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SUPPLEMENT 5

S U P P L E M E N T

Long-Term Safety of Methylphenidate
in the Treatment of ADHD:
Dispelling the Myths and Misconceptions
About Stimulant Therapy Abuse

*Editor's Choice for Independent Study:
A Supplement From The Journal of Clinical Psychiatry*

THE OFFICIAL JOURNAL OF THE ASSOCIATION OF MEDICINE AND PSYCHIATRY

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CME OBJECTIVES

After completing this educational activity, participants should be able to:

- Summarize the findings of a longitudinal study of ADHD
- Discuss the association between stimulant therapy and substance use disorders
- Compare the abuse potential of available stimulants

STATEMENT OF NEED AND PURPOSE

Stimulants generally provide substantial short-term symptomatic improvement, with few serious adverse effects, when used in attention-deficit/hyperactivity disorder (ADHD), but additional studies of the long-term effects of these agents are needed. This activity was designed to meet the needs of participants in the CME activities of Physicians Postgraduate Press, Inc. who have requested updated information on the treatment of ADHD. There are no prerequisites for this activity.

ACCREDITATION STATEMENT

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DATE OF ORIGINAL RELEASE/REVIEW

This Supplement was published in August 2003 and is eligible for CME credit through August 31, 2005. The latest review of this material was July 2003.

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In the spirit of full disclosure and in compliance with all ACCME Essential Areas and Policies, the faculty for this CME activity were asked to complete a full disclosure statement. The information received is as follows:

Dr. Biederman has received research support from Shire Richwood, Eli Lilly, Wyeth, Pfizer, Cephalon, Novartis, Janssen, Noven Pharmaceutical, Stanley Foundation, National Institute of Mental Health, National Institute of Child Health & Human Development, and National Institute on Drug Abuse; is on the speakers bureaus for GlaxoSmithKline, Eli Lilly, Pfizer, Novartis, Wyeth, Shire Richwood, Alza, and Cephalon; and is on the advisory boards for Eli Lilly, Celltech, Shire Richwood, Novartis, Noven Pharmaceutical, Alza, McNeil, and Cephalon.

Dr. Faraone is a consultant for and has received grant/research support from Ortho-McNeil, Eli Lilly, and Shire Richwood; and has received honoraria from and is a member of the speakers/advisory boards for Ortho-McNeil, Eli Lilly, Shire Richwood, and Novartis.

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Editor's Choice

Attention-deficit/hyperactivity disorder (ADHD) has great potential for disrupting the lives of adolescents, young adults, and their families. Our patients suffering from ADHD and their parents turn to us in primary care for guidance regarding treatment, often with great fear based on misconceptions and myth. One of their greatest concerns is whether stimulant treatment will turn them or their child into a drug addict. This *Editor's Choice* Supplement provides a valuable synthesis of studies that have addressed this concern in recent years. Its conclusions are of great value for us in counseling families about stimulant treatment.

The data are very reassuring: the individual studies reported by Biederman (4 years of follow-up) and Fischer and Barkley (13 years of follow-up) and the meta-analysis of 7 studies by Faraone and Wilens overwhelmingly support the conclusion that, compared with no pharmacologic treatment, stimulant use is *protective* against rather than a risk for later substance abuse. Those receiving stimulant treatment later engage in substance abuse at only half the rate expected. Although studies to date have been naturalistic follow-up in design rather than random-

ized trials, the cumulative sample size and relative consistency of results strengthen the conclusions.

Kollins, in a review of animal and human neuropharmacologic studies, provides insight into the mechanisms by which stimulants, particularly methylphenidate, act on the brain and the rationale by which methylphenidate has less abuse potential than other stimulants.

A final key finding that emerges in the Supplement is the importance of conduct disorder in the development of substance abuse. Conduct disorder clearly predisposes individuals, especially those with ADHD, to abuse substances. Early ADHD treatment, if it might prevent the development of a conduct disorder, may provide an additional protective mechanism. Clearly, our evolving understanding of these relationships, and the new reassuring insights conveyed in this Supplement, have great practical and public health value for us in daily practice.

Larry Culpepper, M.D., M.P.H.
Editor in Chief

*The Primary Care Companion to
The Journal of Clinical Psychiatry*