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TRANSITIONING ONTO OROS MPH IS ASSOCIATED WITH IMPROVED FUNCTIONING AND QUALITY OF LIFE IN CHILDREN AND ADOLESCENTS WITH ADHD

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Objective: To explore functionality and quality of life outcomes in children and adolescents with ADHD transitioning from IR MPH, ER MPH or ATX onto OROS MPH.

Methods: Pooled analyses of two similar 12 week open label, flexibly dosed studies including children (6-18 yrs) diagnosed with ADHD (ICD-10) transitioning from shorter acting stimulants or Atomoxetine onto OROS MPH. Connor's parents rating scale, children's global assessment scale and quality of life (ILC, LQ-0-28) were applied.

Results: 822 patients (84.9% boys; median age 10 yrs) were analyzed. 81% of patients concluded the study. Starting and final dose was based on physician's judgment. Median dose at baseline and endpoint was 36mg/day. On average, C-GAS ratings improved by 12 points ($p < 0.001$). The percentage of children showing "variable functioning with sporadic difficulties" at baseline or worse decreased from 57,2% to 43,3% at endpoint. 61% of patients improved by at least 30% on CPRS. The percentage of children meeting educational demands at school at least "rather good" increased from 26,6% to 47,4% at endpoint. Results were similar for "social interaction with other children", "emotional status", "occupying with him or herself". Burden of disease (patients or care givers) decreased ($p < 0.001$). Improved C-GAS and LQ 0-28 correlated with decreased CPRS. Treatment emergent AEs occurred in 35.6%. AEs $\geq 4\%$: insomnia (8%), muscle twitches (5%) and anorexia (4%).

Conclusion: Transitioning onto OROS MPH was associated with clinically relevant improvements in daily functioning, aspects of quality of life and decreased burden of disease in patients and their cares.