

**Risperidon and Atomoxetine in the Treatment of Several and Challenging Behaviors in Children with PDD.**

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**Introduction:** The most frequent targets for pharmacologic intervention in PDD patients include associated comorbid conditions: hyperactivity, inattention, compulsive-like behaviors, anxiety, depression, aggression, self-injurious behavior, repetitive or stereotypic behaviors, and sleep disturbances [1-2].

**Objective:** To compare efficacy and tolerability of risperidone and atomoxetine in the treatment of severe and challenging behaviors in children with PDD.

**Methods:** Was conducted 8-week double-blind, placebo-controlled study with parallel group of comparison and flexible doses of Risperidon (1.0-3.0 mg; MD = 1,8) and Atomoxetine (25.0 - 40.0 mg; MD = 32,8). Were randomized 80 children from 12 to 18 years old (MD = 10,8) with the assessment  $\geq 6$  points on the diagnostic criteria for DSM IV-TR for autism,  $\geq 12$  balls Irritability by ABC-C. All children were assessed by an additional ADI-R, ADOS. Drug efficacy was assessed weekly using the ABC-C, CGI-I / CGI-S, Adverse event recording.

**Result:** Risperidone and Atomoxetine are more effective than placebo in Irritability, Agitation, Crying subscales ( $F = 2,30$ ,  $DF = 1,47$ ,  $P = 0,12$ ), Hyperactivity, Noncompliance ( $F = 103,24$ ,  $DF = 1,68$ ,  $? \leq 0,0001$ ), Lethargy, Social Withdrawal ( $F = 2,30$ ,  $DF = 1,47$ ,  $P = 0,12$ ), Stereotypic Behavior ( $F = 27,94$ ,  $DF = 1,24$ ,  $? \leq 0,0001$ ). In Risperidone therapy was observed Inappropriate Speech retardation , and more frequently extra pyramidal side effects.

**Conclusion:** Risperidon (1.0-3.0 mg / day) and Atomoxetine (25.0 – 40.0 mg / day) are more effective than placebo and well-tolerated and can be recommended for treatment of severe and challenging behaviors in children with PDD.