Tu-S-330

Health-related quality of life outcomes in children and adolescents with ADHD treated with lisdexamfetamine dimesylate

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Participants (6–17 years) with attention-deficit/hyperactivity disorder (ADHD) were randomized to lisdexamfetamine dimesylate (LDX), placebo or osmotic-release oral-system methylphenidate (OROS-MPH; reference arm). Health-related quality of life (HRQoL) was assessed at baseline, day 28 and day 49 using the Child Health and Illness Profile-Child Edition: Parent Report Form (CHIP-CE: PRF). The CHIP-CE: PRF achievement domain was selected as a priori as the primary HRQoL assessment. Baseline mean (±SD) CHIP-CE: PRF Achievement Domain T-Scores were 30.9 ± 9.7 (LDX), 30.1 ± 9.4 (placebo) and 31.2 ± 10.2 (OROS-MPH). The difference (active drug minus placebo) in least squares (LS) mean change (95% confidence interval) from baseline to endpoint in CHIP-CE: PRF Achievement Domain T-Score was 10.5 (7.9, 13.0; P<0.001, effect size 1.280) for LDX and 7.5 (4.9, 10.0; P<0.001, effect size 0.912) for OROS-MPH. LDX was more effective than placebo in improving HRQoL of children and adolescents with ADHD as measured by the CHIP-CE achievement domain. Supported by funding from Shire Development LLC.

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CAP journal watch: Editors’ symposium

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Journal impact factor – Holy Grail or siren voice?
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At the Journal of Child Psychology and Psychiatry our mission is to provide a translational bridge between the very best scientific research on child and adolescent psychology and psychiatry and clinical practice for the improvement of the lives of children and adolescents and their families. How do we know if we are doing a good job? In modern parlance — what is our impact? Our gold standard impact metric would be an estimate of the positive benefit that the clinical scientific research published in the JCP has on the lives of children and their families. However, the distal real-world impact of a journal such as ours is difficult, if not impossible, to gauge. We have to make do with more proximal measures of impact — that reflect the value and influence of our published papers to those working in the field-researchers, educators, students, clinicians and policy makers whose work we aim to inform. The journal impact factor (JIF) captures some of this — it is a standardised index of the average number of times an article published in one journal is mentioned in all other qualifying journals in a particular two-year time-window. From a journal’s perspective the JIF is important because of the message it carries to both prospective authors and readers alike that papers if published in the JCP are read and cited widely, are of high quality, relevant to contemporary issues, influential and authoritative. JIF is an important marker of the health of a journal. If the JIF drops the fear is that authors will stop submitting their best papers to it and readers will stop reading it. However, there is a downside to the relentless pursuit of high JIF as an end itself by journal editors which could have serious implications for both science and practice. Papers are not always cited for the right reasons (very bad papers can be highly cited because they are controversial); The JIF is open to manipulation by the journal and can be artificially inflated through ethically questionable practices (e.g., imposed self citation). An exclusive focus on increasing the JIF over all other considerations can distort a scientific field by making referees and editors more conservative and narrow in their choice of papers so altering the balance and mix of papers within a journal. It can also harm the development of young and talented independent researchers as higher status and more established researcher may take precedence. In this talk I discuss the strategic considerations that these issues raises for journals like the JCPP and I describe some of the dilemmas that editorial boards face in balancing JIF against the need to maintain a broad-based and accessible perspective of child psychology and psychiatry.

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Mobile Teams in CAP

Tu-S-568

Based on a 20-year experience of collaboration between child psychiatry and the police
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The presentation will describe the Child Development-Community Policing (CD-CP) program developed at the Yale Child Study Center as a response to children exposed to traumatic violence and will describe the brief trauma treatment, CFTSI, that grew out of many years of work with traumatized children and families. Both intervention strategies have been used with children and families who have been affected by violence, child abuse, acute medical trauma and other catastrophic events. The CD-CP program has proven effective in helping to stabilize acute reactions to traumatic events, serve as a method of engagement and for follow-up coordinated care. The Child and Family Traumatic Stress Intervention has demonstrated effectiveness in ameliorating symptoms in the peri-traumatic phase, increasing communication and family support, identifying the need for longer-term mental health treatment and, in significantly decreasing the likelihood of children developing PTSD and related disorders.

– the audience will have an appreciation of acute traumatization and the risk and protective factors for recovery that can inform intervention strategies;
– the audience will have an understanding of the Child Development-Community Policing Program as a part of a response to childhood trauma;