

only in 3 of 12 patients treated. Median duration of KLS is 8 years (range 0.5 to 41 years). Course is longer for women, and shorter in cases with high number of episodes in first year.

ATTENTION DEFICIT DISORDERS

CARDIOVASCULAR EFFECTS OF LONGER-TERM, HIGH-DOSE OROS METHYLPHENIDATE IN ADOLESCENTS WITH ADHD

The short-term and longer-term cardiovascular safety of high daily doses of OROS methylphenidate (MPH) of up to 1.5 mg/kg in 114 adolescents with ADHD is reported from Massachusetts General Hospital, Boston, MA. Small but statistically significant increase in diastolic BP and heart rate were observed at 6 weeks, without further increases up to 6 months' follow-up. The mean total daily dose of OROS-MPH at 6 weeks was 63.1 +/- 25.0 mg; 50% of subjects were taking >72 mg daily; at month 6 these doses were 67.2 +/- 24.3 mg and >72 mg, respectively. A small but statistically significant increase in systolic BP was observed over time. No changes in ECG were observed and no serious cardiovascular adverse events occurred. (Hammerness P, Wilens T, Mick E, et al. Cardiovascular effects of longer-term, high-dose OROS methylphenidate in adolescents with attention deficit hyperactivity disorder. **J Pediatr** July 2009;155:84-89). (Reprints: Dr Paul Hammerness, Pediatric Psychopharmacology, 185 Alewife Brook Parkway, Suite 2000, Cambridge, MA 02138. E-mail: p_hammerness@partners.org).

COMMENT. Small but statistically significant increases in blood pressure and heart rate were observed in adolescents treated with relatively higher doses of OROS methylphenidate, without changes in the ECG. The CV effects noted in adolescents with higher doses were similar to the previously documented effects in children with lower doses of OROS-MPH. In an editorial, Dr Stephen R Daniels advises caution in patients with BP elevation or tachycardia (**J Pediatr** 2009;155:A3).

COMPARATIVE CARDIAC RISKS OF METHYLPHENIDATE AND AMPHETAMINES IN TREATMENT OF ADHD

The risk for adverse cardiac events in subjects between 3 and 20 years of age treated with methylphenidate or amphetamine salts for ADHD was determined in a retrospective study at University of Florida, Gainesville, FL. Cardiac events were defined as first ED visit for cardiac disease or symptoms. The percentage of patients observed for at least 6 months on stimulants was similar for MPH (54.5%) and amphetamines (52.6%). A total of 456 youth visited the ED for cardiac reasons during 52,783 years of follow-up. The risk for cardiac ED visits was similar among current users of MPH or amphetamines. Periods of former use had a similar risk in subjects exposed. Variables showing positive associations with ED visits with both models were use of bronchodilators, use of antidepressants, antipsychotics at age 15 and older, congenital anomalies, and history of circulatory disease or cardiac symptoms. (Winterstein AG, Gerhard T, Shuster J, Saidi A. Cardiac safety of methylphenidate versus amphetamine salts in the treatment of ADHD. **Pediatrics** July 2009;124:e75-e80). (Respond: