**Migraine Prevalence 6% Among Adolescents**

*Panel recommends that preventive therapy be offered to patients with six or more migraines per month.*

**BY BETSY BATES Los Angeles Bureau**

**PARIS —** Selective serotonin reuptake inhibitors have not been shown to increase suicide risk in children and adolescents with obsessive-compulsive disorder and should not be withheld from these patients, Dr. Martine F. Flament advised at the annual congress of the European College of Neuropsychopharmacology. Individual studies and pooled analyses have shown SSRIs to be comparable with clomipramine in pediatric cases of obsessive-compulsive disorder (OCD), said Dr. Flament, a professor of psychiatry and research director of the youth program at the University of Ottawa Institute of Mental Health Research.

Both clomipramine and SSRIs have produced 20%-45% improvement in clinical trials conducted since 1985, according to Dr. Flament. Clomipramine at 141-150 mg per day has been shown to be superior to placebo and to desipramine. Fluoxetine at 20-64 mg per day, sertraline at 160-167 mg per day, and fluvoxamine at 50-200 mg per day also were superior to placebo in randomized trials.

She also cited a meta-analysis that found a statistically significant but modest benefit for SSRIs in the treatment of pediatric OCD (Am. J. Psychiatry 2003;160:1919-28). “So there is evidence that medication works. It brings some improvement, but not complete remission,” she said.

Despite growing concern that SSRIs increase suicide risk in children and adolescents being treated for depression, Dr. Flament said no individual study has shown SSRIs are associated with more suicidal ideation or behavior than placebo in children being treated for OCD. Most recent studies have not identified any treatment-emergent suicidal behaviors, she added. Pooled analyses of controlled studies in OCD and other anxiety disorders have shown other behavioral side effects, she said, listing activation, akathisia, disinhibition, impulsivity, and hyperactivity. Again, she said, no analysis has shown a significant risk for increased suicidal thoughts or behaviors.

Rigorous clinical monitoring for suicidal ideation and behavior is advised in youth, as in older patients, she said, adding that “in pediatric OCD, SSRI treatment is generally thought to show a favorable risk to benefit ratio.”

To optimize treatment response, Dr. Flament recommended assessing how a child with OCD responds to the first medication prescribed. If the patient does not respond in 10-12 weeks to one SSRI, she suggested trying another SSRI.

If, however, the child has a partial response, Dr. Flament offered two options. Combining medication with behavioral therapy has been shown to improve outcomes and decrease the relapse rate when medication is discontinued, she said. The other option is augmentation either to enhance serotonin neurotransmission or to antagonize dopamine neurotransmission in children with comorbid tic disorders.

Augmentation has been shown to improve outcomes. Dr. Flament said, with the caveat that few studies have been conducted and with very small numbers of children.

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**SSRIs Not Known to Promote Suicide Risk in Pediatric OCD**

**BY JANE SALODOF MacNEIL Southwest Bureau**

The national prevalence study drew from results of validated questionnaires sent to 120,000 households representative of the U.S. population. Among 18,714 respondents whose descriptions of their headaches met the International Headache Society criteria for migraine, 1,178 were adolescents. The 1-year prevalence for migraine among these respondents was 5% of males and 7.7% of females, with a female predominance that rose through early adolescence to peak in those aged 15-16 years, when 8.1% of females reported migraines. Nearly 60% of the adolescents used over-the-counter (OTC) medications to treat their migraines, 16.5% relied on OTC medications to treat their migraines, 16.5% relied on OTC medications to treat their migraines, 16.5% relied on OTC medications to treat their migraines, 16.5% relied on OTC medications to treat their migraines, 16.5% relied on OTC medications to treat their migraines. The other option is augmentation either to enhance serotonin neurotransmission or to antagonize dopamine neurotransmission in children with comorbid tic disorders. Augmentation has been shown to improve outcomes. Dr. Flament said, with the caveat that few studies have been conducted and with very small numbers of children.

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**Daily Stress Management Can Work in Classroom Setting**

**BY MARY ELLEN SCHNEIDER New York Bureau**

**PHILADELPHIA —** A 10-minute, daily stress management intervention delivered in an elementary school classroom can decrease feelings of anxiety and improve a child’s ability to relax, Dr. Denise Bothe said at the annual meeting of the Society for Developmental and Behavioral Pediatrics.

“The technique was adopted by many of the children who continued to use it in their daily lives to help them cope with stressful circumstances,” said Dr. Bothe, a fellow in the division of behavioral pediatrics and psychology at the Rainbow Babies and Children’s Hospital in Cleveland. Dr. Bothe and her colleagues conducted a pilot study of stress management techniques among third graders.

The stress management intervention was 10 minutes long. It involved deep breathing, movements for stretching and focus, and a 5-minute script with imagery read by the teacher. The intervention was performed daily for 4 months by the classroom teacher.

In the control group, the teacher read aloud to the class out of a children’s book. The intervention group showed an increase in heart rate variability from baseline to 4 months and a statistically significant improvement between baseline and 1 year.

The intervention did not appear to have any impact on academic performance, which was measured using math test grades and proficiency scores, Dr. Bothe said.

The researchers also evaluated relaxation using heart rate variability. The control group children did not show an increase in their ability to relax. The intervention group showed an increase in heart rate variability from baseline to 4 months and a statistically significant improvement between baseline and 1 year.

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