Letters to the Editor

Don’t Forget the Stimulants

Dear Editor:

I applaud the carefully reviewed trilogy by Dr. Graham Glancy and Dr. Theresa Knott on the psychopharmacology of long-term aggression (1). I would like to comment on an additional evidence-based intervention for adult attention-deficit hyperactivity disorder (ADHD), drawn from a recent metaanalysis of the effects of stimulants on aggression conducted by Connor and others (2).

The metaanalysis reviewed all identified placebo-controlled studies from 1970 to 2000, which provided quantitative data on aggression in youth with ADHD. The authors reviewed 28 studies with a total of 683 patients. The effect-size analysis of reduction in overt aggression by stimulants was significant on 18 independent measures of aggression by clinicians, on 16 by teachers and on 13 by parents. The presence of comorbid conduct disorder or oppositional defiant disorder and mental retardation diminished the effect, which, among the different stimulant studies, was strongest for methylphenidate.

Similar, less powerful effects were observed for covert aggression. Clinical impression supports the use of buproprion, which appears to provide benefit in adults with ADHD and aggression driven by depression with marked irritability. This has the advantage of not being readily abusable by patients with addiction problems.

From a public health perspective, so-called “road rage” and aggressive driving are important manifestations of aggressive behaviour patterns particularly prevalent in adult ADHD populations, who have demonstrated impulsive fast driving with attention problems (3). I conducted a case series of 100 adult ADHD patients who were effectively treated for ADHD symptoms with stimulants, methylphenidate or dextroamphetamine.

These patients were rated as significantly less impulsive and generally safer drivers by spousal report on a driving-style scale, when followed over a 36-month period (4). Similar supportive studies are emerging, demonstrating improved simulator-driving performance in adults with ADHD when driving after taking stimulants, compared with no medication status (5).

References


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Re: Don’t Forget the Stimulants

Dear Editor:

Some people receive journals and merely skim over the abstracts, and others dissect every word. Clearly, Dr. Jerome is of the latter group, evidenced by his frequent contributions to the Journal and the Bulletin. For this, we should be thankful: he keeps us all on our toes. We would like to extend our gratitude to Dr. Jerome for pointing out the absence of any attention to the use of stimulants in the treatment of aggression. The search that we employed essentially included the following key words: “aggression or violence” in adults and “drug name,” as noted in the article (1). Therefore, we did not definitively focus on the use of stimulants.

Dr. Jerome’s comments stand on their own merit. I would, however, like to advocate considerable caution in the use of stimulants in adults with aggressive symptoms. At this stage, we should consider it a field in its infancy. As Dr. Jerome points out, buproprion and several other medications that may help in attention-deficit hyperactivity disorder (ADHD) and that have low abuse potential may hold some promise in this area (2). We should always remember that psychostimulants are used for their paradoxical effect in individuals with ADHD and that, when given to the wrong individual, have the potential for increasing violence and impulsivity—an issue that is not lost upon those who abuse these medications (3). Thus, it is my cautious viewpoint that, after careful assessment—the type of assessment I know that Dr. Jerome routinely performs but one that, unfortunately, is not found in every practice—only specialists in the field should consider the use of psychostimulants for patients with aggressive symptoms. Clearly, this area requires further research, and we are grateful to Dr. Jerome for pointing this out.

References


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