P07.15

Risperidone in children with subaverage IQ and behavior disorders

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The long-term safety and efficacy of oral risperidone were assessed in children aged 5–12 years with subaverage IQ and disruptive behavior disorders, including conduct disorder, oppositional defiant disorder or disruptive behavior not otherwise specified, and comorbid ADHD. After completion of at least 2 weeks of a double-blind placebo-controlled study, 77 patients entered a 48-week open-label trial. The mean modal dose of risperidone was 1.5 mg/day (range 0.4–3.5mg). Somnolence, weight increase, headache, and rhinitis were the most common AEs. The mean prolactin values rose within the first months of open-label and then decreased. No serious AEs were reported. Two discontinuations due to AEs (headache and moderate dyspnea/headache) occurred. Some EPS was reported in 20/77 children. Mean decreases from double-blind baseline scores on the Conduct Problem subscale of the N-CBRF were statistically significant. Similar effects were seen on the secondary efficacy scales. It is concluded that risperidone effectively and safely improves and maintains improvement in disruptive behavior disorders.

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Risperidone in children with conduct problems and subaverage IQ

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A 48-week open-label study was conducted in 107 patients (aged 5–12 years) with subaverage intellectual functioning and conduct disorder, oppositional defiant disorder, or disruptive behavior disorder not otherwise specified, and who had previously completed at least 2 weeks of a previous placebo-controlled 6-week study. The primary measure of efficacy was the Conduct Problem subscale of the Nisonger Child Behavior Rating Form (N-CBRF). All patients received open-label risperidone (0.02–0.06 mg/kg/d). After 48 weeks, significant improvements were seen on the Conduct Problem subscale ($p<0.01$); improvements were also seen on all other N-CBRF subscales. On the Clinical Global Impressions scale, 62% of the patients were rated as having mild or absent symptoms at endpoint compared with 2% at baseline. The 3 most common adverse events were somnolence, headache, and rhinitis. It is concluded that risperidone has a good overall risk-benefit profile and was effective for the long-term treatment of children with significant conduct problems and subaverage intellectual functioning.

P07.17

Risperidone in children with disruptive behaviors and subaverage IQ

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In an interim analysis of a 1-year open-label, multicenter study, subjects were 266 boys and 53 girls with severe disruptive behaviors (including conduct disorder, oppositional defiant disorder and disruptive behavior disorder not otherwise specified) and IQ between 35 and 84. Their mean age was 9.6 years and mean IQ 63.4. The mean mode daily dose of risperidone was 0.02 ±0.001 mg/kg/day. At endpoint, mean improvement on the Conduct Problem subscale of the Nisonger Child Behavior Rating Form (N-CBRF) was −15.6 from a baseline of 32.7 ($P<0.001$). Significant improvements were also seen on all N-CBRF subscales, the Aberrant Behavior Checklist, and a scale of most troublesome symptom. On the Clinical Global Impressions scale, 66% had no or only mild symptoms at endpoint. The most common adverse event was somnolence (28%). Severity of extrapyramidal symptoms (ESRS scores) was very low (0.7) and the increase in body weight was as expected in children of this age over 1 year. Mean prolactin levels increased through week 4 and decreased thereafter. It is concluded that risperidone was effective and well tolerated in the population studied.

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Are the parents of mentally distrubed children and adolescents also disturbed?

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Objectives: Work with parents of hospitalized children and adolescents is one of procedures that we use in dealing with this population. Many times we were observers of disturbed family dynamics and relations, as well as disturbed and deprived parental role and behaviors but also what we observed was the intrapersonal problems of each parent personally. We decided to conduct the cross-sectional research and to analyze the parental behavior and personality traits in order to obtain information about mental health of parents.

Method: 200 parents of hospitalized children at department for children and adolescent at Institute for mental health were our sample. We used following instruments: Semistructural clinical interview, SCID II for personality disorder, NEOPIR for personality inventor, PSI for screening parental stress and SFI inventory for family functioning. All date were a collected while children were hospitalized at department for the first time.

Summary: In 95% of parents we found extreme stress reactions and feeling toward their hospitalized children. 35% of them scored high on neuroticism facets at NOPIR and 20% scored positively on SCIDII for antisocial, histrionic, avoidant and borderline personality disorder. There was also evidence of disruptive family dynamics at 45% of analyzed cases.

Conclusion: Our research showed some very important results concerning parents of mentally ill children and adolescents in different aspects: biological dimension and genetic base of mental disorders, environmental model of understanding mental disorders, and strategies for therapeutical intervention in child and adolescent population.

P07.19

Aggressive behaviour in adolescents: an open-label study with Quetiapine

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Introduction and Objective: Adolescents with pathological behaviour deviations are less responsive to conventional neuroleptics and more sensitive to extrapyramidal side effects (Campbell M., Spenser E., 1988). Extrapyramidal symptoms occur significantly

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