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An Integrated Analysis of the Safety and Tolerability of Desvenlafaxine Compared with Placebo in the Treatment of Major Depressive Disorder
A.H. Clayton, S.G. Kornstein, G. Rosas, C. Guico-Pabia, and K.A. Tourian

Aripiprazole Augmentation in Major Depressive Disorder: A Double-Blind, Placebo-Controlled Study in Patients with Inadequate Response to Antidepressants

CASE REPORTS

Attenuation of Apparent New-Onset Ocular Tics with Successful Treatment of PTSD
P.C. Hayes, C.L. Weber, M.B. Gallagher, and G.J. Drouillard

Theta Burst Stimulation in the Treatment of Incapacitating Tinnitus Accompanied by Severe Depression
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Applying the Principles of Adult Learning to the Teaching of Psychopharmacology: Overview and Finding the Focus
S.M. Stahl and R.L. Davis

COMMUNIQUE

Selective Benefit of Donepezil on Oral Naming in Alzheimer’s Disease in Men Compared to Women
DEFIANT
ARGUMENTATIVE
LOSES TEMPER
IRRITABLE

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ADHD with oppositional symptoms

As important to treat as it is to discuss

Oppositional symptoms—the missing piece of the ADHD symptom discussion

40% to 60% of children with ADHD present with oppositional symptoms.\(^2\)\(^5\)
Many parents, however, are not aware of the relationship of these symptoms and ADHD or how they can exacerbate the disorder.\(^6\)

How many of these patients are in your practice?

Initiating frank and open discussions with parents and using diagnostic tools that include oppositional symptoms may further refine a comprehensive treatment plan for ADHD with oppositional symptoms.

Visit APA Booth 1628 to find out how you can start the discussion to help manage oppositional symptoms and address what was once left unsaid.

References:

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Guest Speaker: Meryl Comer, member of the Alzheimer’s Study Group

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