updated as new information becomes known. The safety of paediatric medicines is of paramount importance and the SPC's specify where a treatment should not be used through the contra-indications section. ADHD is a condition affecting 4-8% of the paediatric population and medicinal treatments are commonly used.

Methods: A systematic review of the contra-indications for the licensed treatments for ADHD in the UK was undertaken. Data was extracted from the Electronic Medicines Compendium. Categorisation of contra-indications was done using relevant body systems. Where appropriate, language was reported verbatim. Atomoxetine is defined as a non-stimulant, methylphenidate and dexamfetamine as stimulants.

Results: There are eight licensed treatments (1992-2007) falling into two categories; non-stimulants and stimulants.(1:7) Most SPC's (75%) have been amended from February to July 07.

Numbers of contra-indications; all treatments 3-20, all stimulants 9-20, methylphenidate formulations 10-20. There are inconsistencies in the specific contra-indications between the various formulations of methlyphenidate. The only contra-indication common to all treatments is glaucoma. All forms of methylphenidate are contra-indicated in marked anxiety/tension, diagnosis/family history of Tourettes, severe angina, arrythmias and hyperthyroidism. Atomoxetine is the only treatment with no cardiac or neurological contra-indications.

Conclusions: The contra-indication section (4.3) of the SPC is a valuable tool when assessing the safety of comparative ADHD medications.

P0320

OROS®-MPH in adolescents with ADHD transitioning from Atomoxetine or ER-MPH (medikinet retard®) - a post-hoc analysis

A. Adam [1], F. Haertling [2], M. Bogdanow [3], F. Mattejat [4], L. Hargarter [5], B. Schauble [5]. [1] *Private Practice, Munich, Germany* [2] *Private Practice, Frankfurt, Germany* [3] *ClinAssess, Leverkusen, Germany* [4] *Department of Child and Adolescent Psychiatry, University of Marburg, Marburg, Germany* [5] *Medical & Scientific Affairs, Janssen-Cilag, Neuss, Germany*

Objectives: To explore changes in quality of life (ILC) in adolescents with attention-deficit/hyperactivity-disorder (ADHD) transitioning from Atomoxetine (ATX) or ER MPH (Medikinet retard) onto OROS MPH.

Methods: Post hoc analysis. 12 week, open label non-interventional trial in adolescents (ADHD; ICD-10 criteria) transitioning from ER MPH or Atomoxetine onto flexible dose of OROS MPHs. Effectiveness parameter were changes in IOWA Conners' parent rating scale, C-GAS, ILC adolescents and parents and questions focusing on afternoon activities.

Results: 57 adolescents were analyzed (median age 14 years, 84.2% male). Insufficient efficacy (77.2%), adverse events (3.5%) or a combination of both (19.3%) led to transition to OROS MPH. Mean dose of ER MPH prior was 34,3mg±19,3 and mean dose of atomoxetine was 53,2mg±17,9. Eight patients terminated the study prematurely. Median dose of OROS MPH at endpoint was 54mg/day. "Playing with other children", "doing household chores", "doing homework", "going to bed in the evening", and "ability to visit or receive visitors" improved (all $p<0.001$) as well as C-GAS ($p<0.00001$), Conner's parent rating scale, ILC parents and adolescent's (all $p<0.001$).

Adverse events (AE) with under OROS MPH treatment were reported in 45.6% of patients. AE ≥5% were involuntary muscle contractions not further specified (5.3%), insomnia (5.3%), and ineffective medication (5.3%).

Conclusion: Transitioning from ER MPH or ATX to OROS MPH in adolescents with ADHD was associated with an improvement in quality of life in adolescents and their parents and in daily functioning. Improved symptom control during late afternoon and early evening activities was apparent.

P0321

Changes in quality of life in ADHD-patients treated with extended-release Methylphenidate (OROS®-MPH) - results from an open-label naturalistic study

C. Mitt [1], W. Arend [2], B. Schauble [3], L. Hargarter [3], F. Mattejat [4]. [1] *Private Practice, Solingen, Germany* [2] *Private Practice, Kassel, Germany* [3] *Medical & Scientific Affairs, Janssen-Cilag, Neuss, Germany* [4] *Department of Child and Adolescent Psychiatry, University of Marburg, Marburg, Germany*

Objectives: To explore changes in daily functioning (C-GAS) and quality of life (ILC) in children and adolescents with ADHD OROS®-MPH and their parents.

Methods: Full analysis. Open label non-interventional trial in children & adolescents with ADHD (ICD-10 criteria) treated with flexible dose OROS MPH for 3 months (42603-ATT-4001). Effectiveness parameter were C-GAS, ILC adolescents and parents and IOWA Conners' parent rating scale at baseline and endpoint.

Results: 598 patients with ADHD (ICD-10 criteria; Ø age 10.4 years ± 2.6; 84.8% male) were documented. 81.6% completed the observation. Mean OROS MPH dose at last observation was 33.5 mg/day (SD ± 13.3). Patients improved on C-GAS from 58.9±14.7 to 71.2±15.1 ($p<0.001$). IOWA Connors Symptoms decreased from 29.0 ± 10.5 to 18.5 ± 10.6 ($p<0.0001$). ILC improved from 18.8 ± 4.0 to 20.8±3.8 in children and adolescents ($p<0.0001$) and from 17.2±3.9 to 19.7±3.9 in parents ($p<0.001$). At endpoint, 76.8% of patients showed at least minimal improvement on CGI-C. Adverse events were reported in 28.8% of patients. AEs listed in ≥2% of patients were insomnia (7.7%), anorexia (3.9%), ineffectiveness (2.8%), headache (2.3%), nervousness (2.2%) and involuntary muscle contractions (2.2%). There were no significant changes in blood pressure or pulse.

Conclusion: Treatment with OROS®-MPH was associated with a clinically relevant improvement in daily functioning in patients with ADHD and Qol improved significantly in patients and their parents. Treatment with OROS®-MPH was well tolerated.

P0322

Truth in psychiatry: Need for a pluralogue

M.A. Schwartz [1], O.P. Wiggins [2]. [1] *Philosophy, Ethics, and Humanities in Medicine; Clinical Professor of Psychiatry, University of Hawaii, Hawaii, USA* [2] *University of Louisville, Louisville, KY, USA*

Background and Aims: In order to assist in ameliorating suffering and improving health, psychiatrists engage with patient's experiences and behaviors and the social milieu within which these experiences and behaviors emerge and are expressed. How can psychiatric illnesses (complex biopsychosocial entities) be classified, comprehended, and treated?

Method: Pluralogue.

https://doi.org/10.1016/j.eurpsy.2008.01.1363 Published online by Cambridge University Press