

## P-293 - AN ADDITIONAL MID-AFTERNOON DOSE OF IMMEDIATE RELEASE METHYLPHENIDATE (MPH-IR) WITH CONCERTA XL PROVIDES BETTER SYMPTOM CONTROL IN CHILDREN AND ADOLESCENTS WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD)

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**Introduction:** Switching from immediate release Methylphenidate (MPH-IR) to a sustained release formulation of MPH-IR in the treatment of ADHD is often required to provide better compliance and convenience; however switch was reported to be not always successful.

**Objective:** Small doses of MPH-IR may be added to sustained release preparations when its effect wears off.

**Aims/Method:** Clinical case notes of 77 subjects aged 6-18 years who had been switched from MPH-IR to Concerta XL (an osmotic controlled-release formulation (OROS) of MPH) were retrospectively analysed for the effectiveness of the switch and the impact of an extra mid-afternoon dose of MPH-IR on the outcome.

**Results:** Switch to Concerta XL alone was successful in 94% of cases and all 23 (100%) subjects who had MPH-IR added to Concerta XL showed good response to switch. More than 43% of patients required late afternoon top-up with MPH-IR to make a successful switch whilst 55% of patients required a larger dose of Concerta XL than the manufacturer's recommended equivalent to the existing dose of MPH-IR.

Clinical Response	Response to start dose of Concerta compared to MPH-IR (n = 65)	Response to final dose of Concerta compared to MPH-IR (n = 65)	Response to Concerta + top-up MPH-IR compared to MPH-IR (n = 32)
Worse	5	5	2
Same	11	3	2
Improved	49	57	28

[Response to switch]

**Conclusions:** Higher than equivalent doses of Concerta XL or an additional dose of MPH-IR might be needed for a successful switch from short acting to sustained release MPH.