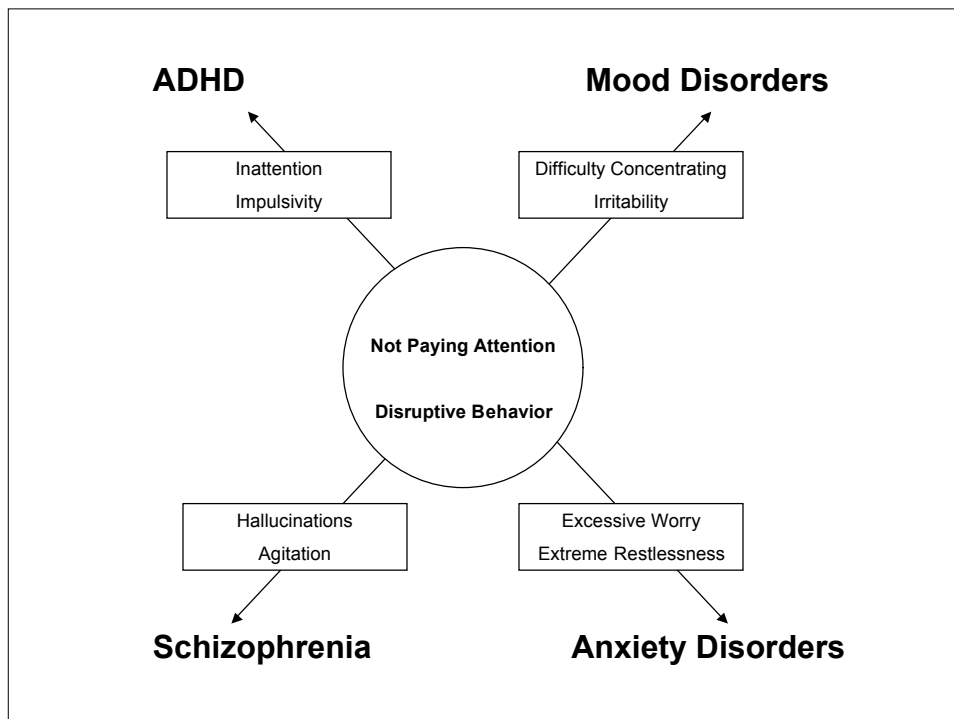


From Adderall to Zoloft: What Every Administrator Needs to Know About Medications for Students.

Presenter: Steve Forness, Ed.D., Professor Emeritus of Psychiatry and Biobehavioral Sciences, University of California, Los Angeles. He also served as the principal for the UCLA Neuropsychiatric Hospital School.

Keynote Presentation - October 12, 2007
Administrator's Conference on Behavior
KU Edwards Campus, Overland Park, Kansas



**NATIONAL COMORBIDITY SURVEY (N=9282)
ARCHIVES GEN. PSYCHIA: (2005)***

Psychiatric Dx	Point Prevalence	Lifetime Prevalence	Median Onset	Median Tx Delay
ADHD	4%	8%	7 yrs.	13 yrs.
Depression	10%	21%	30 yrs.	7 yrs.
Anxiety Disorders	18%	29%	11 yrs.	15 yrs.
Any Disorder	26%	46%	14 yrs.	10 yrs.

*Face-to-face interviews, 60% = moderate/severe cases, severe=88 days lost per year, 45% of cases comorbid, only 41% initiate tx, only 33% tx adequate.

**RANDOMIZED CLINICAL TRIALS FOR COMBINED
TREATMENTS FOR ADHD**

	MTA		MPT	STP
Responders	<i>JAACAP 1/02</i> N=579, 7-9 yrs 14 months	<i>PEDS 4/04</i> N=521 24 months	<i>JAACAP 7/04</i> N=105, 7-9 yrs 24 months	<i>JAACAP 3/05</i> N=36, 5-6 yrs 8 weeks
Combined	68%	48%	86%	72%
Medication	56%	37%	83%	N/A
Behavioral	34%	32%	N/A	28%
Control	25%	28%	85%*	N/A

* "Sham" control group. Combined outcomes in this column are for no comorbid ODD; but similar outcomes found on academic, social, or other measures. Note that MTA follow-up showed 44% of behavioral tx group on stimulants. Comorbidity ranged from 53% to 78% across studies.

**RANDOMIZED CLINICAL TRIALS FOR
COMBINED TREATMENTS FOR
DEPRESSION/ANXIETY DISORDERS***

	TADS <i>JAMA 8/04</i> N=439, 12-17 yrs	POTS <i>JAMA 10/04</i> N=112, 7-17 yrs	TSR <i>JAACAP 3/00</i> N=63, 7-17 yrs
Responders	12 weeks	12 weeks	8 weeks
Combined	71%	54%	54%
Medication	61%	21%	N/A
CBT	43%	39%	17%
Placebo	35%	4%	N/A

*CBT in TADS diminished initial 29% suicidality, and POTS medication was Zoloft, not Paxil or Luvox that may be more effective. Adolescents in TSR met criteria for both anxiety and depression. Comorbidity ranged from 52% (TADS) to 100% (TSR).

Collaboration with Prescribing Physician*

1. Screening for primary and secondary dx
2. Educating parents about referral
3. Procedures for dispensing medication
4. Providing ongoing baseline and tx data
5. Long-term monitoring and advocacy

*Forness & Kavale (2001) Beh. Disorders
T. Wilens (2001) Straight talk. . . (Guilford)