

METHYLPHENIDATE HYDROCHLORIDE MODIFIED RELEASE (MPH-LA) MAINTAINED EFFICACY OVER LONG-TERM IN THE TREATMENT OF ADULT ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)Y. Ginsberg¹, T. Tvedten², T. Arngrim³, A. Philipsen⁴, P. Gandhi⁵, C.W. Chen⁶, V. Kumar⁶, M. Huss⁷

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Introduction

Previously, we reported the clinical efficacy of MPH-LA in adult ADHD evaluated in a 40-week, randomised, double-blind, placebo-controlled, multicentre core study [comprising of *dose confirmation* (9-week), *real-life dose optimisation* (5-week) and *maintenance of effect phases* (6-month)] (Atten Defic Hyperact Disord. 2013;(5):219-220). Here, we report the long-term efficacy from the 26-week extension phase of the same study.

Methods

During the extension phase, patients initiated treatment with MPH-LA 20 mg/day (oral, once daily capsules); uptitrated to optimal dose of 40, 60 or 80 mg/day in increments of 20 mg/week. Change in DSM-IV ADHD rating scale (RS) and SDS total scores at the end of study, were evaluated from the baseline of *maintenance of effect phase* of the core study and the baseline of extension phase.

Results

At the end of the extension phase, the mean change in DSM-IV ADHD RS and SDS total scores from baseline of the *maintenance of effect phase* was -0.9 and -1.4 points respectively; and from baseline of extension phase was -7.2 and -4.8 respectively (Table). No new or unexpected safety concerns were observed during the extension phase.

Conclusions

MPH-LA continued to maintain clinical efficacy in adult ADHD patients over long-term.

Table: DSM-IV ADHD RS, SDS total scores and change from baseline at end of extension phase		
	DSM-IV ADHD RS N= 298 (Mean ± SD)	SDS N= 298 (Mean ± SD)
Week 26 Extension phase* (LOCF)	12.0 ± 7.78	8.0 ± 5.46
Maintenance of effect phase (baseline)	12.9 ± 6.74	9.3 ± 5.78
Mean Change from maintenance of effect phase baseline	-0.9 ± 7.28	-1.4 ± 5.50
Extension phase (baseline)	19.2 ± 12.00	12.8 ± 7.28
Mean Change from extension phase baseline	-7.2 ± 11.00	-4.8 ± 6.88
*LOCF: Last observation carried forward applied for each patient with data in extension period. If no post-baseline was available, it was considered as missing.		