ABSTRACTS

Poster Session: Human Psychopharmacology (Victor DeNoble, chair)
Friday, August 24, 3:00–4:50 p.m.—Sheraton Centre

PSYCHOTHERAPEUTIC DRUG USE, 1973–1983. Carlene Baum, Mary Forbes and Dianne Kennedy. Drug Use Analysis Branch, Federal Drug Administration, MD.

IMS America's *National Prescription Audit* was used to assess trends from 1973–1983 in the number of prescriptions dispensed from retail pharmacies for neuroleptics, minor tranquilizers, analeptics, and antidepressants. After the record level of 1973, total prescriptions for these drugs decreased annually through 1980, increased in 1981 and 1982, and remained level in 1983. There was considerable variation among individual drug categories. Data were also provided from IMS's *National Disease and Therapeutic Index* for age and sex of users, chronicity of treatment, concomitant use of other drugs, and physician specialty.

PSYCHOTROPIC DRUG USAGE IN INSTITUTIONS SERVICE MENTALLY ILL AND RETARDED PERSONS. Salvatore Cullari. Danville State Hospital, Danville, PA.

Recently there has been a great deal of controversy surrounding the use of psychotropic drugs with mentally ill and retarded persons residing in institutions. While many studies have discussed medication treatment practices used with these populations, few studies have compared the procedures used in the two settings. This study surveyed two large state treatment facilities serving mentally ill and mentally retarded persons in order to compare medication usage and practices associated with each type of center. Significant differences were found between institutions in areas such as dosage levels, polypharmacy, number of clients on medications and others. Possible factors associated with these differences in addition to types of population served are discussed.

NEUROLEPTIC TREATMENT OF SCHIZOTYPAL PERSONALITY DISORDERS. Paul Hymowitz, Alan Frances, Larry Jacobsberg, Robert Hoyt and Mary Sicles. Payne Whiteny Clinic, Cornell University Medical Center-New York Hospital.

Twenty patients with a diagnosis of schizotypal personality disorder (SPD) were treated for two to six weeks with low dose high-potency neuroleptic medication in a single blind placebo controlled study. Although fifty percent of the patients failed to complete a full medical trial, results provided support for a positive medication-related effect on an overall schizotypal rating based on the Schedule for Interviewing Borderlines (SIB) with a specific lessening of ideas of reference and social isolation. The need for diagnostic specificity within the previously heterogeneous "borderline" realm was emphasized as was the contribution of studies of treatment responsivity to further diagnostic refinement.

METHYLPHENIDATE AND ATTENTIONAL, BEHAVIORAL AND CARDIOVASCULAR FUNCTIONING IN ADD BOYS. Ronald T. Brown and Kathi Borden. University of Illinois at Chicago and at Urbana-Champaign, IL.

This research examined the effect of an 0.3 mg/kg dose of methylphenidate (MPH) on attentional, behavioral, and cardiovascular measures in boys diagnosed as having Attention Deficit Disorder (ADD). The results of double-blind clinical trials resulted in a significant improvement in sustained attention and impulse control as well as in ratings of social behavior by both teachers and parents. Consistent with previous research, cardiovascular functioning did not significantly increase as a function of MPH therapy. Due to the large intra-individual variability in cardiovascular response, and a slight, though non-significant, increase in heart rate, careful monitoring of each patient's response was recommended.

EFFICACY OF $ACTH_{4-9}$ ANALOG, METHYLPHENIDATE, AND PLACEBO ON ATTENTION DEFICIT DISORDER. H. J. Butter. Centre hospitalier Pierre-Janet, 20, Pharand Street, Hull, (Quebec).

The present study compared the behavioral performance of 30 children with attention deficit disorder with hyperkinesis (HK) on electrophysiological, biochemical, behavioral, and psychometric measurements. HK children were partitioned into cells of 10 and were then treated with placebo, methylphenidate, and adrenocorticotropic hormone fractions ($ACTH_{4-9}$ analog), respectively, in a double-blind randomized cells sequence according to body weight. The results revealed that HK children on methylphenidate manifested a significantly greater vasomotor reactivity, behavioral improvement, and learning receptivity than did HK children taking $ACTH_{4-9}$ analog and/or placebo. Future research implications with $ACTH_{4-9}$ and HK children are discussed.

BLINDNESS AND THE VALIDITY OF DOUBLE-BLIND TRIALS. John R. Hughes. University of Minnesota, MN.

Several double-blind studies reported that subjects could identify their drug assignment. This presentation describes a simple method to determine whether the blindness of a double-blind trial is maintained and more importantly, whether failure to maintain blindness could have invalidated the results of the trail. When we applied this method to a study of the effect of nicotine vs. placebo gum on the tobacco withdrawal syndrome, we found that subjects could identify their drug assignment; however, identification was *not* associated with different drug effects. Thus, identification could not have influenced the validity of the study. We recommend all double-blind studies routinely assess blindness.