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The Child Health and Illness Profile as a measure of health-related quality of life in stimulant-treated children and adolescents with ADHD

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Introduction

The Child Health and Illness Profile-Child Edition: Parent Report Form (CHIP-CE:PRF) is a generic measure of child health-related quality of life (HRQoL). Scores in the five domains and 12 subdomains are standardized to T-scores (mean=50, SD=10), based on US community data.

Objective

Evaluate CHIP-CE:PRF results from two studies of lisdexamfetamine dimesylate (LDX) in children and adolescents with ADHD.

Methods

Patients' parents or guardians completed CHIP-CE:PRF assessments at baseline, and weeks 4 and 7 of SPD489-325, a 7-week randomized, placebo-controlled trial incorporating a reference treatment (osmotic-release oral system methylphenidate; OROS-MPH). The Achievement domain was pre-specified as the primary HRQoL outcome. Statistical comparison of LDX versus OROS-MPH was not pre-specified. In SPD489-326, CHIP-CE:PRF assessments were performed in the ≥26-week open-label period and the subsequent 6-week randomized-withdrawal period.

Results

Pre-treatment CHIP-CE:PRF T-scores were ≥1 SD below 50 in Achievement, Risk Avoidance, Satisfaction and Resilience. In SPD489-325, LDX and OROS-MPH were both significantly more effective than placebo in these four domains, but not in Comfort. Effect sizes were largest (p<0.001) in Achievement (LDX, 1.280; OROS-MPH, 0.912) and Risk Avoidance (LDX, 1.079; OROS-MPH, 0.948). In SPD489-326, T-scores were improved or stable in the open-label period. In the randomized-withdrawal period, LDX was significantly more effective than placebo (p<0.001) in Achievement, Risk Avoidance and Satisfaction, with effect sizes of 0.696, 0.829 and 0.636, respectively.

Conclusions

Short-term LDX or OROS-MPH treatment led to improved HRQoL scores. These benefits were maintained during long-term LDX treatment, and HRQoL scores declined following treatment withdrawal.

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