ADHD: Pharmacological treatment adherence

Su-S-053

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ADHD is a chronic pathology that involves the entire life of an individual, all long-term pathologies, poor outcome is often influenced by drug treatment discontinuation. Little research is available on pharmacological adherence in ADHD; there is evidence that long-term treatment is effective. There are few studies that evaluate ADHD treatment satisfaction, but most of them are short-term studies, except MTA. MTA was an excellent long-term study, which was done on a continuous evaluation setting, (it is not a naturalistic study).

The aim of our research was to estimate how many patients were undergoing pharmacological treatment over a school year. Also to investigate whether learning difficulties and behavioral difficulties changed the pharmacological treatment compliance of patients with ADHD. Another goal of the study was to assess whether there were differences in pharmacological treatment adherence, between methylphenidate and atomoxetine, both usually used to treat ADHD children.

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Su-S-054

Irritability in attention deficit disorder. Subtype or comorbidity?

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Irritability is an important symptom in childhood psychopathology that has received an increase research attention in the last decade. There is not an operational definition of irritability that represents one and the same phenotype, which could be used by different researchers. In this research, the variable used is non-violent aggression (Althoff, 2010).

Objective. – Analyze the presence of irritability or non-violent aggression in a clinical sample referred with and without ADD.

Design. – Retrospective review of medical records.

Sample. – Five hundred patients from 6 to 16-years-old with CBCL-Parent 6–18.

Results. – The variable non-violent aggression (1) or irritability (α 0.855), is present in severe childhood psychopathology (50%) and can also distinguish two sub-groups of patients with attention deficit disorder. There are significant differences between those sub-groups in mean of Total Problems (á ˇSTP 57.7 DE 16.3 and á ˇSTP 93.1 DE 26.7), in the pattern of comorbidity, and presence of suicidal ideation.

Conclusions. – The CBCL variable of non-violent aggression allows distinguishing a clinical sub-group of ADD with severe psychopathology and if present, requires combination drug treatments.

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Su-S-055

Characteristic of symptoms of attention deficit disorder with hyperactivity (ADHD): Severity, frequency, areas of dysfunction and symptoms associated thresholds. Clinical population study of Latin-American child and adolescent F.R. De la Peña Olvera

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Objective. – To establish characteristics Attention Deficit Hyperactivity Disorder (ADHD) symptoms, severity, frequency, associated areas of dysfunction and symptoms thresholds. Clinical population study of Latin-American children and adolescent.

Methods. – Children and adolescents with ADHD from Mexico, Colombia, Venezuela, Argentina were included, a Spanish DSM.IV ADHD check list (ADHD-CL) was used to establish the best clinical estimation. To reach threshold, a symptom need to be 3 in a 1–5 level evaluation for severity and frequency with at least two areas of dysfunction.

Results. – Two hundred and thirty five subjects, mean age 10.3 years, 77.8% males. ODD presented in 36.5%. All symptoms reported a moderate to high severity/frequency correlation. Inattention symptoms reported more