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EFFICACY OF LISDEXAMFETAMINE DIMESYLATE AND ATOMOXETINE IN CHILD AND ADOLESCENT SUBGROUPS FROM A HEAD-TO-HEAD, DOUBLE-BLIND, RANDOMIZED TRIAL IN PATIENTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

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Introduction

Symptoms of attention-deficit/hyperactivity disorder (ADHD) appear in childhood and may persist into adolescence and beyond.

Objective

Evaluate the efficacy of lisdexamfetamine dimesylate (LDX) and atomoxetine in subgroups of children and adolescents with ADHD.

Methods

In this 9-week, double-blind study, patients aged 6–17 with ADHD and an inadequate response to previous methylphenidate therapy were randomized (1:1) to optimized doses of LDX or atomoxetine. Efficacy measures included ADHD Rating Scale IV (ADHD-RS-IV) total score and dichotomized Clinical Global Impressions-Improvement (CGI-I) score (improved, 1–2; not improved, 3–7).

Results

The full analysis set (n=262) comprised 194 children aged 6–12 (LDX, n=93; atomoxetine, n=101) and 68 adolescents aged 13–17 (LDX, n=34; atomoxetine, n=34). Mean optimized doses were: LDX, 52.5 (SD, 16.10) mg/day; atomoxetine, 40.2 (20.05) mg/day. Baseline mean ADHD-RS-IV total score was similar across treatment and age groups. Table shows efficacy results; safety profiles were consistent with previous studies.

	LDX	**Atomoxetine**
Mean change in ADHD-RS-IV total score by visit 9 (95% confidence interval)		
Overall	-26.3 (-28.4, -24.2)	-19.4 (-21.6, -17.2)
Children	-27.5 (-29.8, -25.1)	-19.4 (-22.0, -16.7)
Adolescents	-22.9 (-27.3, -18.5)	-19.5 (-23.7, -15.3)
Patients (%) with improved CGI-I score by visit 9 (95% confidence interval)		
Overall	81.7 (75.0, 88.5)	63.6 (55.4, 71.8)
Children	83.9 (76.4, 91.3)	61.2 (51.6, 70.9)
Adolescents	75.8 (61.1, 90.4)	70.6 (55.3, 85.9)

Conclusion

Within each treatment group, improvements in symptomatological scales and global improvement ratings were observed in children and adolescents.

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