We are intrigued by the work of the investigators who recently reported a sharp increase in the number of calls to poison control centers related to attention-deficit/hyperactivity disorder medications, particularly amphetamine/dextroamphetamine–related compounds.

The investigators, led by Dr. Jennifer Setlik, an emergency physician at Cincinnati Children’s Hospital Medical Center, investigated trends in calls related to ADHD medications for the years 1998-2005 (Pediatrics 2009 Aug 24;124(3):1542 / peds.2008-0931). They provided a compelling argument that the increase in calls to poison control centers is related to the increased availability of prescriptions. Furthermore, they speculated that the increase in availability points to the increased misuse of these medications.

We believe that the findings of Dr. Setlik and her colleagues must be placed in context of an even larger problem: the ongoing escalation of nonmedical use of prescribed controlled substances.

There is a rapidly growing body of literature on the widespread nonmedical use of the medicines used to treat ADHD in adolescents and young adults who attend college. Evidence has documented the availability of these drugs, and research has consistently shown that most of the stimulants being used nonmedically originate from students being treated for ADHD, who then share and/or sell their medications to others who desire them for nonmedical use (J. Drug Issues 2008;38:1045-60).

Because of their ability to increase wakefulness, these medications are sought out by many college students, especially those with high task demands who are experiencing academic difficulties (J. Am. Acad. Child Adolesc. Psychiatry 2008;47:21-31). Yet nonmedical prescription stimulant use is associated, on average, with lower academic performance (Addiction 2005;100:96-106).

The nonmedical use of prescription stimulants by lower-achieving students is an important set of problems and responsibilities in our collective response to this epidemic: the early neurodevelopment. Physicians must become aware of the extent to which their patients—especially young patients—with legitimate prescriptions for controlled substances are sharing, selling, and trading their medications. It is important for physicians to be alert to the nonmedical use occurring among their patients who do not have legitimate prescriptions.

With respect to students without ADHD, there are anecdotal reports of parents being concerned about their child in college “succeeding at any cost,” and who, therefore, enable the problem by turning a blind eye to nonmedical use.

The popular myth is that nonmedical use of prescription stimulants will help their child earn better grades, and that, at worst, it is harmless. Physicians should replace these myths with messages emphasizing that attending class and keeping up with schoolwork on a regular basis is the most likely strategy to achieve superior academic performance.

In managing patients with ADHD, it is important for physicians to emphasize the illegality of diversion of all prescribed medications, including ADHD medications. A recent study documented that about 60% of students with a prescription for an ADHD medication shared or sold the medication to someone other for nonmedical use (J. Clin. Psychiatry, in press). Students need to be made aware of the laws surrounding diversion and nonmedical use of prescription medication, and the sound public health reasons for these laws, so they can make responsible decisions regarding their own behavior.

Physicians should take steps to prevent diversion and nonmedical use by developing guidelines similar to those for prudent monitoring for misuse of prescription analgesics, such as establishing clear indications, screening out contraindications, using an informed consent form, and adopting a multifactorial monitoring strategy. The potential harm associated with sharing or selling their medications—which are controlled substances for good reason—with someone else should be spelled out clearly by the prescribing physician.

Physicians managing patients with ADHD need to be aware of the likelihood of diversion and discuss the issue directly with young patients and their parents. On routine checkups, physicians should screen for compliance, diversion, and for other concomitant drug and alcohol use. When these problems are detected, they should be viewed as some-thing requiring investigation.

We also support the development of “abuse-resistant” formulations of prescription stimulants. This could be a promising strategy that could reduce the nonmedical use without inhibiting appropriate medical treatment of ADHD and other serious medical disorders.

Abuse resistance is a feature that encompasses more than simply extended time release, although extended-release mechanisms certainly reduce the number of dosages that are available for distribution to others for nonmedical use. A new generation of abuse-resistant formulations of prescription stimulants, characterized by relatively slower onset of action and relatively stable blood levels, is becoming available. Abuse potential appears to be related to the rate of increase in plasma concentrations, rather than simply the concentration level or the level of dopamine transporter receptor occupancy (Am. J. Psychiatry 2006;163:1631-2).

If nonmedical prescription stimulant use continues to escalate, the diagnosis and treatment of ADHD might become restricted or stigmatized because of increased suspicion about patients’ motives for seeking prescription medication. Physicians—and patients—have important roles to play in ensuring that this situation does not occur, and that appropriate treatment for ADHD continues.

Multiple Early Interventions No Benefit for Some With PTSD

BY KERRI WACHTER

Multiple-session early psycholog-ical interventions are no better at reducing post-traumatic stress disorder symp-toms than no intervention at all and might even increase symp-toms in some individuals, a review of randomized controlled trials showed.

“There was no evidence that a multiple session intervention aimed at everyone following a traumatic event was effective,” wrote Neil P Roberts, D.Clin.Psy., of the Traumatic Stress Service at Cardiff and Vale National Health Services (Wales), and coauthors. The results were published online in the Cochrane Database of Systematic Reviews (doi:10.1002/ 14651858.CD006869.pub2).

The researchers conducted searches of controlled trial data bases and select journals, and they contacted key individuals in the field. Any randomized controlled trial was eligible for the review. The researchers focused on multiple-session psychological interventions intended to prevent symptoms of traumatic stress that were initiated within 3 months of the event.

Potential intervention cate-gories included cognitive-behav-ioral therapy (CBT), trauma-focused CBT, trauma-focused group CBT, nontrauma-focused group CBT, stress management/relaxation, eye movement desensitization and reprocessing, other psychologi-cal interventions, education, and behavior modification. The final review included 11 studies, involving 914 participants. Nine studies (775 participants)—two conducted in the United States, two in Australia, two in Sweden, and one each in Canada, France, and the Netherlands—provided data for the final analysis.

Traumatic events included traffic accidents, assaulted rob-bery, rape, physical trauma, diagno-sis of childhood cancer, and a range of other civilian traumatic experiences. The studies evaluated individual counseling, interpersonal counseling, adapted debriefing, CBT, counseling/collaborative care, and integrat-ed CBT/family therapy. The av-erage number of sessions at-tended by those who completed therapy was six.

The results “suggest that at this time there is little evidence to support the use of psychological intervention for routine use,” the researchers wrote, and that some multiple-session interventions “may have an adverse effect on some individ-uals,” the researchers wrote.

We also support the development of “abuse-resistant” formulations of prescription stimulants. This could be a promising strategy that could reduce the nonmedical use without inhibiting appropriate medical treatment of ADHD and other serious medical disorders.

Abuse resistance is a feature that encompasses more than simply extended time release, although extended-release mechanisms certainly reduce the number of dosages that are available for distribution to others for nonmedical use. A new generation of abuse-resistant formulations of prescription stimulants, characterized by relatively slower onset of action and relatively stable blood levels, is becoming available. Abuse potential appears to be related to the rate of increase in plasma concentrations, rather than simply the concentration level or the level of dopamine transporter receptor occupancy (Am. J. Psychiatry 2006;163:1631-2).

If nonmedical prescription stimulant use continues to escalate, the diagnosis and treatment of ADHD might become restricted or stigmatized because of increased suspicion about patients’ motives for seeking prescription medication. Physicians—and patients—have important roles to play in ensuring that this situation does not occur, and that appropriate treatment for ADHD continues.

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