Breast-Feeding and PTSD

Among children who were hospitalized for severe burns or other injuries, those who were breast-fed during infancy experienced significantly fewer symptoms of posttraumatic stress disorder when queried 3 months after the injury, according to results of a poster presentation at the annual meeting of the International Society for Traumatic Stress Studies.

The study involved 29 children hospitalized at Shriners Burns Hospital, Boston, and 71 children hospitalized at Boston Medical Center for other injuries including motor vehicle accidents, gunshot wounds, and assaults. The children’s ages averaged 13 years, and almost half of them had been breast-fed.

The investigators, including Katherine K. Bedard and Dr. Glenn N. Saxe of the department of child and adolescent psychiatry at Boston University and their colleagues, assessed the children’s degree of psychosocial functioning and the severity of their PTSD symptoms, based on a measure called the Child PTSD Reaction Index (CPTSD-RI), and they asked the children’s parents whether the child had been breast-fed during infancy.

The average CPTSD-RI score was 18 among those who had been breast-fed (corresponding to “mild” PTSD according to standard interpretations of this measure) and 25 among children who had not been breast-fed (corresponding to “moderate” PTSD).

The history of breast-feeding was not addressed whether non-ADHD psychiatric comorbidities in young people with reading problems are related to the ADHD or to the reading problems (J. Am. Acad. Child Adolesc. Psychiatry 2007;46:25-32).

To determine associations between poor reading ability and psychiatric disorders in adolescence, Dr. Goldston and his colleagues reviewed psychiatric evaluations from 94 teens with poor reading skills and 94 teens with typical reading skills who were part of a larger longitudinal study.

After adjustment for sociodemographic variables, adolescents with reading problems were significantly more likely to have ADHD and significantly more likely to have anxiety disorders than were those with typical reading skills. Overall, 14.4% of poor readers met criteria for affective disorders, compared with 7.9% of typical readers. Major depressive disorder (the most common affective disorder) was present in 12.9% of poor readers and 7.9% of typical readers.

In addition, 23.9% of poor readers met criteria for anxiety disorders, compared with 7.6% of typical readers. Social phobia (the most common anxiety disorder) was present in 15.2% of poor readers and 3.0% of typical readers.

Finally, 24.8% of the poor readers met criteria for disruptive behavior disorders, compared with 10.9% of the typical readers. ADHD (the most common disruptive behavior) was present in 18.0% of poor readers.
readers and 4.9% of typical readers, Dr. Goldston and his associates reported. But after controlling for ADHD, they found that poor readers were still more than three times as likely as were typical readers to have anxiety disorders. In particular, poor readers were more than five times as likely to have generalized anxiety disorder and social phobia, compared with typical readers.

Poor reading ability also was significantly associated with higher overall levels of functional impairment, as well as impairment in the specific areas of role functioning, behavior toward others, thinking, and mood.

The findings suggest a relationship between psychiatric problems and reading problems in adolescence independent of ADHD and imply that reading assessments for adolescents who are having problems in school may not only improve their reading skills but also identify those in need of psychiatric care, the investigators said.

Gene CYP2D6 and Risperidone

The activity of the CYP2D6 gene may affect how children with developmental disorders respond to risperidone and release prolactin, based on data from a small study by Dr. Pieter W. Troost of the University of Groningen (the Netherlands) and colleagues.

Previous studies have shown that low to medium doses of risperidone in children may increase prolactin to dangerous levels that can be associated with side effects such as sexual dysfunction and impaired growth. To assess the role of the CYP2D6 gene on risperidone metabolism and prolactin levels, the investigators reviewed data from 25 children aged 5-15 years with pervasive developmental disorders (J. Clin. Psychopharmacol. 2007;27:52-7). Gene analysis showed that 5 children (20%) had no functional CYP2D6 genes, 6 (24%) had one functional gene, 12 (48%) had two functional genes, and 2 (8%) had three or more functional genes. The children were treated with an average daily risperidone dose of 0.06 mg/kg. After 8 weeks of treatment, elevated serum prolactin levels appeared to be positively, but not significantly, correlated with a greater number of CYP2D6 genes. Elevated serum prolactin was, however, positively and significantly correlated with an increased dose of risperidone and an increased concentration of serum 9-hydroxyrisperidone. Children with more functional CYP2D6 genes had higher levels of the metabolite 9-hydroxyrisperidone.

—From staff reports

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