Borderline Traits Tracked in Teens

Borderline personality disorder appears to encompass a much broader range of psychopathology in adolescent inpatients than in hospitalized adults, reported Dr. Daniel F. Becker of the University of California, San Francisco, and his colleagues.

The investigators interviewed 123 adolescent inpatients, aged 11-18 years, who were a mean age of 15.9 years. Most (104) were white; 67 (54%) were boys (Compr. Psychiatry 2006;47:99-105).

Based on an interview, borderline personality disorder (BPD) was diagnosed in 65 adolescents—45% of boys and 65% of girls—and four factors associated with BPD presentation accounted for 67% of the overall variance.

Factor 1 reflected negative or self-deprecating aspects of BPD presentation, such as suicidal threats and gestures, and feelings of worthlessness or boredom. Factor 2 covered affected dysregulation or irritability, including uncontrolled anger. Factor 3 reflected interpersonal problems, such as unstable relationships. Factor 4 reflected impulsiveness.

The factors suggest that BPD in teens may be associated with Axis I disorders, and for an extended period of time indicated that sensitization could be a possibility.

At the panel meeting, Shire cited two studies of children aged 6-12 years with ADHD—4-2-day laboratory classroom study of 93 children and a pivotal multicenter outpatient study of 274 children that compared the patch with oral methylphenidate (Concerta) and placebo over 7 weeks. Significant improvements in behavior were seen within 2 hours of application of the patch (left on for 9 hours) and persisted for 3 hours after removing the company said.

The labeling instructions call for the patch to be left on for a maximum of 9 hours, but Dr. Biederman said that it can be left on for longer than 9 hours for a longer duration of effect. "We know from the early studies that the patch continues to work for about 2 hours after it's removed," he said. "So it may permit clinicians and families to actually vary the duration of effect, depending on their needs of the particular day, week, or month."

Normally, the patch is to be alternated, with alternating areas of the child's thighs each morning and removed later that day. But in the provocation study, patches were applied to a single area and left on continuously for days at a time, and 11% of patients did develop sensitization. For that reason, the label of the product as it will be released contains advice for giving children at therapeutic levels, to give children after a sensitization had actually occurred.

The patch will be available in four dosages: 10 mg, 15 mg, 20 mg, and 30 mg.

The averaged data for the three sites showed a statistically significant benefit of combination therapy over CBT alone, sertraline alone, and placebo. The investigators noted that adolescents with OCD should receive combination therapy.

"Personally, I think that's a misreading of the study," Dr. Pine said. "I think what the study really tells us is that really well-executed CBT in kids with OCD is every bit as good as monotherapy (with an SSRI) and is every bit as good as combination therapy; however, not-so-great CBT really needs an SSRI to work."

"It would be wonderful if CBT was always the treatment of choice, in children, patients, and cities, but it's not, and this study really shows it," he added.

CBT might be the preferred method for treating pediatric OCD, especially in patients without a history of attention-deficit hyperactivity disorder or major depression, because the availability of a CBT therapist will vary depending on the geographical location and the fact that there are "tremendous site differences in CBT," he said.

This recommendation only applies to the case where you have access to a very skilled CBT therapist who has worked with pediatric anxiety disorders, Dr. Pine explained.

An SSRI should be used if a skilled CBT therapist is not available or if a child has a severe anxiety disorder and will not undergo the crucial part of CBT that involves exposure to the feared stimulus, he advised.

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"Whether it will be widely accepted or not I think is still an open question," said Dr. Gorman, chairman of the section of clinical pharmacology and therapeutics for the American Academy of Pediatrics. It is important to note that use of a patch by young children would require intervention by a responsible adult at specific times twice daily, with just once a day for oral forms of methylphenidate, said Dr. Gorman, a pediatrician in private practice in Baltimore. The approval applies to children aged 6-11 years.

Approval of the patch—which is called Daytra and was codveloped by Shire Pharmaceuticals Inc. and Noven Pharmaceuticals Inc.—had been widely expected after the panel's endorsement. But the panel was citing the patch's potential to cause sensitization to methylphenidate, questioning how to read the warnings on the label would be.

Sensitization can occur with any medication delivered using a transdermal patch. People sometimes develop antibodies to the medication in transdermal patches, and when they are later challenged with an oral version of the medication, they may experience an allergic reaction. Theoretically, this could happen to a child who had used the methylphenidate patch from ever taking an oral form of the medication.

Dr. Laughern said such a sensitization reaction had never been seen in 765 patients exposed to methylphenidate patches in short-term trials. In one case that had been thought to involve sensitization, further study showed that sensitization did not occur. However, a separate provocation study with treatment in children demonstrated a threefold increase in the mean number of chromosomal abnormalities, from 1.7 per 50 cells to 5.1 per 50 cells. They also showed a 4.3-fold increase in the mean number of sister chromatid exchanges (the number of crossover events in a chromosome pair), from 6.1 to 26.3, and a 2.4-fold increase in micronuclei frequencies per 1,000 cells, from 3.6 to 8.5.

Despite the small sample size, the investigators said, their study was "remarkable in the consistency of the increase of every type of cytogenetic end point monitored, in every child receiving the drug."

The study opens the door for further large, randomized, in every child receiving the drug." The study really shows it," he added.

The psychoeducational support component included group and individual sessions with those of 39 age-matched adolescents who received standard prenatal care only. All of the young women in the study were 18 years old or younger at the time of conception and gave birth in the maternity ward of the same hospital between July 1, 2004, and June 30, 2005.

No significant differences were found between the two groups with respect to marital status or relationship with the babies' fathers, Ms. Melhado said. More than half of the young women in both groups were not married at the time of the study.

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