

YPSP01-02 - **EFFECTIVENESS, QUALITY OF LIFE AND CHANGES IN BURDEN OF DISEASE IN CHILDREN AND ADOLESCENTS WITH ADHD TRANSITIONING TO OROS MPH**

C. Wolff¹, F. Mattejat², S. Dichter³, B. Schaeuble⁴

¹Child and Adolescent Medicine, Private Practice, Hagen, ²Dept. of Child and Adolescent Psychiatry, University of Marburg, Marburg, ³Janssen Cilag GmbH, ⁴EMEA Medical Affairs, Janssen Cilag GmbH, Neuss, Germany

Objective: To explore effectiveness, quality of life outcomes, burden of disease in children and adolescents with ADHD transitioning from ER MPH or Atomoxetine onto PR OROS MPH.

Methods: Twelve week open label study including 224 patients (aged 6-18) with ADHD (ICD-10) transitioning from ER MPH (N=180), Atomoxetine (N=42) or both (N=2) onto flexibly dosed PR OROS MPH. Starting dose was based on clinical judgement. Assessments included Children's Global Assessment Scale, IOWA Connors' parent rating scale, quality of life (ILC), and open question related to late afternoon or evening activities.

Results: 224 patients (85.3% boys, median age 11 yrs) were documented. 81% completed the study. Median starting and final dose of PR OROS MPH was 36 mg/d. Mean C-GAS improved from 58 ± 15 (previous ER MPH group) and 54 ± 11 (previous ATX group) to 71 ± 16 (12 ± 15 ; $p < 0,01$) and 64 ± 18 (9 ± 16 ; $p < 0.001$), respectively.

Playing with other children, doing household chores, behavior towards visitors and doing homework were improved after switching from ATX to OROS MPH (all $p < 0.05$), but not for going to bed ($p = 0.57$). All items improved in the previous ER MPH group ($p < 0.0001$). Symptoms measured on IOWA Connor's rating scale as well as burden of disease (ILC) improved in children, adolescents as well as their care givers ($p < 0.005$).

Conclusion: Transition from ER MPH and ATX onto PR OROS MPH was associated with improved functionality, social interaction and decreased burden of disease in children and adolescents with ADHD.