Improvement of ADHD by Atomoxetine in Children with Tic Disorders

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Objective: Assess efficacy of atomoxetine versus placebo for treatment of attention-deficit/hyperactivity disorder (ADHD) in children with Tourette Syndrome (TS). Methods: A double-blind, placebo-controlled, parallel-group, randomized, multicenter trial in children 6–12 years of age (n=251) with ADHD and TS who were refractory to methylphenidate therapy. Efficacy assessments included standardized ADHD rating scales (ADHDRS-IV-Parent:Inv) and tic severity scales (YGTSS), and improvement of ADHD by Atomoxetine in Children with Tic Disorders

RESULTS

Patient Demographics and Other Characteristics

Baseline ADHD and Overall Severity

Clinical Global Impressions

Effect of Atomoxetine on Measures of Anxiety, Depression, and OCD

Safety: Adverse Events

Safety: Vital Signs / ECG

CONCLUSIONS

- Atomoxetine significantly decreased ADHD symptoms in patients with comorbid tic disorders compared with placebo (ADHD RS Total E=0.8). - Atomoxetine did not worsen tics. A trend towards decreased tic severity was observed (YGTSS Total E=0.3). - Treatment appeared to be safe and well tolerated.

- No subject discontinued due to exacerbation of tics.

- Only decreased appetite and nausea were observed to be significantly increased over placebo rates of adverse events.

- Atomoxetine appears to be a useful treatment option for ADHD children and adolescents with tic disorders.

ABSTRACT

ADHD and comorbid Tourette's syndrome or chronic motor tics. Methods: Double-blind, placebo-controlled, parallel-group, randomized, multicenter trial in children 6–12 years of age (n=251) with ADHD and TS who were refractory to methylphenidate therapy. Efficacy assessments included standardized ADHD rating scales (ADHDRS-IV-Parent:Inv) and tic severity scales (YGTSS), and improvement of ADHD by Atomoxetine in Children with Tic Disorders

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