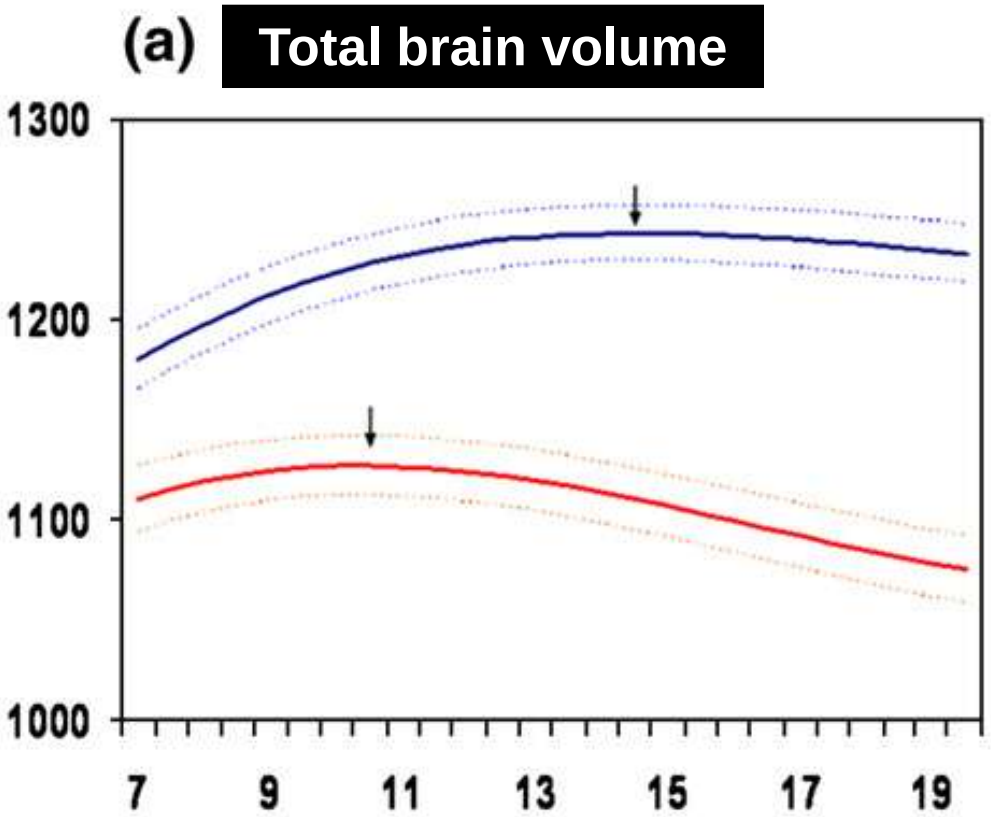
Externalizing
OR = 1.27 (1.13-1.44)

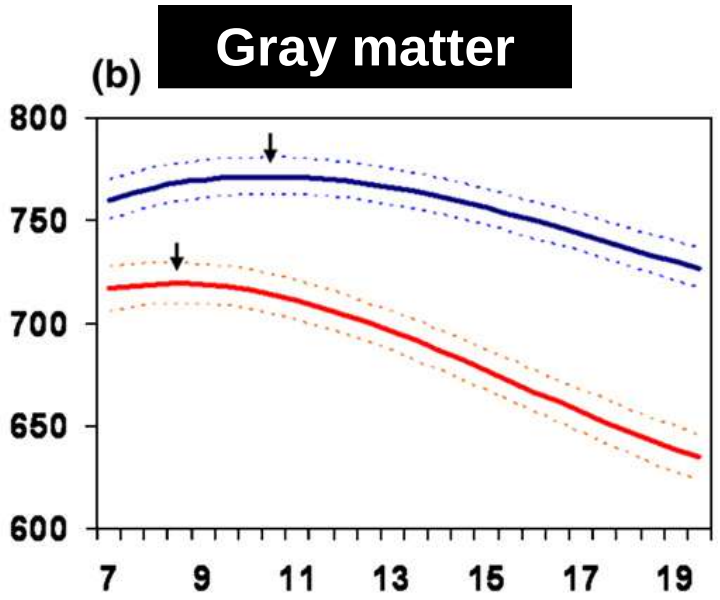
British Child Development Study
1958 Birth Cohort

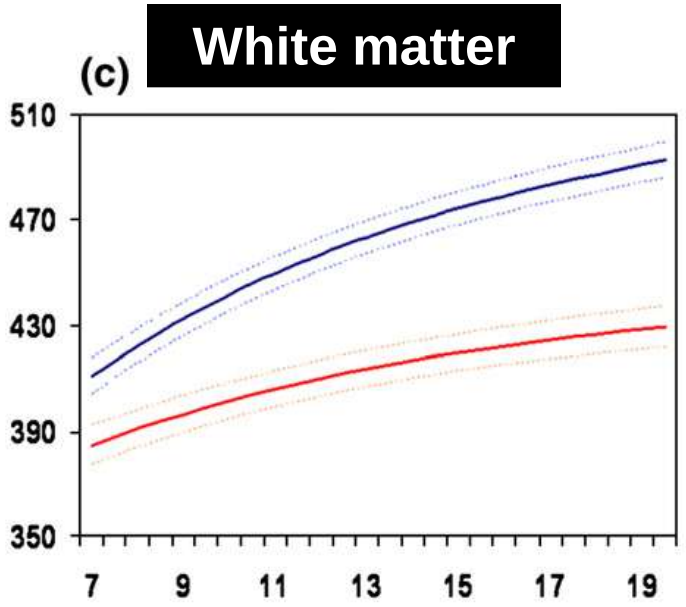
N = 11,142
Deaths = 243
Follow up = 35 years

Internalizing
OR = 1.21 (1.06-1.37)

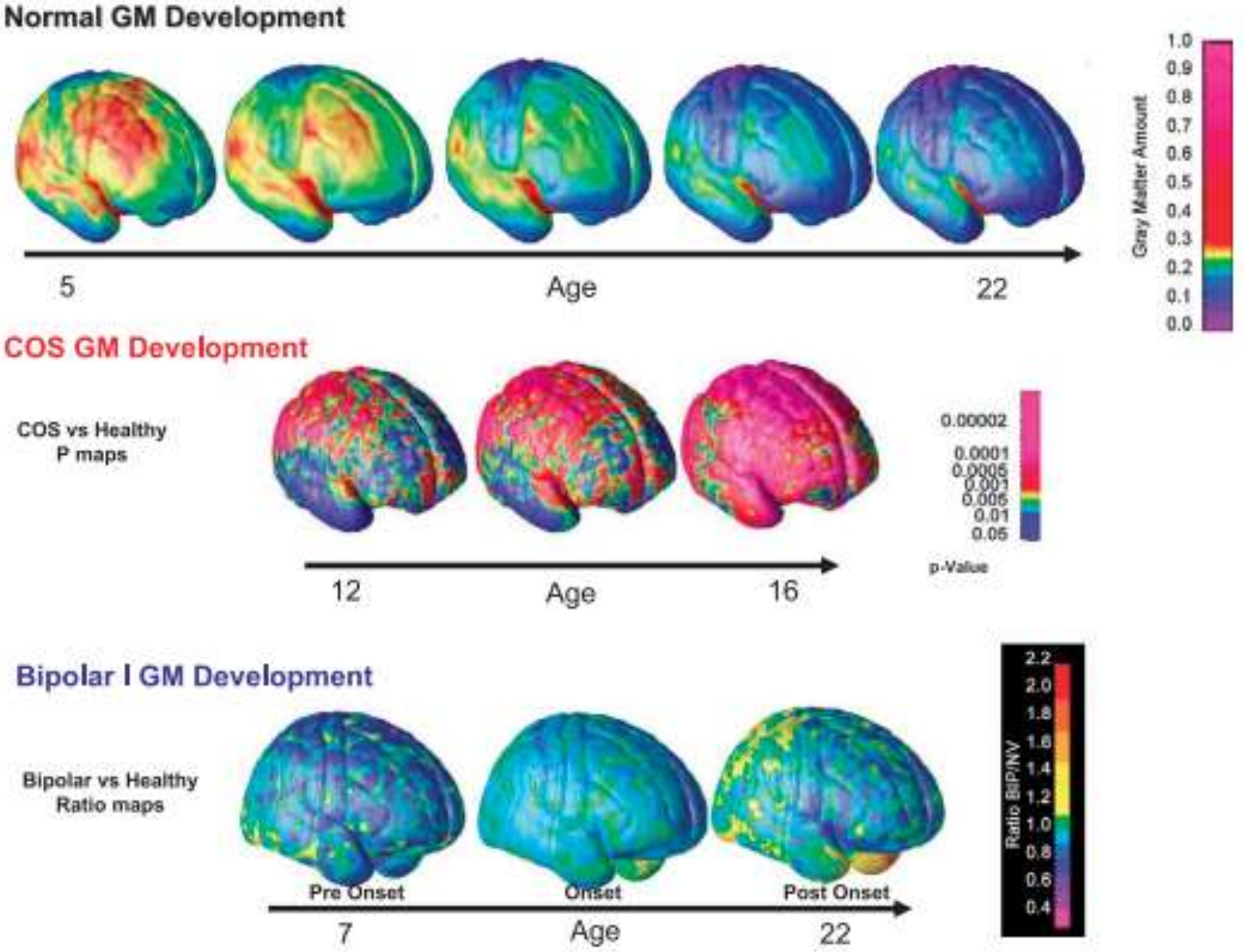
Sexual dimorphism

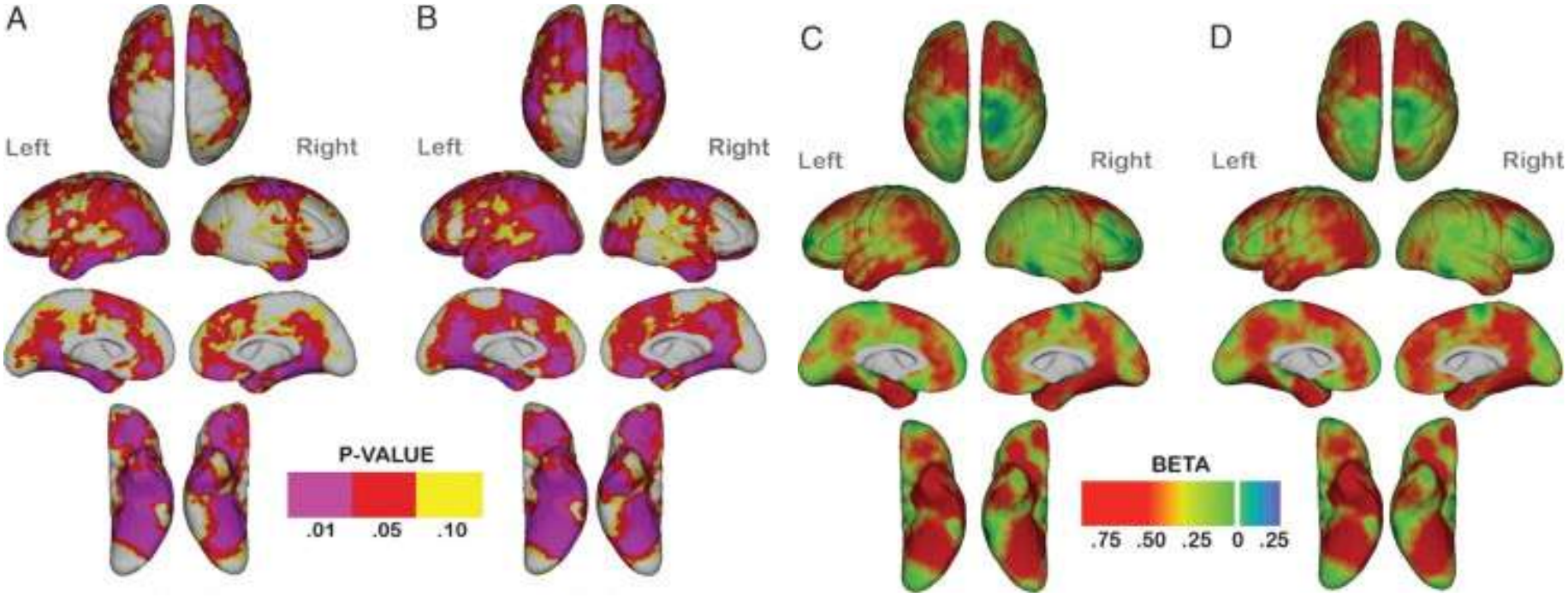






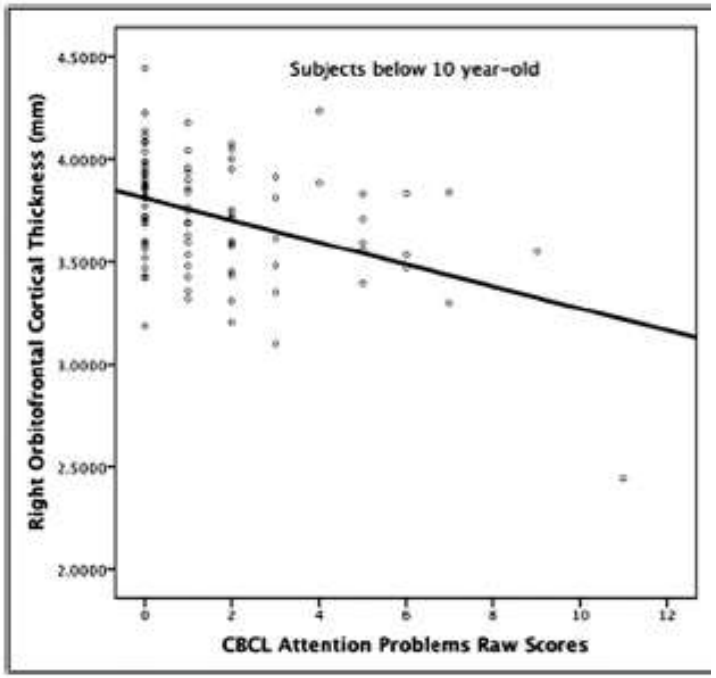
Sexual dimorphism of brain development. Lenroot *et al Neuroimage 2007*
(Anatomical MRI of typically developing children. Giedd *et al JAACAP 5.2009)*

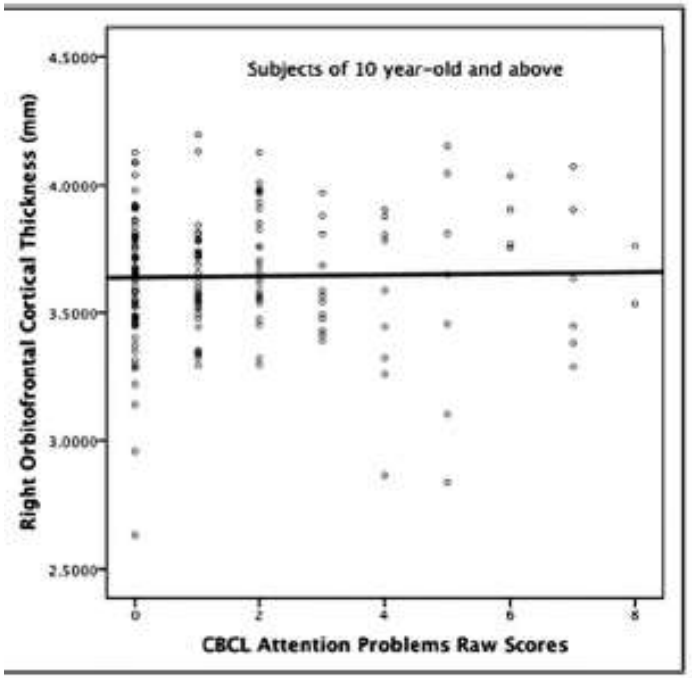

Normal GM Development
5
Age
22
Gray Matter Amount
1.0
0.9
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0.0
COS GM Development
COS vs Healthy
P maps
12
Age
16
0.00002
0.0001
0.0005
0.001
0.005
0.01
0.05
p-Value
Bipolar I GM Development
Bipolar vs Healthy
Ratio maps
Pre Onset
Onset
Post Onset
7
Age
22
Ratio BiP/NV
2.2
2.0
1.8
1.6
1.4
1.2
1.0
0.8
0.6
0.4

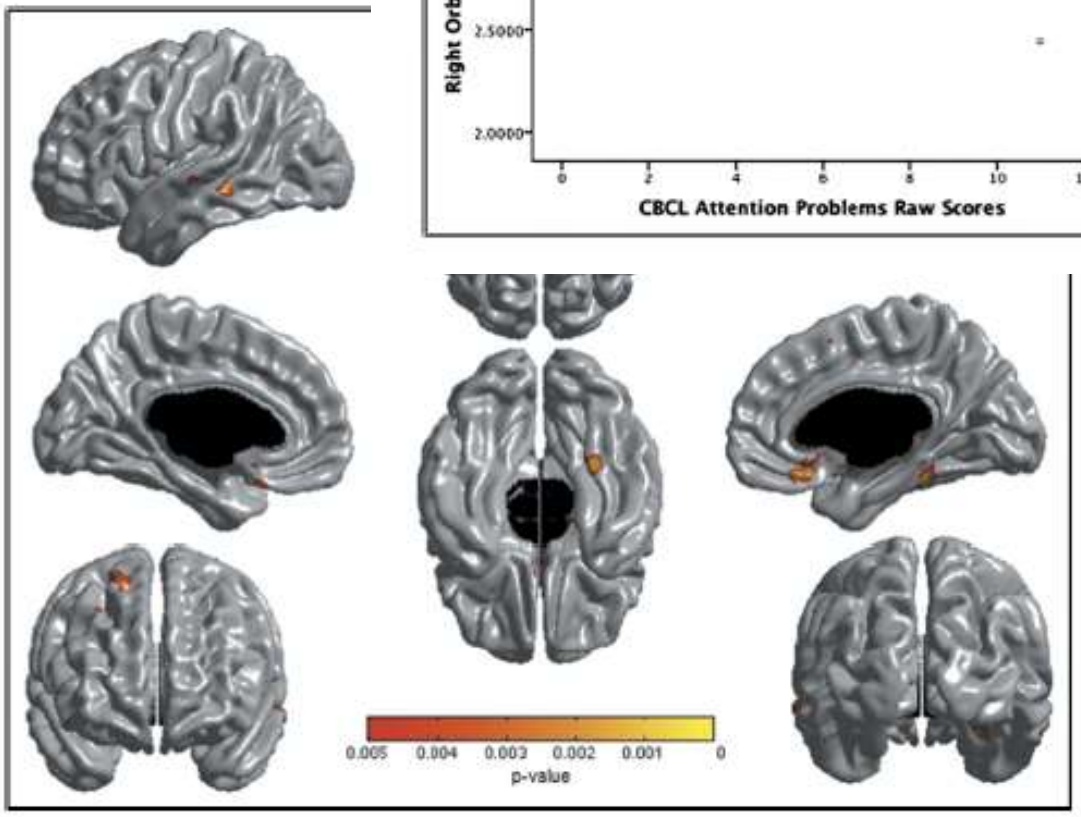


Larr et al 10.09

Widespread Cortical Thinning Is a Robust Anatomical Marker for ADHD

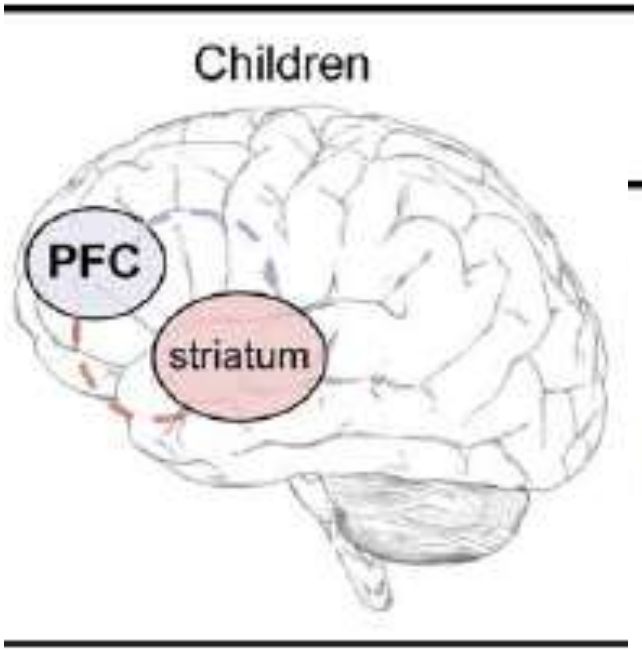


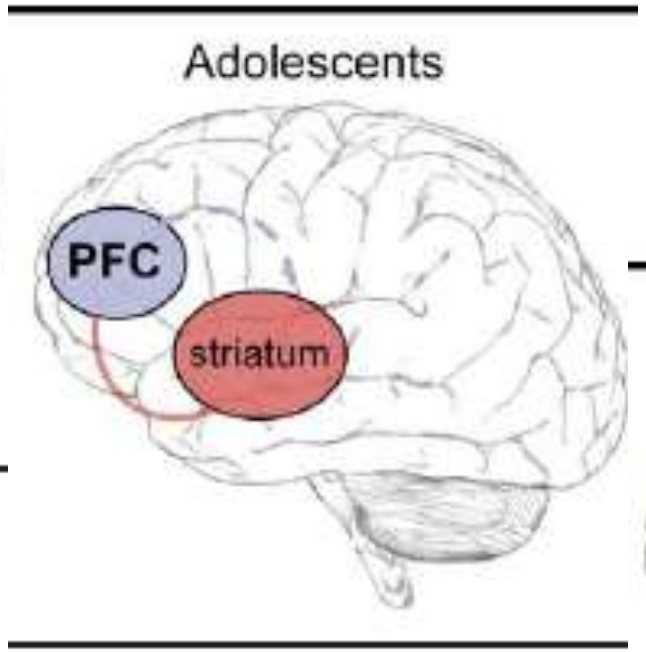


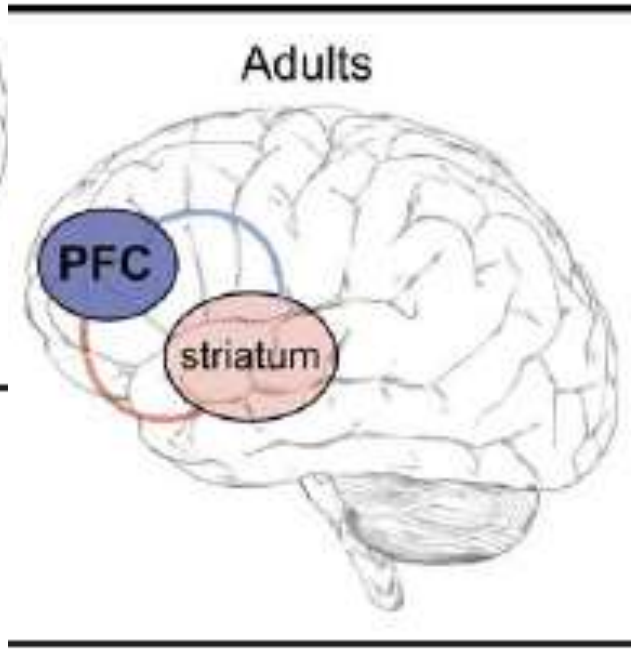


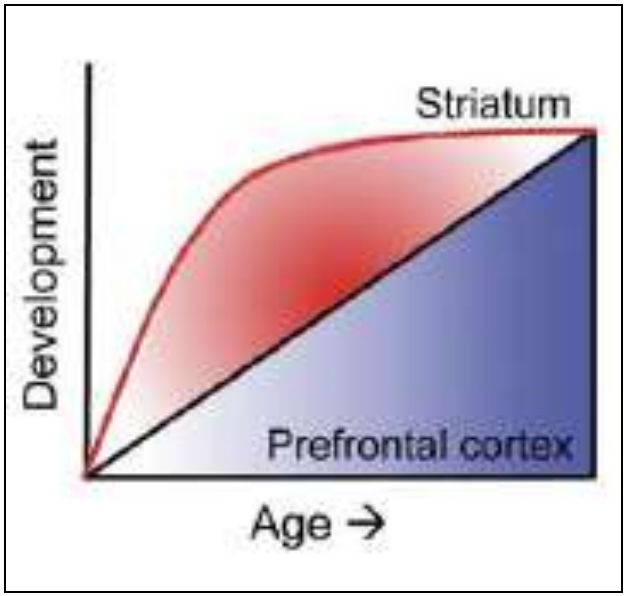
Ducharne et al 1.12

Decreased Regional Cortical Thickness and Thinning Rate Are Associated with Inattention Symptoms in Healthy Children





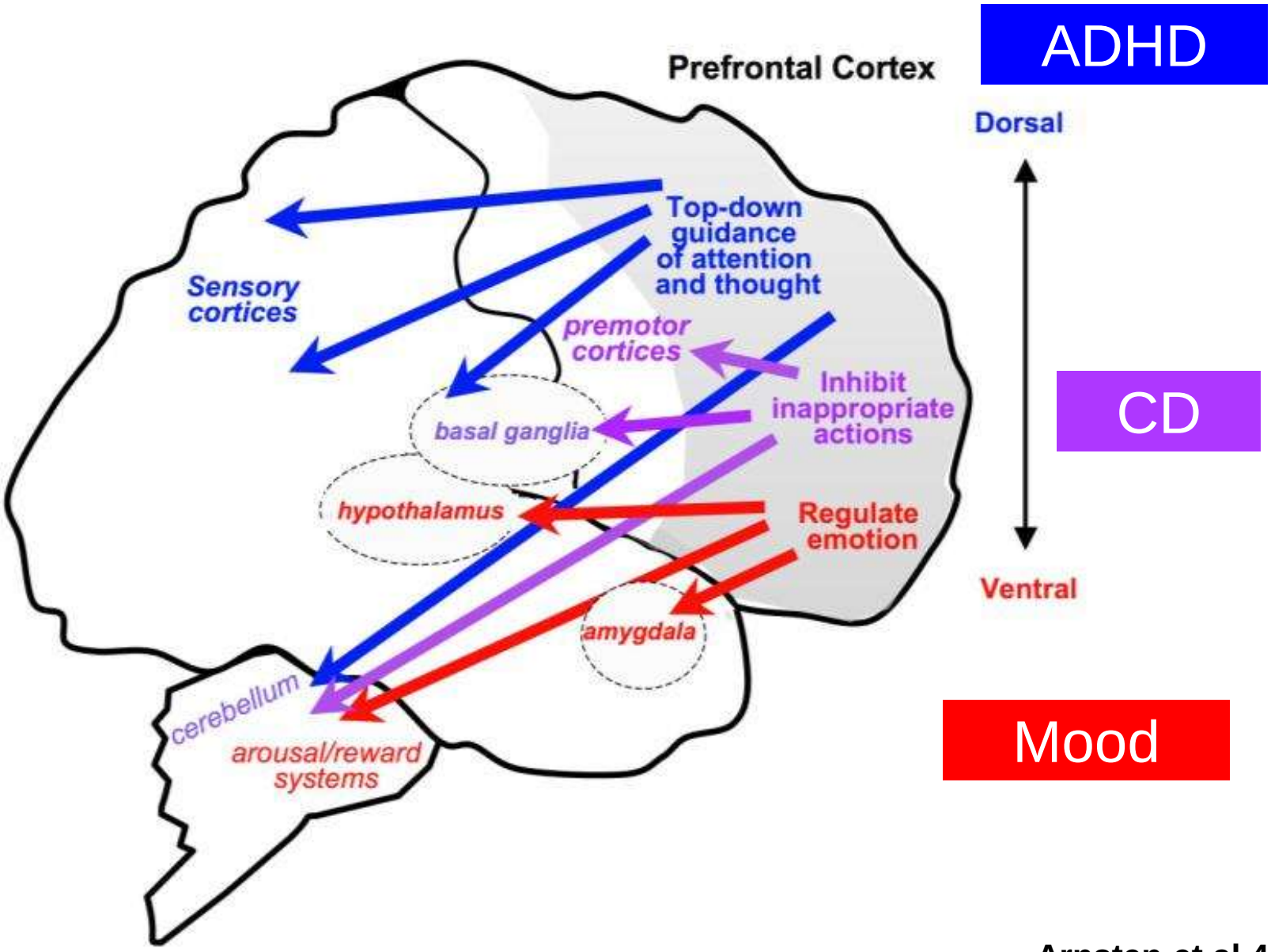




Casey et al 10.10
Neurobiology of the Adolescent Brain and Behavior: Implications for Substance Abuse Disorders

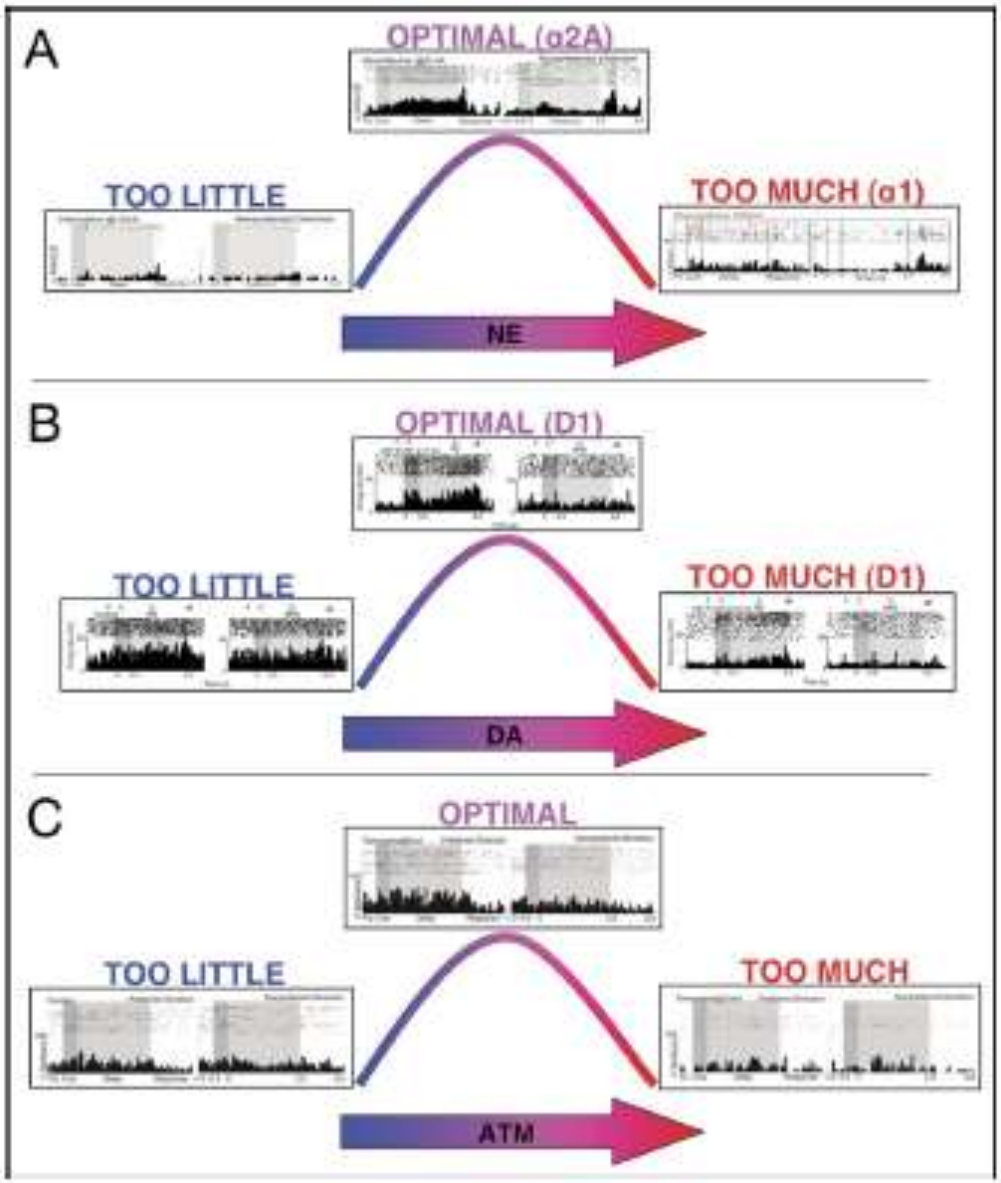
Hechtman 6.11

Prospective Follow-up Studies of ADHD: Helping Establish a Valid Diagnosis in Adults



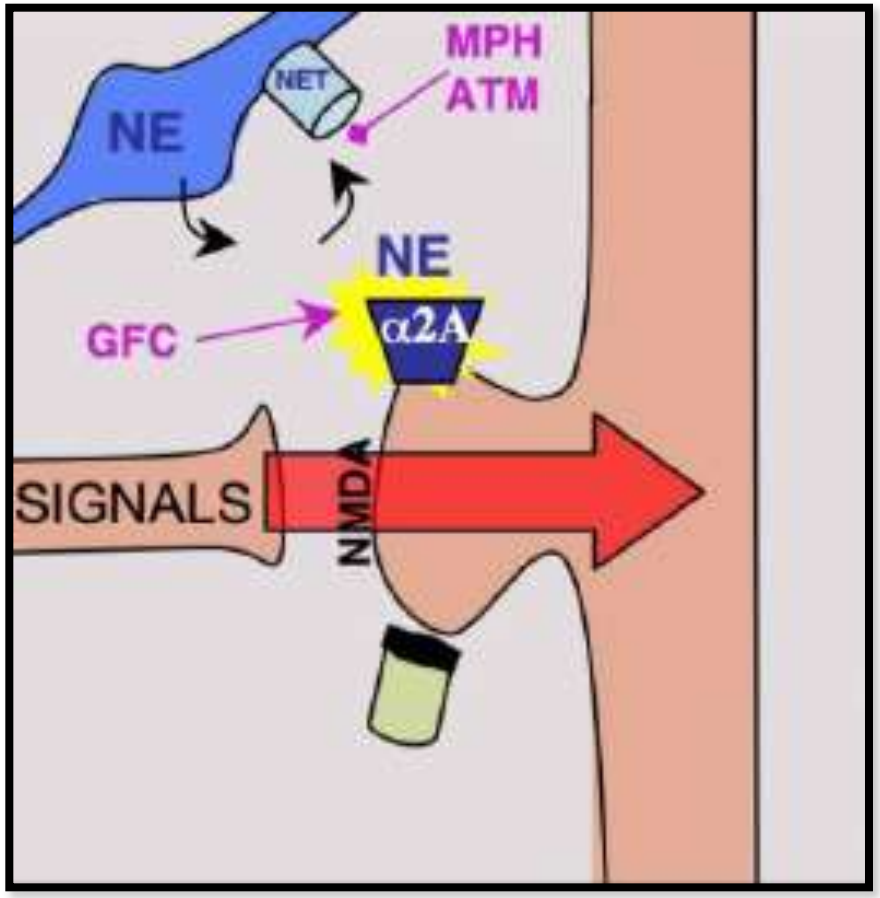
Arnsten et al 4.12

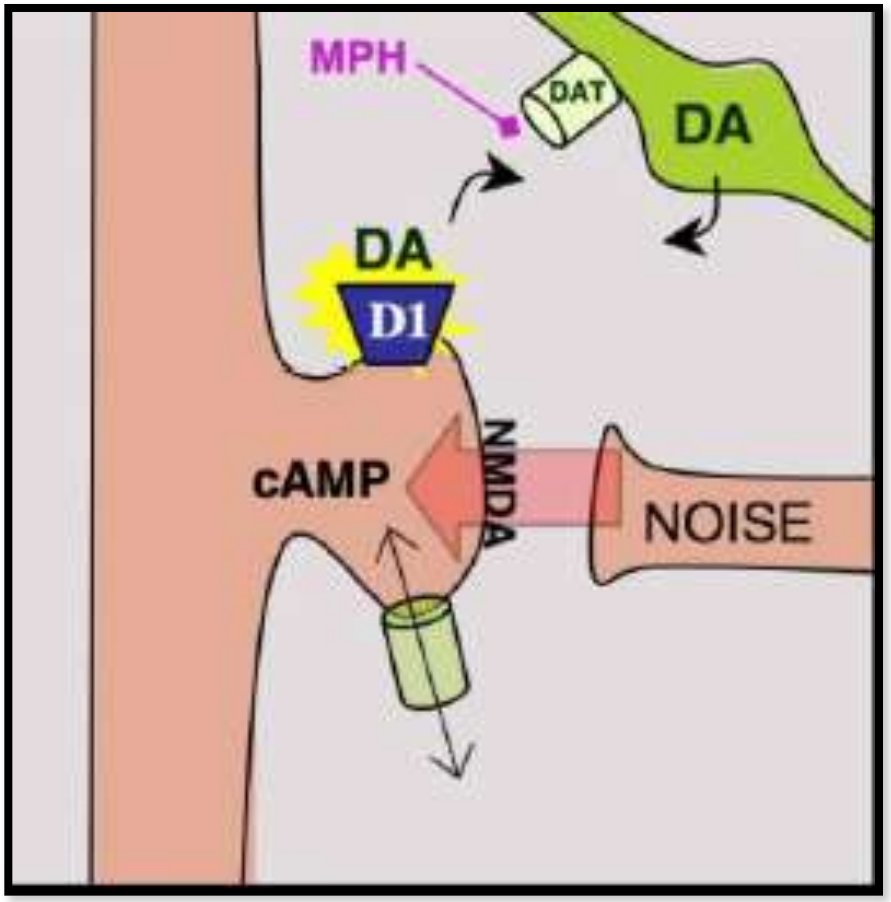
Neurobiological Circuits Regulating Attention, Cognitive control, Motivation and Emotion: Disruptions in Neurodevelopmental Psychiatric Disorders



Arnsten et al 10.10

Methylphenidate and Atomoxetine Enhance Prefrontal Function Through α_2-Adrenergic and Dopamine D_1Receptors





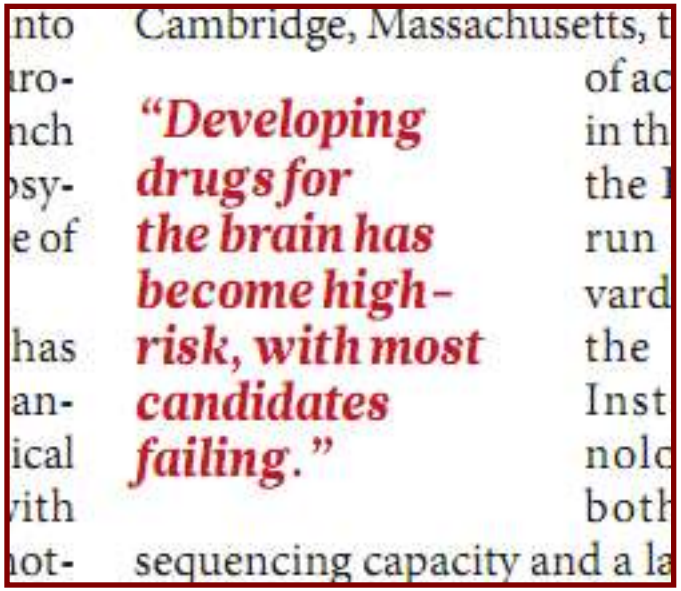
Arnsten et al 4.12

Neurobiological Circuits Regulating Attention, Cognitive control, Motivation and Emotion: Disruptions in Neurodevelopmental Psychiatric Disorders

PHARMACEUTICALS

Novartis to shut brain research facility

Drug giant redirects psychiatric efforts to genetics.



nto Cambridge, Massachusetts, t
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become high- vard
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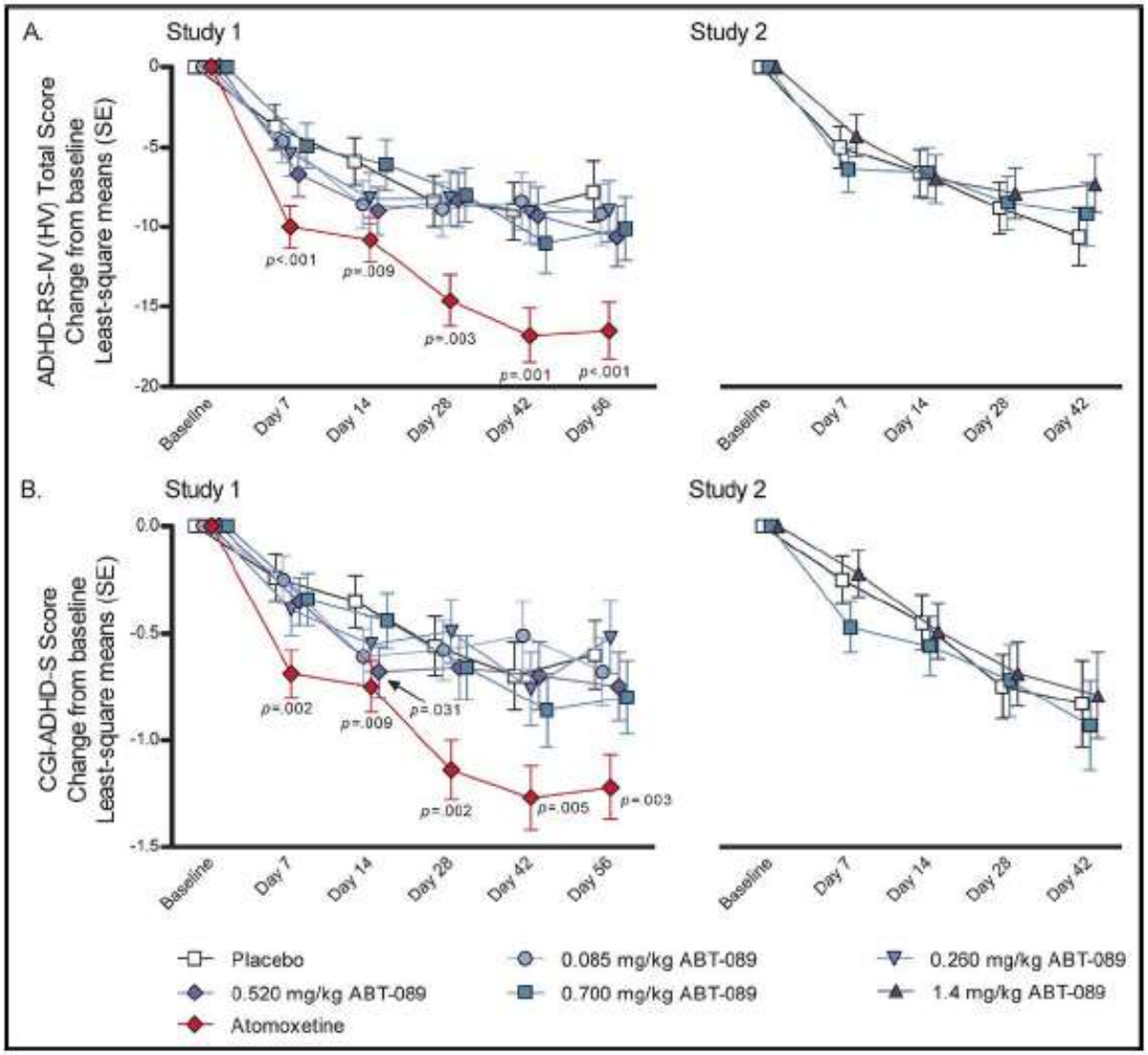
ıot- sequencing capacity and a la

Nature
8 December 2011, 161

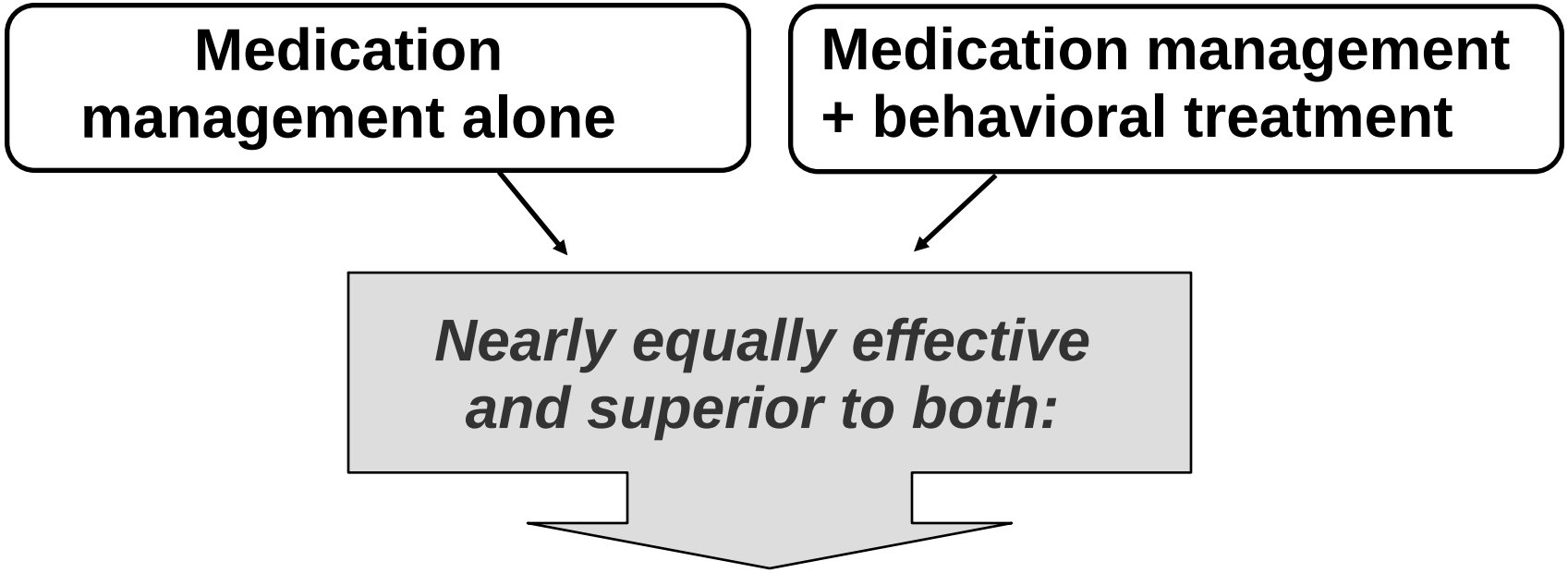


Wilens et al 1.11

Safety and Efficacy of ABT-089 in Pediatric ADHD: Results from Two Randomized Placebo-Controlled Clinical Trials

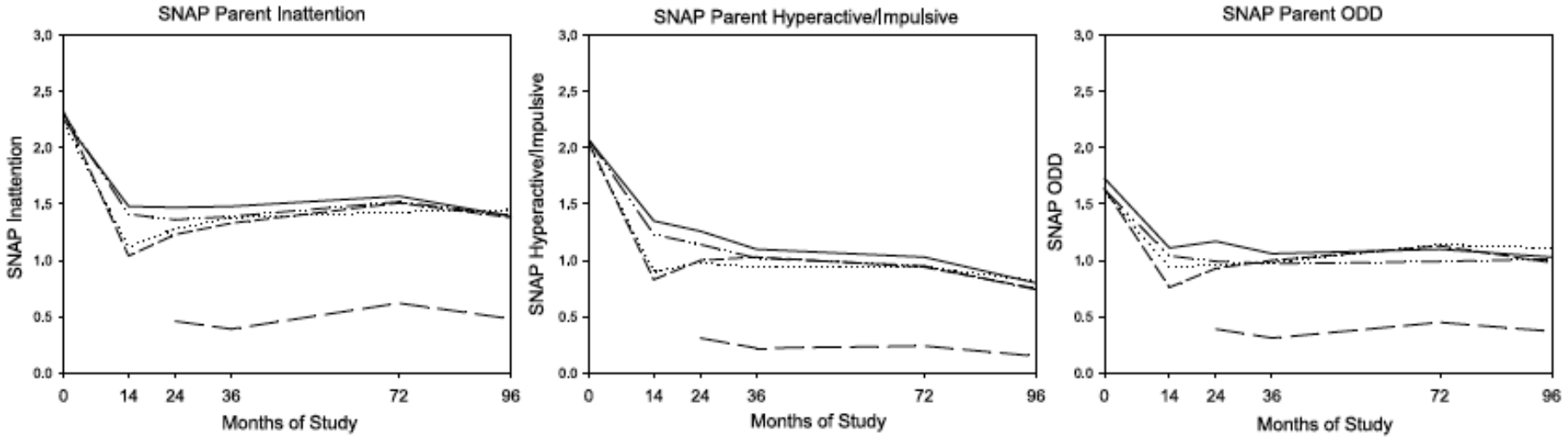
ADHD: MTA Results

All treatment arms found to be effective on an absolute basis



- **Behavioral treatment alone**
- **Community based treatment**

(MTA Study Group, Arch Gen Psych, 1999)

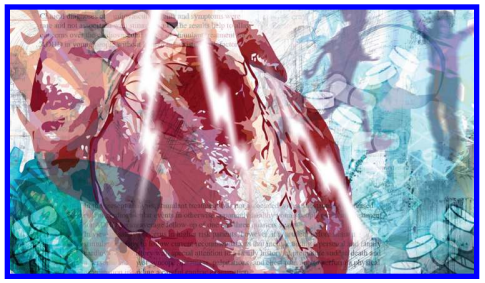


Molina et al 5.09

The MTA at 8 Years: Prospective Follow-up of Children Treated for Combined-Type ADHD in a Multisite Study

Stimulants and cardiovascular risk - 1

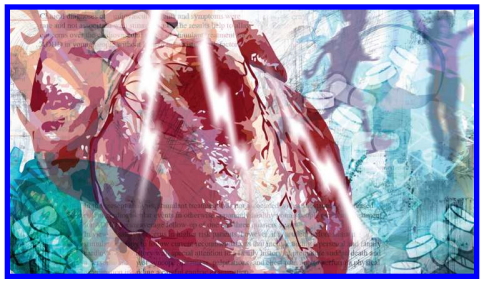
- Pharmacoepidemiology study
- Used pharmacy claims
- N=171,126; Ages 6-21
- Outcomes:
  - Cardiac events (eg ED, angina)
  - Cardiac symptoms (eg tachycardia)



Olfson et al 2.12
Stimulants and Cardiovascular Events in Youth with ADHD

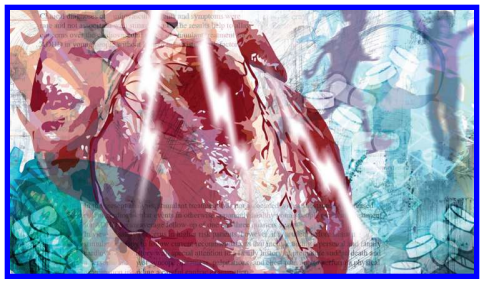
Stimulants and cardiovascular risk - 2

- Incidence on stimulants (per million days of use)
  - Events: 0.92
  - Symptoms 3.08
- Relative Risk (vs no use)
  - Events: 0.69 (0.42-1.12)
  - Symptoms: 1.18 (0.83-1.66)



Olfson et al 2.12
Stimulants and Cardiovascular Events in Youth with ADHD

Cardiovascular monitoring

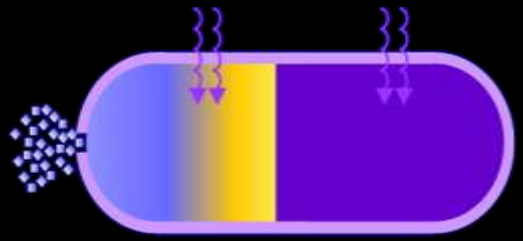


- Before treatment
  - Review personal history
  - Family history, eg sudden / unexpected early deaths
  - HR and BP (per gender / age / height norms)
  - ECG not routinely mandatory
- During treatment
  - Monitor for symptoms
  - Refer for symptoms, pre HTN (90-95 PP), or HTN (>95)
  - Seek consultation as indicated

Hammerness et al 10.11
Cardiovascular Risk of Stimulant Treatment in Pediatric ADHD: Update and Clinical Recommendations

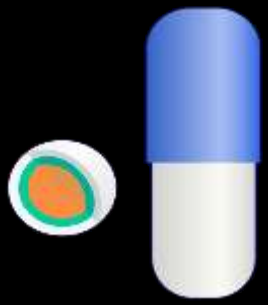
Pills

Pumps

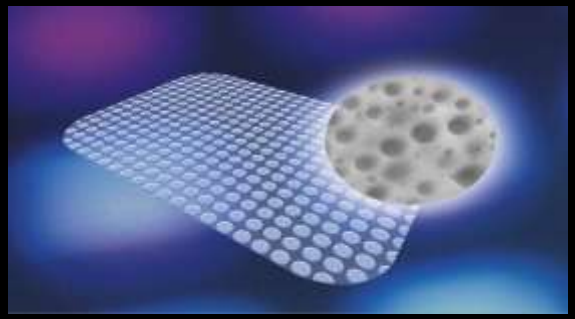


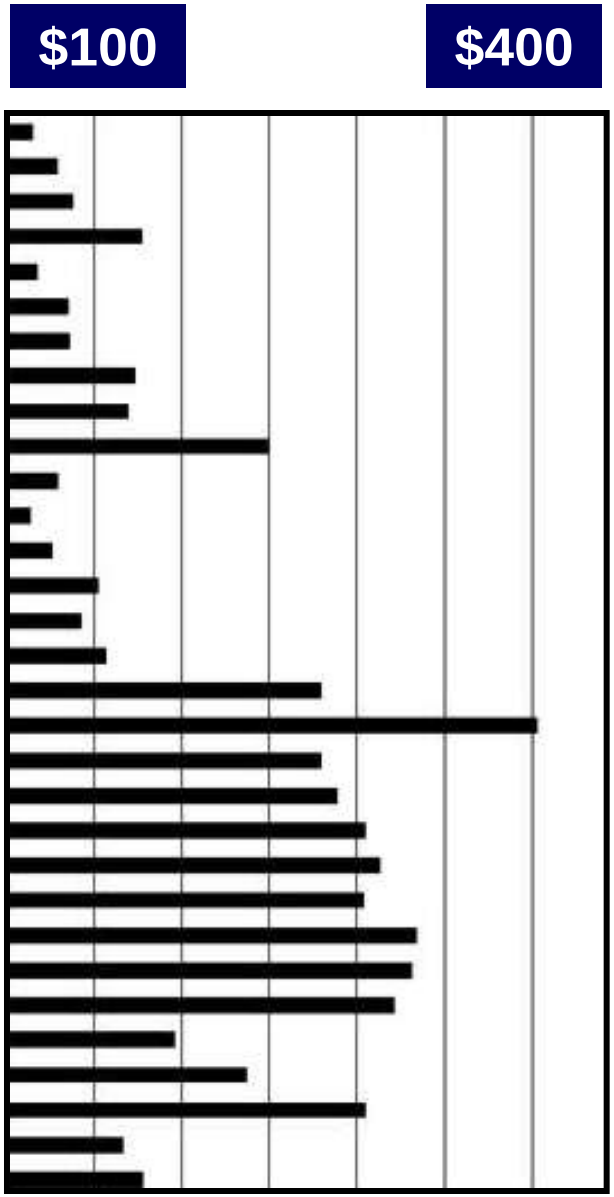
Prodrugs

Pearls



Patches

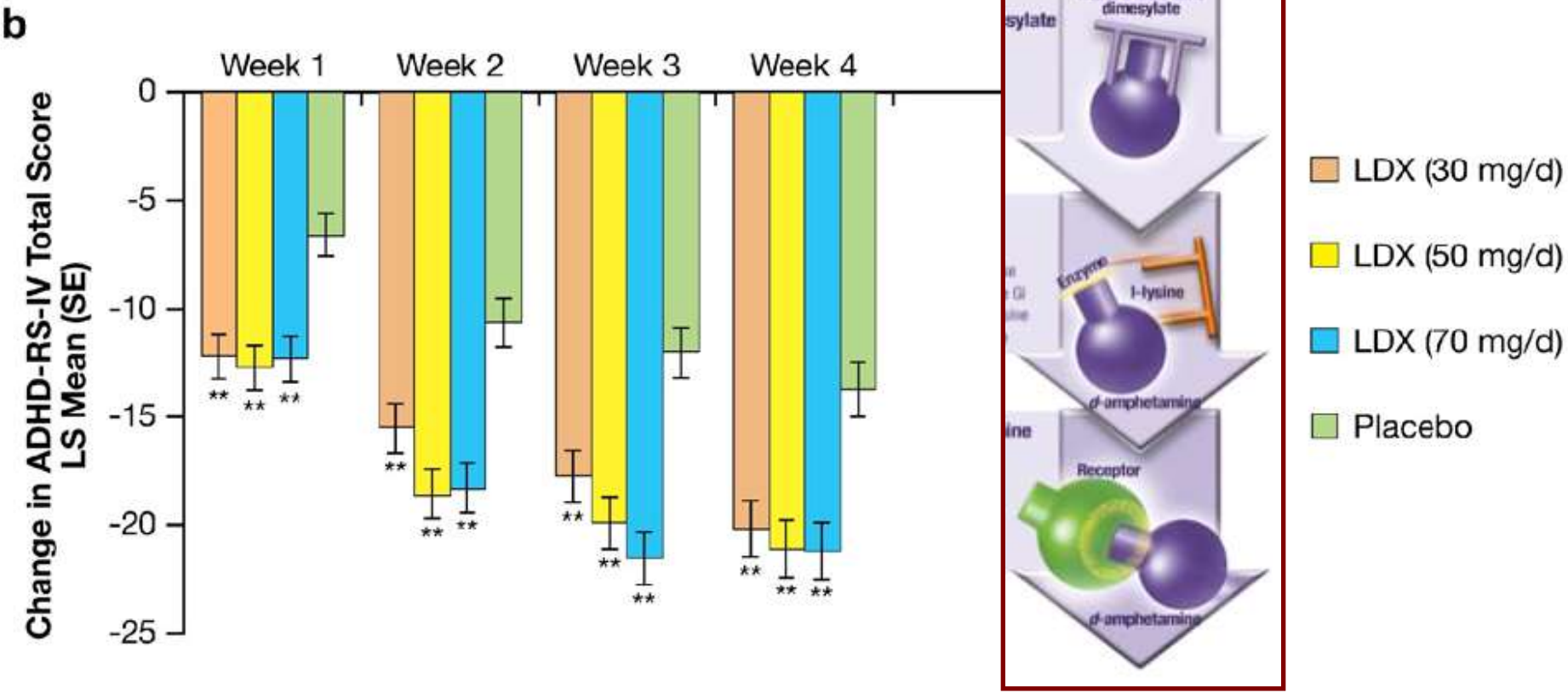




Review of ADHD Pharmacotherapies: Advantages, Disadvantages, and Clinical Pearls. Daughton and Kratochvil *JAACAP 3.2009*

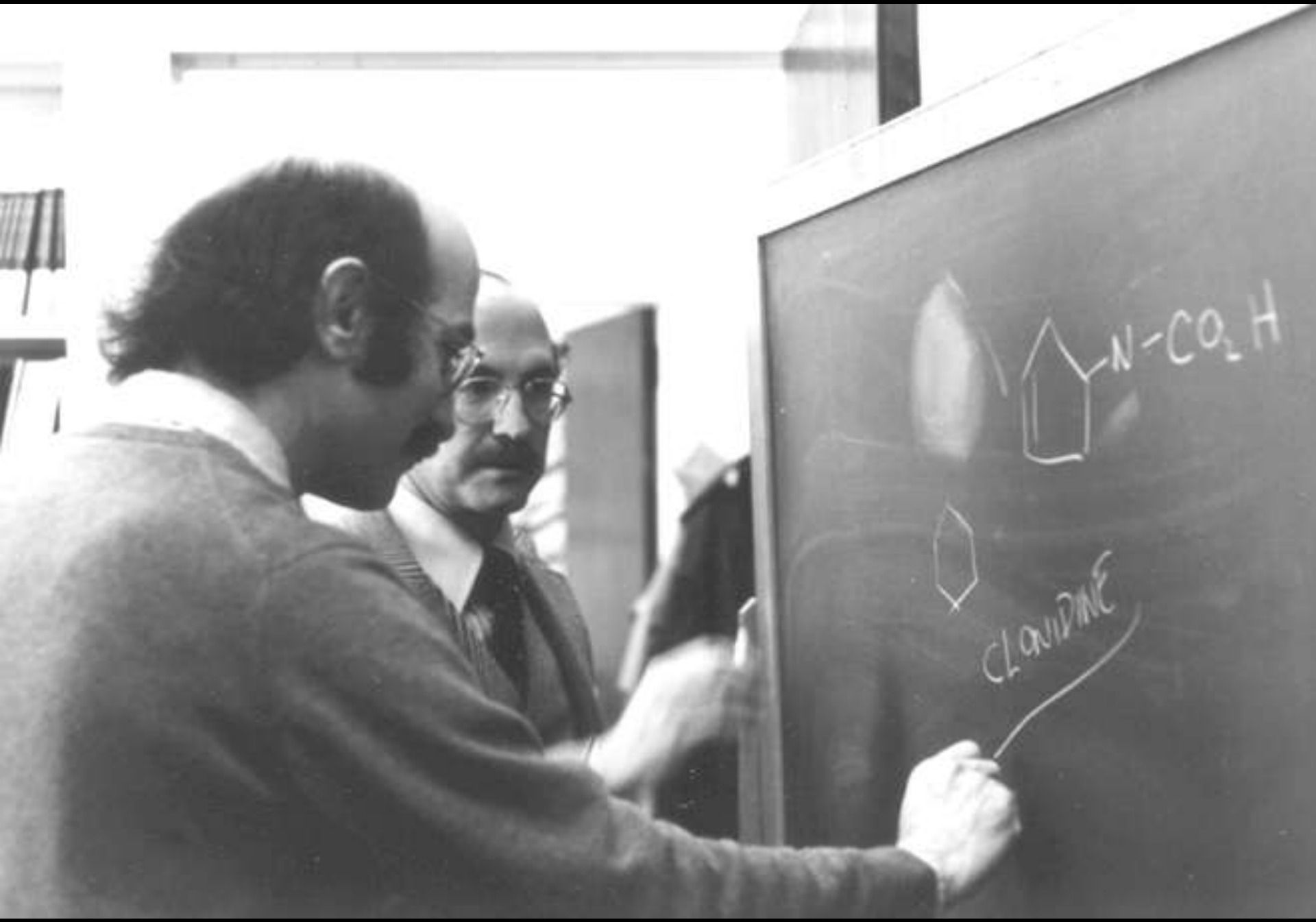
LDX				
30 mg/d n = 78	50 mg/d n = 77	70 mg/d n = 78	All Doses n = 233	Placebo n = 77

b



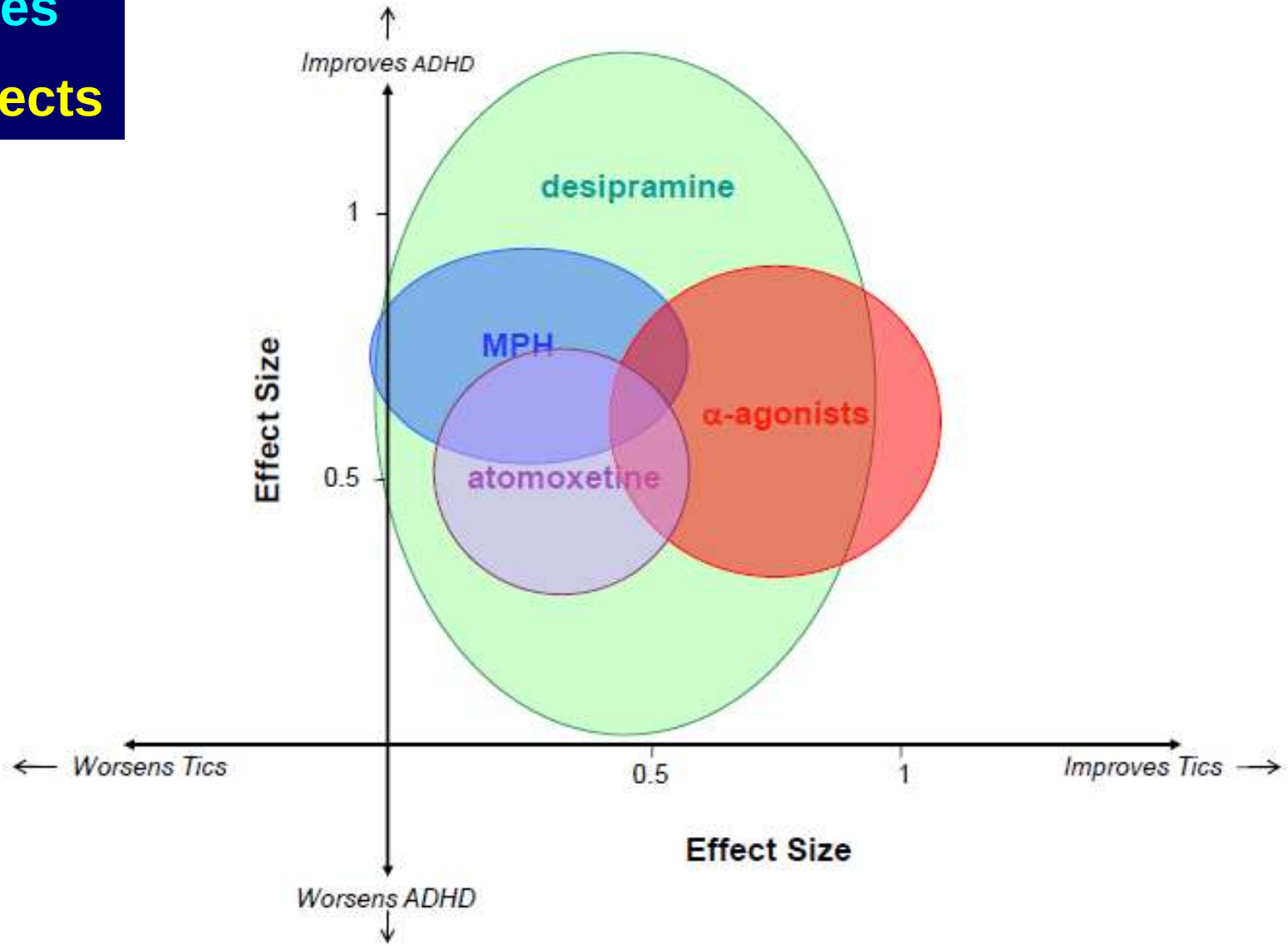
Findling et al 4.11

Efficacy and Safety of Lisdexamfetamine Dimesylate in Adolescents with ADHD


N-CO2H
CLONIDINE

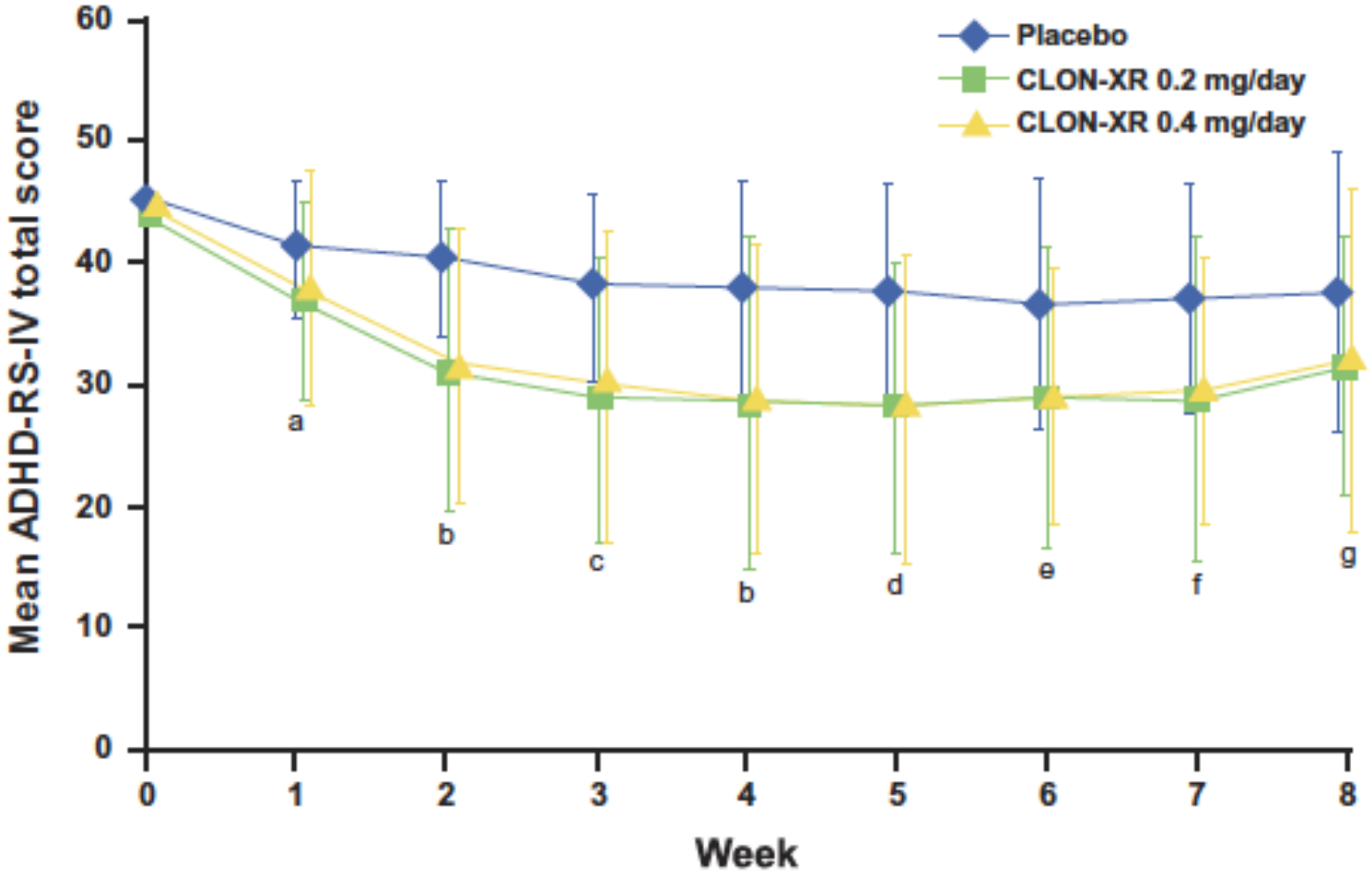
9 studies

477 subjects



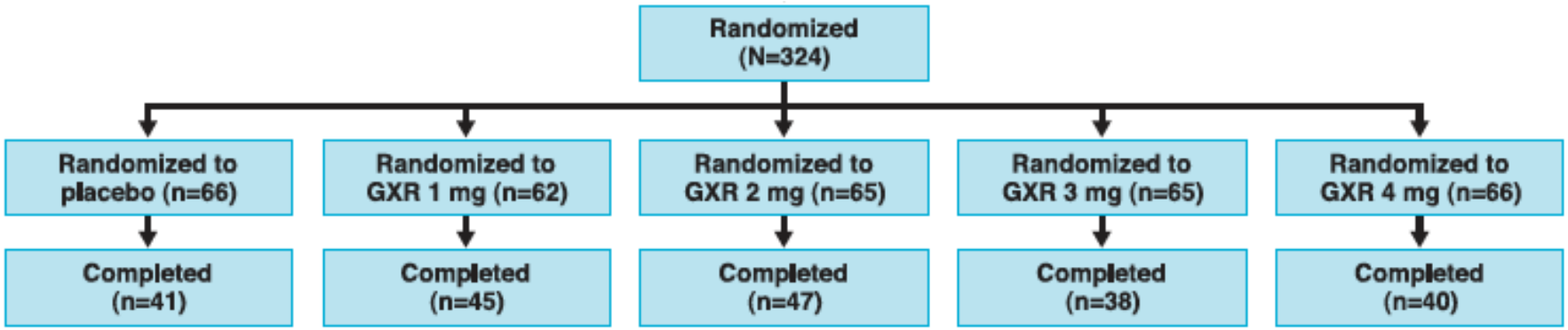
Meta-Analysis: Treatment of Attention-Deficit Hyperactivity Disorder in Children with Comorbid Tic Disorders. Bloch *et al JAACAP 9.2009*

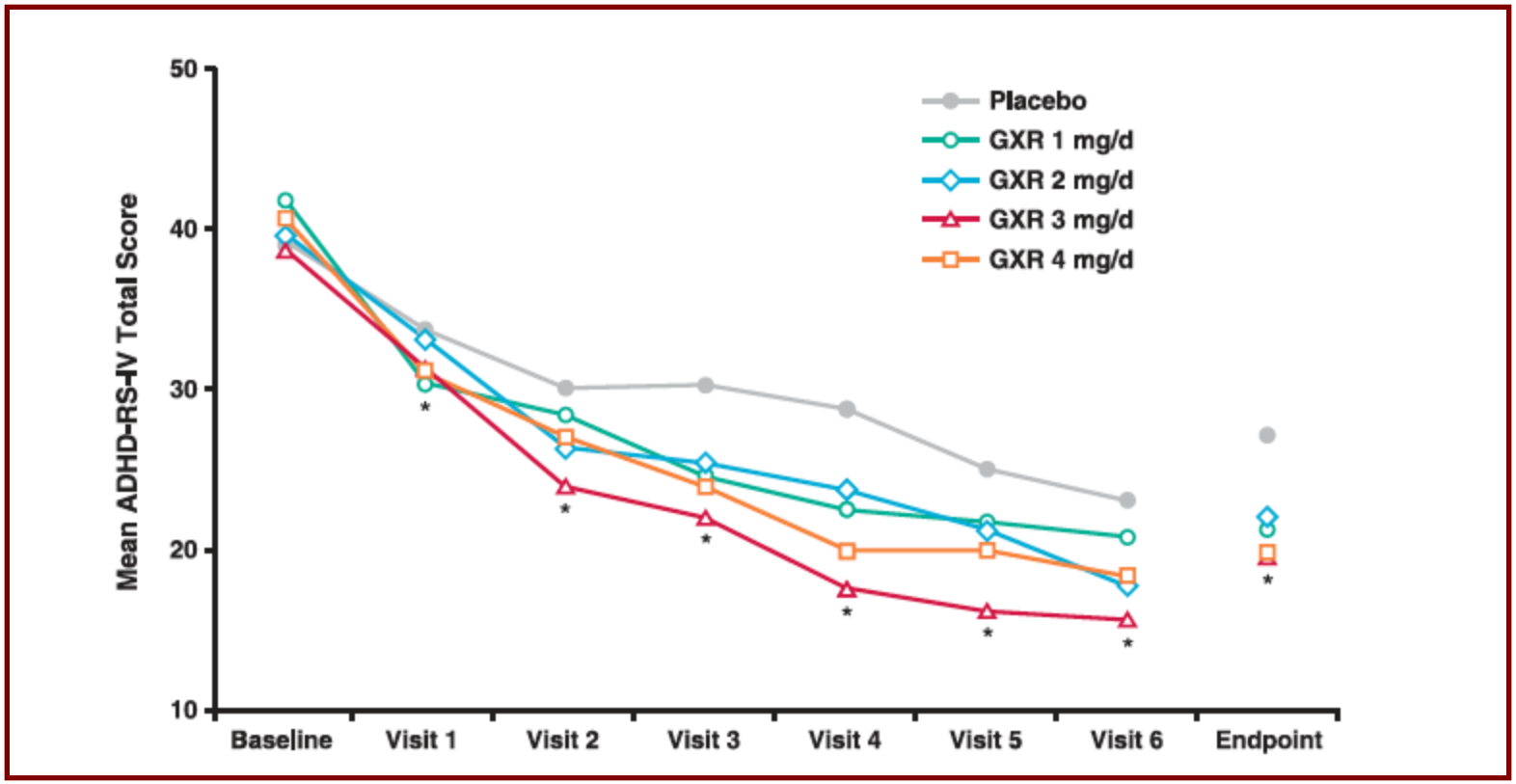
Placebo (n = 76)	CLON-XR 0.2 mg/day (n = 74)	CLON-XR 0.4 mg/day (n = 78)



Jain et al 2.11

Clonidine Extended-Release Tablets for Pediatric Patients with ADHD

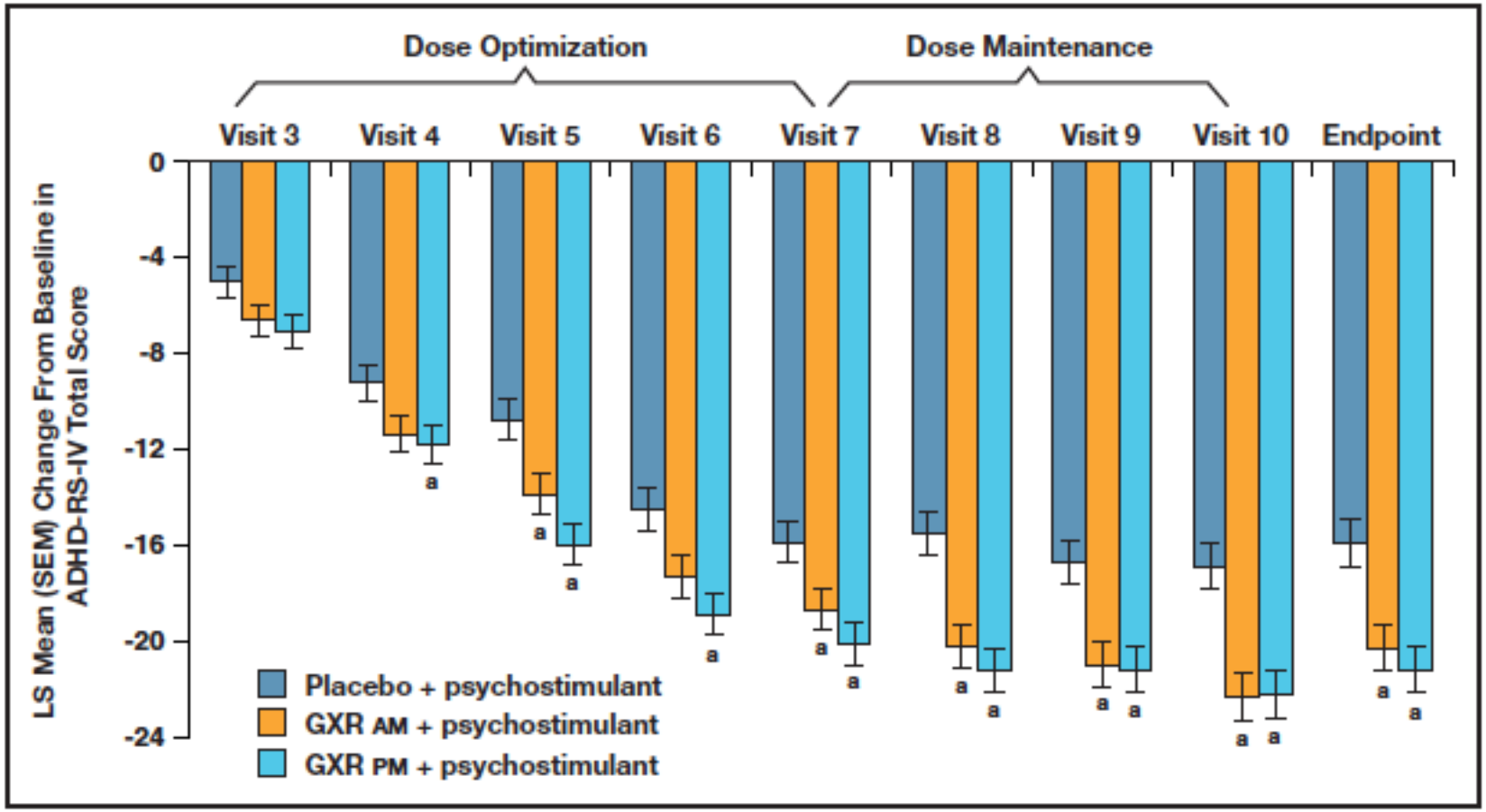




Sallee et al 2.09

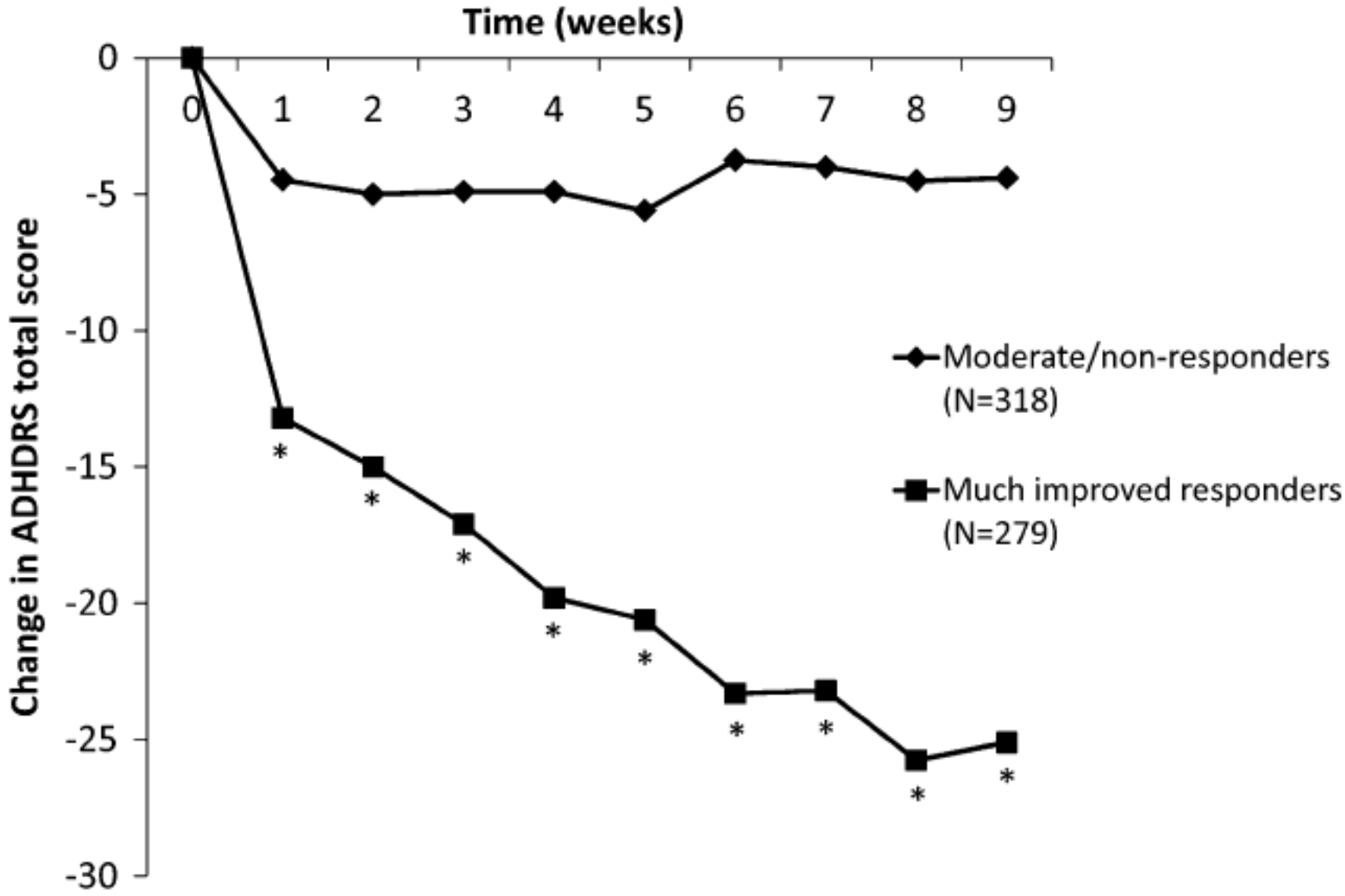
Guanfacine Extended Release in Children and Adolescents With ADHD: A Placebo-Controlled Trial

Placebo + Psychostimulant (n = 153)	GXR AM + Psychostimulant (n = 150)	GXR PM + Psychostimulant (n = 152)	FAS/Safety Population (N = 455)



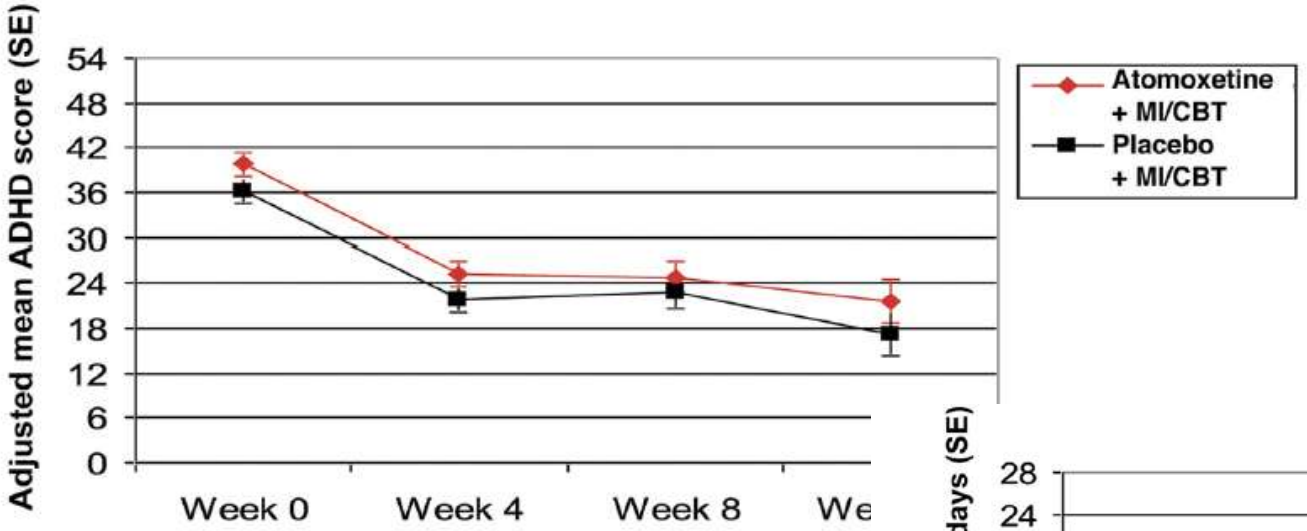
Wilens et al 1.12

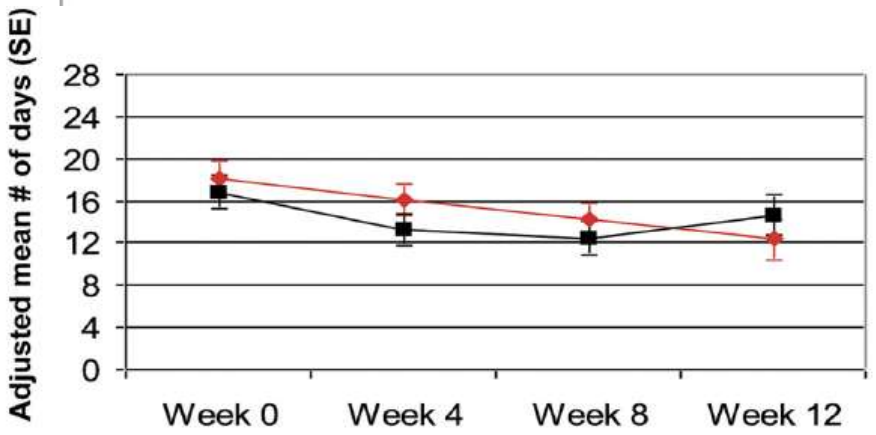
A Controlled Trial of Extended-Release Guanfacine and Psychostimulants for ADHD



Newcorn et al 5.09
Clinical Responses to Atomoxetine in ADHD: The Integrated Data Exploratory Analysis (IDEA) Study

Atomoxetine + MI/CBT *n* = 35 *n* (%) or mean (SD)	Placebo + MI/CBT *n* = 35 *n* (%) or mean (SD)

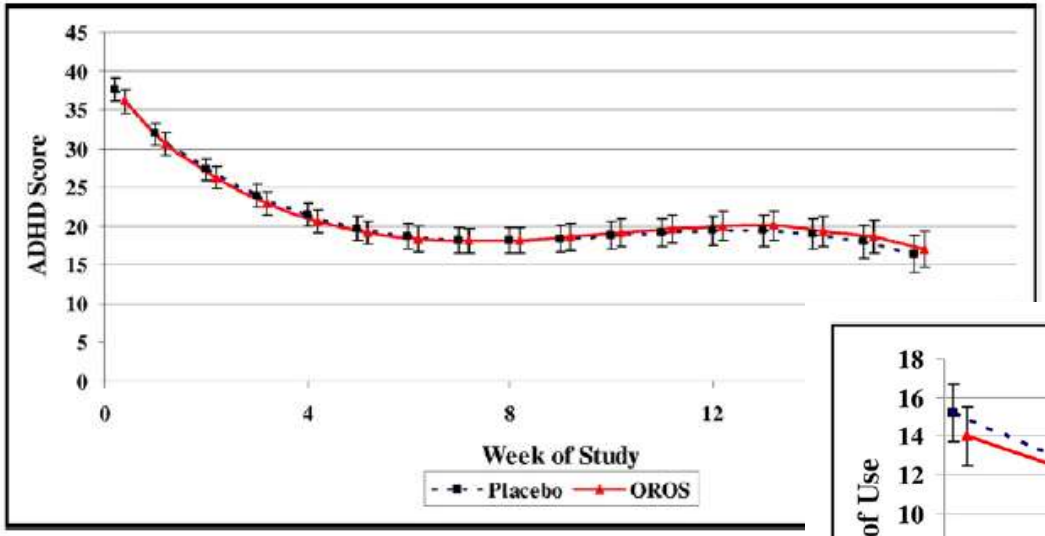


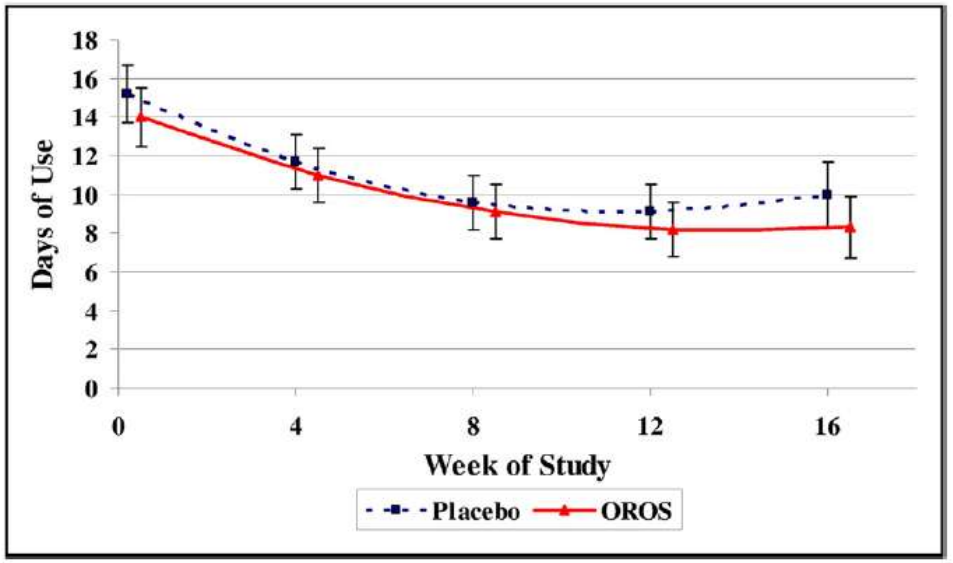


Thurstone et al 6.10

RCT of Atomoxetine for ADHD in Adolescents with Substance Use Disorder

OROS-MPH + CBT (n = 151)	Placebo + CBT (n = 152)	All (N = 303)

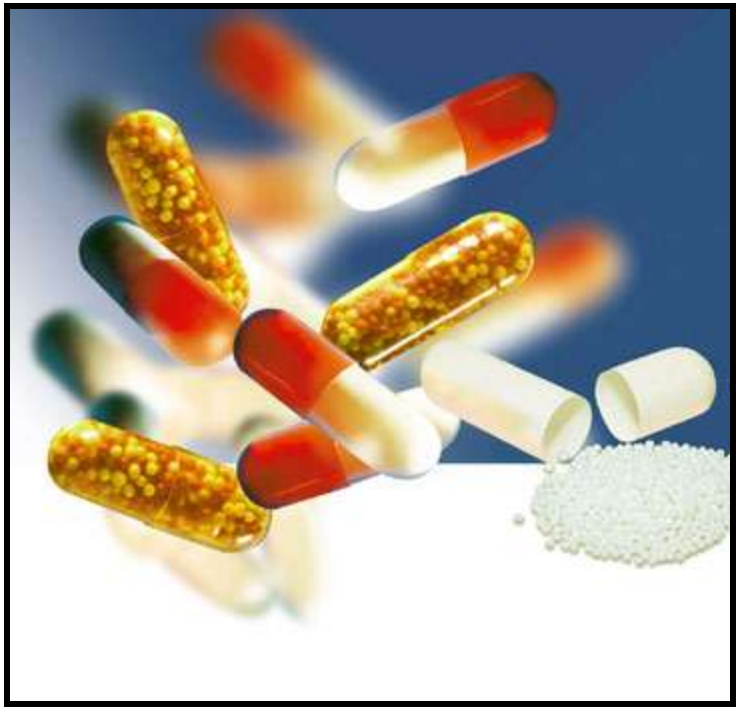




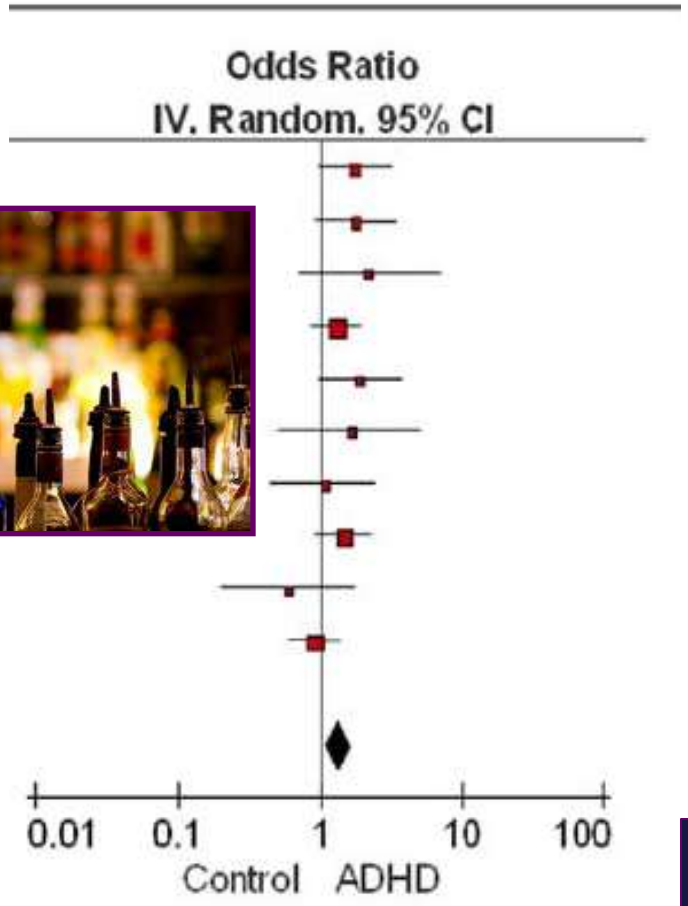
Riggs et al 5.11
RCT of Osmotic-Release Methylphenidate with CBT in Adolescents with ADHD and Substance Use Disorders

- 21 studies
- 113,104 subjects
- Past-year misuse rates:
  - 5-9% grade and high school
  - 5-35% college
- Lifetime diversion rates:
  - 16-29%

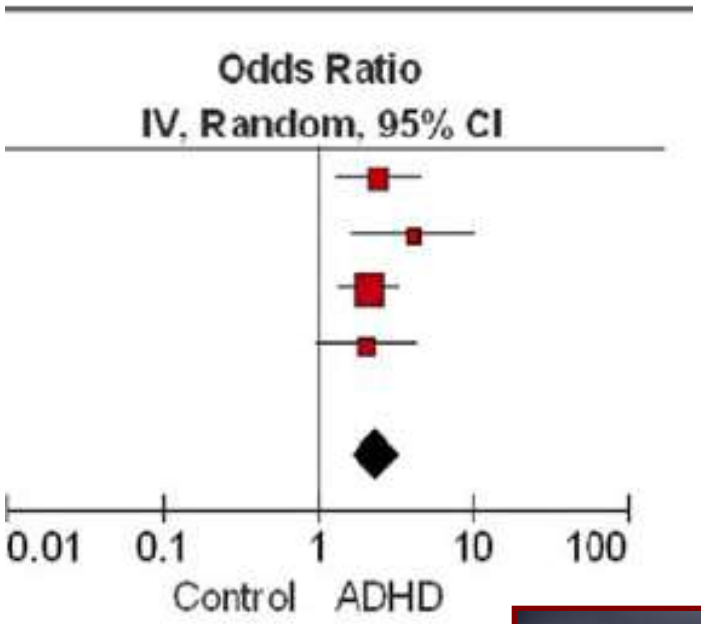
- Risk Factors:
  - Whites>minorities
  - Fraternities / sororities
  - IR>ER forms



Misuse and Diversion of Stimulants Prescribed for ADHD:
A Systematic Review of the Literature. Wilens et al *JAACAP 1.2008*



ETOH N=3,184
OR 1.35 (1.11, 1.64)



Nicotine N=3,184
OR 1.35 (1.11, 1.64)

Charach et al 1.11

Childhood ADHD and Future Substance Use Disorders: Comparative Meta-Analysis

The Real World: Unmet Need

- Longitudinal cohort, Los Angeles
- N=530, ages 5-11
- Three six-month intervals
- Primary care or MH clinics
- No treatment at 18 months: 34-44%
- Refill persistence: 31-49%

Zima et al 12.10
Quality of Care for Childhood ADHD in a Managed Care Medicaid Program

The Real World: Adherence

- Philadelphia public schools
- Medicaid eligible children
- Pharmacy claims, N=3,543
- Outcome = GPA
- Adherence = >0.7 med. possession
- r = 0.108 (p<0.001)
- Only 18.6% adherent

Marcus et al 5.11
Stimulant Adherence and Academic Performance in Urban Youth With ADHD

Our Past Informs Our Future

- Pediatric psychopharmacology the front end of a lifespan developmental model
- Electronic medical records + biospecimens = switch from phenotypic to molecular medicine
- Genomics and proteomics revolution = preemptive, preventive and curative care

Gracias - y olé !

Publicaciones Relevantes Sobre el TDAH

2008 - 2012

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CON F.I.A.S.

Fundación para una infancia y adolescencia saludables

Journal of the American Academy of CHILD & ADOLESCENT PSYCHIATRY

Andrés Martin, Editor
Madrid, Enero 28, 2012


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