A recent epidemiological study, The National Comorbidity Survey of 10,000 adults indicated an adult population prevalence of ADHD of 4,4% (Kessler et al, 2005). A similar figure (4%) was obtained by Faraone and Biederman 2005 in a population survey of 966 adults (Faraone&Biederman, 2005).

Specific clinical characteristics of adults with ADHD, diagnostic issues, and comorbidity of ADHD in adults have been discussed in comparison with those in children.

Weiss G, Hechtman L, Perlman T. Hyperactives as young adults: School, employers and self-rating scales obtained during 10 years follow-up evaluation. Am J Orthopsychiatry 1978; 48: 438-445

Faraone SV, Biederman J. What is the prevalence of adult ADHD? Results of a population screen of 966 adults. J of Att Dis 2005; 9(2): 384-391

P0282

Treatment with OROS®-Methylphenidate in adolescents is associated with an improvement in functioning and quality of life - A post-hoc analysis

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Objectives: To explore changes in daily functioning (C-GAS) and quality of life (ILC) in adolescents (12-18 years) with ADHD treated with OROS®-MPH and their parents.

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

Results: 129 out of 598 patients were adolescents (Ø age 14.2 years; 84.5% male) and 88.4% completed the study. Treatment was discontinued due to adverse events (3.9%), insufficient effectiveness (4.6%), lost to follow up (3.1%). Mean dose of OROS MPH increased from 34.6 mg/day ± 13.4 at baseline to 39.2 mg/day ± 13.4 at endpoint. C-GAS improved from 60.2 ± 14.0 to 72 ± 14.4 ($p<0.001$). Mean sum score on ILC-adolescents improved from 18.7 ± 3.6 to 20.6 ± 3.7 ($p<0.001$) and ILC-parents increased from 16.7 ± 3.9 to 19.6 ± 3.8 ($p<0.001$). Effectivity and tolerability was rated as at least good by >80% of physicians. 80.6% of parents were at least satisfied with therapy. 46 treatment - emergent adverse events were reported in 30 patients. AEs listed overall in ≥2% of patients were insomnia (3.9%), infection (2.3%), headache (2.3%), and nervousness (2.3%).

Conclusion: Transitioning onto OROS®-MPH in adolescents was associated with a clinically relevant improvement of Qol and daily functioning. Treatment with OROS MPH was well tolerated.

P0283

Enhancing communication and collaboration with youth-oriented psychopharmacology resources

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Background: Youth and their caretakers exchange information with health providers in order to participate in shared decision-making or to make autonomous treatment choices. Tools supporting these exchanges for psychotropics are not readily available.

Methods: In partnership with the Provincial Centre of Excellence for Child and Youth Mental Health, two pharmacists and a psychiatrist with advanced knowledge in psycho-pharmacotherapeutics designed a psychotropic resource to support the tripartite (i.e. youth, parents/caretakers, health providers) relationship in therapeutic, collaborative, decision-making. The resource promotes a framework for understanding psychotropics, their therapeutic goals, and the methods by which these goals will be reached. Best available evidence for psychotropics and factors influencing uptake of patient-oriented materials informed the content and resource format. Focus groups of youth with mental illnesses, health providers, and stakeholders were conducted during resource development. A graphic designer used focus group feedback to develop layouts and characters. A plain language writer edited the content.

Results: A booklet with a companion passport was chosen. The booklet has several components including frequently asked questions (FAQs), a section on psychotropic medication groups, checklists, appointments, monitoring forms for medications, symptoms, side effects, and functioning, notes pages, and a glossary. The passport, intended for youth, primarily contains monitoring forms (e.g. checklists, medication list, symptoms, side effects, functioning). Clay character photos and colored section schemes enhance visual appeal of the resource.

Conclusion: The goals of the resources are to improve youth and caregiver involvement in psycho-pharmacotherapeutic decision-making and monitoring to enhance collaboration. A qualitative assessment of its impact is planned.

P0284

Efficacy of Pregabalin monotherapy for improving sleep outcomes in patients with fibromyalgia: Results of a 14-week, double-blind, placebo-controlled trial

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Background and Aims: Sleep disturbance is prominent in fibromyalgia (FM). This 14-week, randomized, double-blind, placebo-controlled study, evaluated the effect of pregabalin on pain and sleep-related outcomes in FM.

Methods: Patients meeting ACR (FM) diagnostic criteria were randomized to pregabalin 300, 450, or 600mg/d (BID) or placebo for 14 weeks (A0081077). Primary efficacy parameter: LOCF endpoint mean pain score (MPS). At baseline and endpoint, patients completed the Medical Outcomes Sleep (MOS) Sleep Scale. Mean Sleep Quality scores (11-point numeric ratings) were derived from patient daily diaries.

Results: 745 randomized patients: 95% female, mean age=50 years, baseline MPS: 6.7. Placebo-corrected differences from baseline to endpoint in MPS were: 300mg/d, -0.71 ($p=.0009$); 450mg/d, -0.98 ($p<.0001$); 600mg/d, -1.00 ($p<.0001$). For MOS Sleep Disturbance,

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