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Background and Aims: Studies in children suggest that neurocognitive performance is a possible endophenotype for ADHD. We wished to establish a first connection between key genetic polymorphisms and neurocognitive performance in adults with ADHD.

Methods: We genotyped 45 adults with ADHD at four key candidate polymorphisms for the disorder (DRD4 48 bp repeat, DRD4 120 bp duplicated repeat, SLC6A3 40 bp VNTR, and COMT Val158Met). We then sub-grouped the sample for each polymorphism by genotype or by the presence of the (putative) ADHD risk allele and compared the performance of the subgroups on a large battery of neurocognitive tests.

Results: The COMT Val158Met polymorphism was related to differences in IQ and reaction time, both of the DRD4 polymorphisms (48 bp repeat and 120 bp duplication) showed an association with verbal memory skills, and the SLC6A3 40 bp VNTR polymorphism could be linked to differences in inhibition.

Conclusions: Our findings contribute to the complicated search for possible endophenotypes for (adult) ADHD.

S41.04

The possible association, in adolescence, between attention deficit and hyperactivity disorder and attempted suicide – a pilot study

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Adolescent suicide is a worldwide troubling phenomenon that has high comorbidity, including impulsivity, depression, and personality disorders. Attention Deficit Hyperactivity Disorder (ADHD) includes attention, impulsivity and hyperactivity. Comorbidity includes depression and substance abuse, and has a higher rate in adolescents and adults. Studies considering the association between these phenomena are surprisingly rare. This pilot study estimated the percentage of ADHD in a population of adolescents who attempted suicide. Population included all adolescents (12-18 yrs.) who were brought to local ER after attempting suicide. Assessment included an interview according to the DSM-IV criteria, the Strengths and Difficulties Questionnaire parents (SDQ-P) the Conners' Rating Scale parents (CRS-P), and Kiddie-SADS. Test Of Variables of Attention (TOVA) with methylphenidate (MPH) challenge was done after the clinical evaluation to those diagnosed as ADHD.

Results: 45 suicidal adolescents were registered in the ER and were assessed. 23 adolescents completed the assessment. Male: female ratio was 5:18 accordingly. The prominent diagnoses included ADHD (65%), depression (43%), cluster B personality disorders (35%), and Conduct Disorder (13%). ADD/ADHD ratio was 43/22 (66%:34%). Some suffered from more than 2 diagnoses and 1 had no diagnosis at all. 47.6% were diagnosed as hyperactive by SDQ-P, and 70% as ADHD by CRS-P. 14/15 (93%) were evaluated as ADHD by TOVA and most responded well to MPH. Five patients were diagnosed before the study as ADHD, but only three were medicated. These results, though primary, suggest a significant relationship between the two disorders and indicate a need to further study this correlation

S41.05

A 6 month study of the adherence, effectiveness and safety with methylphenidate adults with ADHD

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Background and Aims: Once daily (q.d.) osmotic release oral system (OROS) methylphenidate has demonstrated to be as efficacious as three times a day (t.i.d.) immediate release (IR) methylphenidate in children with attention deficit hyperactivity disorder (ADHD) but with superior adherence. However, although ADHD continues into adulthood, data in adults are lacking. Effectiveness, adherence to treatment and patient's satisfaction were studied in adults with ADHD before and after switching from methylphenidate IR to OROS presentation.

Methods: Seventy newly diagnosed adults with ADHD were treated with t.i.d. methylphenidate IR and, after 3 months, were switched to q.d. OROS formulation and were followed up during 3 additional months. Effectiveness was evaluated with the ADHD Rating Scale (ADHD-RS) and the Clinical Global Impression Improvement (CGI-I) Scale, adherence to treatment with the Simplified Medication Adherence Questionnaire (SMAQ) and patient satisfaction with the treatment. Effectiveness, adherence and satisfaction were compared before and after treatment switch.

Results: ADHD-RS score changed from 34.6 (10.9) at baseline to 25.1 (9.1) while receiving IR methylphenidate and to 15.1 (7.2) while on OROS formulation. Furthermore, methylphenidate switch was associated with an increase of the rate of patients repondents to treatment, from 28.6% to 91.4%. The administration of methylphenidate OROS was associated with better scores in all items of the SMAQ. Methylphenidate OROS was preferred by 97% of patients. All differences were statistically significant. In conclusion, switch from t.i.d. IR to q.d. OROS methylphenidate was associated with an improvement in adherence, patient's satisfaction, and effectiveness.

S42. Symposium: EPOS-FIRST RESULTS OF THE COMPLETED STUDY

S42.01

The European prediction of psychosis study - concept and design

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