Lisdexamfetamine Dimesylate for ADHD

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The first European study of lisdexamfetamine dimesylate in children and adolescents with ADHD: Overview

D.R. Coghill\textsuperscript{a}, T. Banaschewski\textsuperscript{b}, M. Lecendreux\textsuperscript{c}, C. Soutullo\textsuperscript{d}, M. Johnson\textsuperscript{e}, A. Zuddas\textsuperscript{f}, C. Anderson\textsuperscript{g}, R. Civi\textsuperscript{a}, N. Higgins\textsuperscript{a}, A. Lyne\textsuperscript{h}

\textsuperscript{a}Division of Neuroscience, Ninewells Hospital, Dundee, UK

\textsuperscript{b}Child and Adolescent Psychiatry and Psychotherapy, Central Institute of Mental Health, Medical Faculty Mannheim, University of Heidelberg, Mannheim, Germany

\textsuperscript{c}Pediatric Sleep Center, CHU Robert-Debré, Paris, France

\textsuperscript{d}Child and Adolescent Psychiatry Unit, Department of Psychiatry and Medical Psychology, University Clinic of Navarra, Pamplona, Spain

\textsuperscript{e}Child Neuropsychiatry Unit, Queen Silvia Children’s Hospital, Gothenburg, Sweden

\textsuperscript{f}Centre for Pharmacological Therapies in Children and Adolescent Neuropsychiatry, University of Cagliari, Cagliari, Italy

\textsuperscript{g}Shire Development LLC, Wayne, USA

\textsuperscript{h}Shire Pharmaceutical Development Ltd, Basingstoke, UK

*Corresponding author.

In this 7-week study, participants (6–17 years, \(n = 336\)) with attention-deficit/hyperactivity disorder (ADHD) were randomized to lisdexamfetamine dimesylate (LDX), placebo or osmotic-release oral-system methylphenidate (OROS-MPH; reference arm). The primary efficacy measure was the investigator-rated ADHD-rating scale-IV (ADHD-RS-IV). Safety assessments included treatment-emergent adverse events (TEAEs) and vital signs. Baseline mean (±SD) ADHD-RS-IV total scores were 40.7 ± 7.3 (LDX), 41.0 ± 7.1 (placebo) and 40.5 ± 6.7 (OROS-MPH). At endpoint, the difference between LDX and placebo in least squares mean change from baseline was –13.0 (–15.9, –10.2; effect size, 1.263). The most common TEAEs for LDX were decreased appetite, headache and insomnia. LDX was effective and generally well tolerated in children and adolescents with ADHD.

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Effect of lisdexamfetamine dimesylate on functional impairment in children and adolescents with ADHD

C. Soutullo\textsuperscript{a}, T. Banaschewski\textsuperscript{b}, M. Lecendreux\textsuperscript{c}, M. Johnson\textsuperscript{d}, A. Zuddas\textsuperscript{e}, R. Bloomfield\textsuperscript{f}, P. Hodgkins\textsuperscript{g}, L.A. Squires\textsuperscript{h}, D.R. Coghill\textsuperscript{i}

\textsuperscript{a}Child and Adolescent Psychiatry Unit, Department of Psychiatry and Medical Psychology, University of Cagliari, Cagliari, Italy

\textsuperscript{b}Child and adolescent Psychiatry and Psychotherapy, Central Institute of Mental Health, Medical Faculty Mannheim, University of Heidelberg, Mannheim, Germany

\textsuperscript{c}Pediatric Sleep Center, CHU Robert-Debré, Paris, France

\textsuperscript{d}Child Neuropsychiatry Unit, Queen Silvia Children’s Hospital, Gothenburg, Sweden

\textsuperscript{e}Centre for Pharmacological Therapies in Children and Adolescent Neuropsychiatry, University Of Neuroscience, University of Cagliari, Cagliari, Italy

\textsuperscript{f}Shire Development LLC, Wayne, USA

\textsuperscript{g}Shire Pharmaceuticals LLC, Wayne, USA

\textsuperscript{h}Shire Development LLC, Wayne, USA

\textsuperscript{i}Division of Neuroscience, Ninewells Hospital, Dundee, UK

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Duration of response of lisdexamfetamine dimesylate in children and adolescents with ADHD

A. Zuddas\textsuperscript{a}, T. Banaschewski\textsuperscript{b}, M. Lecendreux\textsuperscript{c}, R.W. Dittmann\textsuperscript{d}, I. Hernández Oteroe, C. Anderson\textsuperscript{f}, R. Civi\textsuperscript{a}, N. Higgins\textsuperscript{a}, R. Bloomfield\textsuperscript{g}, L. Squires\textsuperscript{h}

\textsuperscript{a}Centre for Pharmacological Therapies in Children and Adolescent Neuropsychiatry, Department of Neuroscience, University of Cagliari, Cagliari, Italy

\textsuperscript{b}Centre for Pharmacological Therapies in Children And Adolescent Neuropsychiatry, Department of Neuroscience, University of Heidelberg, Mannheim, Germany

\textsuperscript{c}Pediatric Sleep Center, CHU Robert-Debré, Paris, France

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