ADHD Unaffected by 8-Week Course of St. John’s Wort

BY MARY ANN MOON
Contributing Writer

An 8-week course of St. John’s wort did not improve attention-deficit/hyperactivity disorder symptoms in what researchers described as the first-ever randomized clinical trial of the herbal remedy in children and adolescents, according to a report in JAMA.

Compared with placebo, St. John’s wort—one of the three most common herbal treatments for ADHD in the pediatric population—did not improve hyperactivity, impulsivity, or inattentiveness, reported Wendy Weber, Ph.D., of Bastyr University’s School of Naturopathic Medicine, Kenmore, Wash., and her associates.

As many as 30% of children with ADHD fail to respond quickly, given the huge response.

Both statements came in the wake of huge public reaction to the AHA’s original recommendations.

Dr. Friedman said the AAP thought it needed to respond quickly, given the huge response.

Dr. Friedman of Harvard Medical School and the pediatric cardiology unit at Massachusetts General Hospital, both in Boston, and his associates reported that all efficacy measures indicated that the 4- and 6-hour wear times improved ADHD symptoms, and that medication effects as measured by the SKAMP department scale and the PERMP math problems assessment decreased 2-4 hours after patch removal.

The main efficacy measures were the Swanson, Kotkin, Agler, M-Flynn, and Pelham Rating Scale (SKAMP) department scale and the Permanent Product Measure of Performance (PERMP) math test. Secondary efficacy measures included the Attention-Deficit/Hyperactivity Scale IV, the Clinical Global Impressions-Improvement, the Parent Global Assessment, and the Conners’ Parent Rating Scale.

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The study was funded by Shire Development Inc., which manufactures the Daytrana patches. Dr. Wilens and his associates disclosed that they receive or have received research support from, acted as a consultant to, or served on the speakers bureaus of many pharmaceutical companies, including Shire.

The researchers said further studies are needed “evaluating the impact of variable wear times on specific short- and longer-term adverse effects.”

Clarity Offered on ECGs, ADHD Medications

BY DAMIAN MCNAMARA
Miami Bureau

The American Academy of Pediatrics and the American Heart Association have issued a joint statement clarifying recent recommendations made by the AHA on evaluating and treating children and adolescents with attention-deficit/hyperactivity disorder. The original AHA recommendations suggested that a child’s risk for adverse cardiac outcomes be evaluated before initiating pharmacologic treatment of ADHD (“Screening ADHD Patients First, Heart Group Says,” CLINICAL PSYCHIATRY NEWS, May 2008, p. 17).

However, the joint statement, issued May 16, clarifies that treatment of a pediatric patient with ADHD should not be withheld because an electrocardiogram has not been done. The statement also says that certain heart conditions in children may be difficult, or in some cases impossible, to detect. So “the AAP and AHA feel that it is prudent to carefully assess children for heart conditions who need to receive treatment with drugs for ADHD,” according to the statement.

In a separate policy statement, the AAP said on May 28 that it does not recommend screening ECGs “unless the patient’s history, family history, or the physical examination raises concerns.”

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Adverse effects were mild or moderate and limited to those most commonly seen with traditional methylphenidate treatment: decreased appetite and headache.

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The documents cited in this article are available online at www.aap.org/news/ecg-adhd.htm.

The American Academy of Child and Adolescent Psychiatry; the American College of Cardiology; Children and Adults with Attention-Deficit/Hyperactivity Disorder; the National Initiative for Children’s Healthcare Quality; and the Society for Developmental and Behavioral Pediatrics also endorsed the clarification.