

EDITOR'S NOTE

This column reflects our commitment to provide you, the primary care physician, with information that will prove helpful in making informed decisions about the care of your patients who suffer from psychiatric disorders. We will highlight abstracts of high interest to you from our sister publication, *The Journal of Clinical Psychiatry*, and summarize pertinent articles from the general scientific literature. We hope that this section is clinically relevant to your practice and that it will encourage you to expand your horizons.

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Medical Students' Attitudes to Psychiatric Illness in Primary Care

Dixon RP, Roberts LM, Lawrie S, et al.

Med Educ 2008;42(11):1080–1087

Background: General practitioners (GPs), past research has shown, have negative attitudes toward patients with schizophrenia, attitudes that do not merely acknowledge the nature or chronic aspects of the illness. This study sought to characterize the attitudes and predicted conduct of medical students toward patients with mental illness in a primary care setting and to examine if the students' level of training influenced these attitudes.

Method: One of 4 case vignettes was given to a sample of 1239 students from the University of Birmingham Medical School. The vignettes were identical except that the patient involved was characterized as having been diagnosed previously with either schizophrenia, depression, diabetes, or no illness. Students rated their level of agreement with 12 attitudinal statements relating to the vignette.

Results: A total of 1081 students (88%) responded to the questionnaire. Patients with either schizophrenia or depression elicited responses from students that were generally less favorable. The students would be less happy to have such individuals as patients, believed they would consume more time, and thought that they would be less likely to comply with advice and treatment. The risk of violence, the potential welfare of children, and the possibility of illegal drug and excessive alcohol use were expressed concerns. These reactions were affected very little by general clinical and psychiatric training.

Conclusions: Patients with mental illness provoke less favorable responses in medical students, responses that are not a function of education. That students develop an empathetic and positive approach to mental health patients and their treatment should be ensured by re-evaluating undergraduate primary care-based mental health education.

Attention-Deficit/Hyperactivity Disorder–Specific Quality of Life With Triple-Bead Mixed Amphetamine Salts (SPD465) in Adults: Results of a Randomized, Double-Blind, Placebo-Controlled Study

Spencer TJ, Landgraf JM, Adler LA, et al.

J Clin Psychiatry 2008;69(11):1766–1775

Objective: To assess the quality of life (QOL) in adults with attention-deficit/hyperactivity disorder (ADHD) given triple-bead mixed amphetamine salts (MAS), a long-acting amphetamine formulation designed for a duration of action of up to 16 hours.

Method: 274 adults with ADHD (DSM-IV-TR criteria) were randomly assigned to 7 weeks of double-blind treatment with an optimal dose of triple-bead MAS (12.5 mg to 75 mg) (N = 137) or placebo (N = 137). As a secondary objective of this study, QOL was assessed on the basis of self-reported Adult ADHD Impact Module (AIM-A) scores, describing ADHD-specific QOL in 6 domains and global QOL (questions 1–4). To assess safety, data were collected on adverse events, vital signs, electrocardiograms, laboratory tests, and sleep quality. The trial was conducted from January 2005 to June 2005.

Results: Statistically significant improvement between triple-bead MAS and placebo was observed in all 6 ADHD-specific AIM-A subscales. In addition, statistically significant improvement in global QOL between triple-bead MAS and placebo was seen, based on AIM-A question 1 ($p = .0006$) and question 4 ($p = .0001$). Patients' age, gender, race, and prior use of stimulant medication were not found to significantly affect AIM-A subscale scores. The most common treatment-emergent adverse events with triple-bead MAS (insomnia, dry mouth, decreased appetite, headache, and weight decreased) were consistent with amphetamine treatment, and their incidence generally decreased with time.

Conclusions: Adults with ADHD showed significantly improved QOL for both ADHD-specific and global measures with triple-bead MAS in comparison to placebo, based on AIM-A scores. Treatment-emergent adverse events were mostly mild to moderate in intensity and were consistent with amphetamine treatment.

Trial Registration: clinicaltrials.gov Identifier: NCT00150579