

- 1088 An Open-Label Study of the Efficacy and Tolerability of Aripiprazole for Children and Adolescents With Tic Disorders.
- 1094 A Randomized, Placebo-Controlled Clinical Trial of Bupropion for the Prevention of Smoking in Children and Adolescents With Attention-Deficit/Hyperactivity Disorder.
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- 1109 Is Age-at-Onset Criterion Relevant for the Response to Methylphenidate in Attention-Deficit/Hyperactivity Disorder?

To Medicate or Not to Medicate?

In this issue of “Focus on Childhood and Adolescent Mental Health,” we present 4 articles describing when medication may and may not be the treatment of choice for youth with psychopathology and when other nonpharmacologic interventions may be helpful. The studies we present not only improve our understanding of the effectiveness, or lack thereof, of medications for novel indications or populations, but also provide additional tolerability and safety data regarding the use of these agents in pediatric populations. Yoo and colleagues examined aripiprazole for the treatment of tic disorders in an 8-week open-label study of 24 youth. This is one of the first studies examining aripiprazole for this indication. The authors report that 79% of study participants demonstrated either much or very much improved status of their tics following treatment. However, 25% of patients were unable to complete treatment because of the adverse effects of this medication. The findings of this preliminary study suggest that double-blind, placebo-controlled studies to determine the efficacy and tolerability of aripiprazole for this population are needed.

In the second study, Monuteaux and colleagues conducted a double-blind, placebo-controlled study of bupropion for the prevention of smoking in youth with attention-deficit/hyperactivity disorder (ADHD). This study is unique in that it followed the study participants for up to 6.5 years. However, while the study failed to demonstrate the efficacy of bupropion for this indication, the results of post hoc analyses suggest that treatment with stimulants was associated with decreased risk of smoking onset. This study adds to the growing literature indicating that effective treatments for ADHD youth decrease risk for developing subsequent substance use.

Few studies have examined childhood risk and protective factors associated with outcome in patients with personality disorders. To address this issue, Skodol and colleagues evaluated the effect of childhood experiences, including interpersonal relationships and positive achievements, on the outcome of a large sample of over 500 adults with personality disorders, including schizotypal, borderline, avoidant, and obsessive-compulsive personality disorders. The results of the study indicate that positive interpersonal relationships during youth are associated with remission of cluster A personality disorders. The authors present a study that provides important clues regarding potential targets for interventions during childhood that may positively impact the outcomes of individuals with personality disorders. Future studies aimed at investigating the effects of enhancing positive experiences during childhood in those with and at risk for developing personality disorders are needed.

The age-at-onset criterion (“Some symptoms causing impairment must be present before 7 years of age”) for DSM-IV-TR–defined ADHD is the subject of much debate. To determine whether this criterion is needed to effectively treat those who have ADHD symptoms but do not meet the age-at-onset criterion, Reinhardt and colleagues describe their study comparing response to methylphenidate in 180 children and adolescents and 111 adults with ADHD. In contrast to the children and adolescents in this study, the adults with ADHD did not meet the age-at-onset criterion. The study design is unique in that few studies directly compare treatment response and outcomes of youth and adults. Consistent with findings from other recent studies, this study reveals that methylphenidate response was better in adults with late-onset ADHD than in children and adolescents who met the age-at-onset criterion. Although this study suggests that treatment for patients with ADHD symptoms may be indicated even if they fail to present with symptoms prior to age 7, we need to remember to carefully screen all patients who present with late-onset ADHD for mood disorders before the diagnosis of “late-onset” ADHD is considered.

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