NEW RESEARCH POSTER SESSION 3

3.1 IMPROVED METABOLIC AND PSYCHIATRIC OUTCOMES WITH DISCONTINUATION OF ATYPICAL ANTIPSYCHOTICS IN YOUTH HOSPITALIZED IN A STATE-OPERATED FACILITY

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Objectives: The goal of this session is to assess the impact of antipsychotic tapering and discontinuation on measures of metabolic functioning and psychiatric symptom severity in severely impaired youth hospitalized in a psychiatric state hospital.

Methods: The study examined psychiatric and metabolic measures in 67 hospitalized children and adolescents (mean age 12.0 years; 56 with discontinued use of antipsychotic drugs, 10 with continued use of antipsychotic drugs, and one started on an antipsychotic drug). Admission and discharge BMI, Child and Adolescent Needs and Strengths (CANS) subscale scores and laboratory values were compared using paired sample t-tests within the group of youth who experienced antipsychotic discontinuation and within the group who had antipsychotic continuation.

Results: Upon admission, 56 youth were weaned off of antipsychotic medications, started on other forms of pharmacotherapy (92.9 percent were started on medications used to treat ADHD), and received routine behavioral programming; they were ultimately discharged from the hospital. The mean duration of treatment was 228 days for the discontinuation group and 204 days for the continuation group. A significant decrease in BMI ($t_53 = 7.12, P = 0.0001$), BMI percentile ($t_53 = 6.73, P = 0.0001$), and systolic blood pressure ($t_53 = 3.53, P = 0.001$) from admission to discharge was found in the antipsychotic discontinuation group. Changes in BMI, BMI percentile, or systolic blood pressure were not found in the group who were maintained on antipsychotic drugs. Both groups experienced a significant increase in their Global Assessment of Functioning score ($t_53 = 19.98, P = 0.0001$ for discontinued and $t_53 = 5.092, P = 0.001$ for maintained). For additional psychiatric changes across hospitalization, CANS scores significantly decreased in many subscales relevant to disruptive behaviors and mood disorders for those who were removed from the medications. For those maintained on the antipsychotic drugs, there were fewer changes in CANS scores.

Conclusions: Discontinuation of antipsychotic medications in conjunction with tailoring treatment to presenting diagnoses resulted in metabolic and psychiatric symptom improvement among severely impaired state hospital inpatient youth. These results serve as a demonstration that it is possible to safely discontinue antipsychotic drugs without destabilizing psychiatric symptoms.

ICP PPC TREAT

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3.2 ASSESSMENT OF CLINICIAN’S KNOWLEDGE AND SCREENING PRACTICES OF NON-MEDICAL STIMULANT USE IN PATIENTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

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Objectives: According to SAMHSA, the number of prescriptions for stimulants dispensed by U.S. retail pharmacies has increased 8-fold from 4 million in 1991 to 29 million in 2009. As the first line of treatment for ADHD, stimulants have a significant rate of misuse, with studies showing students in grades 8–12 as having a lifetime prevalence of nonmedical use of stimulants of 9.1 percent. Clinicians should be aware of the potential for misuse when prescribing stimulants, especially with increasing number of stimulants dispensed. It is incumbent that prescribers discuss issues about diversion and misuse with their patients. This study will assess the knowledge on stimulant misuse and clinician’s practice for screening for stimulant misuse.

Methods: A subset of clinical prescribers will complete a short survey on both their knowledge of stimulant misuse and their practice of screening for stimulant misuse.

Results: We will obtain information on the level of training and familiarity with stimulant misuse and screening. We anticipate that prescribers will have a moderate understanding of the issues surrounding stimulant misuse; however, the use of a consistent screening practice and assessment will be low based on the multiple demands of clinical care.

Conclusions: We anticipate that education and training around nonmedical stimulant use and training on ways to screen for misuse would be helpful for prescribers. Having regular conversations with patients over age 12 years and with their parents about misuse and diversion along with prescribing long-acting formulations for high risk individuals may help decrease stimulant misuse. A best practice alert embedded into an electronic medical record to remind practitioners about these steps may also be helpful.

ADHD PPC STIM

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3.3 FAMILIAL TRANSMISSION OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDER: A PILOT STUDY OF FATHERS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER AND THEIR YOUNG CHILDREN

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Objectives: This study explores the association between paternal parenting behavior and ADHD in preschool-aged offspring of fathers with and without childhood histories of ADHD.

Methods: Participants of the Pittsburgh ADHD Longitudinal Study (PALS), with children between the ages of 3 and 7 years, were screened. Fathers completed the questionnaire on their parenting behaviors, child demographics, and the child’s behavior and temperament. A semistructured psychiatric interview (Kiddie-Schedule for Affective Disorders and Schizophrenia) was completed with a clinician. The father and offspring pair performed a parent-child interaction task in the laboratory.

Results: The prevalence of ADHD is greater in offspring of fathers with childhood ADHD compared with control subjects (50 vs. 10 percent). Fathers with childhood ADHD reported greater efficacy ($P < 0.01$) in parenting despite more chaotic home environments (Cohen’s $d = 0.72$) and less frequent supportive parenting, including expressive encouragement (Cohen’s $d = 0.51$), emotion-focused reaction (Cohen’s $d = 0.64$), and problem-focused reactions (Cohen’s $d = 0.72$).

Conclusions: Preschool-aged offspring of father’s with ADHD have high rates of ADHD. The child’s symptoms may be further exacerbated by disorganization in the home and less supportive paternal parenting. Traditional parenting interventions may need to be modified for use with fathers with childhood ADHD.

ADHD EC PAT

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3.4 SYMPTOMS RELATED TO PREGNATAL EXPOSURE OF ALCOHOL AND SUBSTANCES MASQUERADING AS ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

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