The study listed may include approved and non-approved uses, formulations or treatment regimens. The results reported in any single study may not reflect the overall results obtained on studies of a product. Before prescribing any product mentioned in this Register, healthcare professionals should consult prescribing information for the product approved in their country.

Study No.: LAM40120

Title: LAMOTRIGINE *(Lamictal®)* Treatment in adults with Attention Deficit Hyperactivity Disorder (ADHD), A pilot study.

Rationale: At least half of the adults who had Attention Deficit Hyperactivity Disorder (ADHD) as children experience difficulties into adulthood, most commonly attention deficits often in combination with impairments due to impulsivity and chronic restlessness. The main objective of this 17week pilot study was to evaluate the efficacy of lamotrigine treatment on the core symptoms of ADHD in adults with residual full ADHD syndrome and to assess the safety of lamotrigine treatment in adults with ADHD not suffering from epilepsy.

Phase: IIIb/IV A pilot study.

Study Period: 09 January 2003 To 11 May 2004

Study Design: Open label, uncontrolled, single centre pilot study.

Centres: 1 centre in Norway

Indication: Attention Deficit Hyperactivity Disorder (ADHD)

Treatment: Lamotrigine tablets (25, 50, and 100 mg) Dose escalation from 25 mg at week 1 to 200 mg at week 6, maintenance 200 mg from week 7 to week 13, dose reduction 50 mg/week to week 17 for all subjects.

Objectives: To evaluate the efficacy of lamotrigine treatment on the core symptoms of ADHD in adults with residual or full ADHD syndrome.

Primary Outcome/Efficacy Variable: Three independent variables:
Change in ADHD core symptoms assessed by scored questionnaire derived
from 314.01 DSM-IV / ICD-10 F 90 where each item by the subject was rated on a fourfold scale: 0 (never/not at all/in the last 7 days); 1 (sometimes/1-2 days/ in the last 7 days); 2 (often/3-4 days/in the last 7 days); 3 (very often/every day/in the last 7 days).
Change from baseline in individually chosen "target symptoms". The problems in daily functioning that an adult experiences related to ADHD differ from subject to subject.
Change in test results from neuropsychologial evaluation according to the chosen tests; Test of variable attention (TOVA); Paced auditory serial addition test (PASAT); Rey auditory – verbal learning test (RAVLT); Digit span from WAIS; Bentons visual retention test (BVRT) and a cancellation task.
Montgomery & Asberg Depression Rating Scale (MADRS), Clinical Anxiety Scale (CAS), Grooved Pegboard Test – dominant hand (GPT Dom) & Grooved Pegboard Test – non-dominant hand (GPT Non-Dom).

Secondary Outcome/Efficacy Variable(s): None

Statistical Methods: Data have been summarized and tabulated, no formal statistical analyses have been done.

Study Population:
-Male aged 18 – 50 years.
-Fulfill the diagnostic criteria for AD/HD combined form according to DSM IV 314.01, during their childhood, and have current problems most compatible with AD/HD in partial remission.
-Have a Verbal IQ >70 and Performance IQ > 70 as measured with the Wechsler Abbreviated Scale of Intelligence "WASI". The subtests Vocabulary and Similarities compose the verbal scale and yield the Verbal IQ (VIQ) and the Block Design And Matrix reasoning subtests compose the performance Scale and yield the Performance IQ (PIQ).
-Not fulfil any of the exclusion criteria such as acute or chronic conditions likely to interfere with the study drug, significant abnormal laboratory values, active epilepsy, psychiatric conditions including severe depression and concomitant treatment for this, inability to comply with study regimen, and history of alcohol or substance abuse.

	Lamotrigine
Number of Subjects:	
Planned, N	20
Entered, N	18
Completed, n (%)	9 (50.0)
Total Number Subjects Withdrawn, N (%)	5 (27.77)
Withdrawn due to Adverse Events n (%)	2 (11.11)
Withdrawn due to Lack of Efficacy n (%)	Not Available (NA)
Withdrawn for other reasons n (%)	3 (16.66)
Demographics	

N (ITT)	18			
Male 18-65 years, full or residual ADHD symptoms	18			
Mean Age, years (SD)	27.68 (6.54)			
Caucasian, n (%)	16 (88.89)			
Primary Outcome/Efficacy Variable:				
ADHD Rating	**Visit 1**	**Visit 6**	**Visit 7**	**Visit 8**
N	16	8	8	8
Mean Score (SD)	24.31 (9.96)			
Mean Change from visit 1 (SD)		-4.75 (7.52)	-1.13 (4.12)	-1.00 (3.30)
MADRS				
N	18	10	9	9
Mean Score (SD)	11.78 (6.15)			
Mean Change from visit 1 (SD)		-0.80 (6.58)	1.67 (4.66)	3.33 (6.67)
CAS				
N	18	10	9	9
Mean Score (SD)	6.89 (4.03)			
Mean Change from visit 1 (SD)		-0.70 (3.23)	0.56 (1.13)	0.22 (2.39)
		Visit 6	**Visit 7**	**Visit 8**
PASAT				
N		15	8	7
Mean Score (SD)		42.93 (11.37)		
Mean Change from visit 6 (SD)			8.63 (5.60)	8.57 (7.76)
GPT Dom				
N		14	8	9
Mean Score (SD)		62.50 (4.97)		
Mean Change from visit 6 (SD)			-0.13 (5.11)	-1.33 (4.18)
GPT Non-Dom				
N		14	8	9
Score (SD)		67.86 (6.11)		
Mean Change from visit 6 (SD)			-8.38 (20.39)	-3.33 (5.43)
Sum of symptoms				
N		10	9	9
Mean Score (SD)		4.80 (3.36)		
Mean Change from visit 6 (SD)			-0.33 (2.35)	-2.11 (3.22)
TOVA	NA	NA	NA	NA
RAVLT	NA	NA	NA	NA
WAIS	NA	NA	NA	NA
BVRT	NA	NA	NA	NA
Secondary Outcome Variable(s): None				
Safety Results: An on therapy adverse event (AE) was defined as an AE with onset on or after the start date of study medication but not later than 14 days after the last date of study medication. An on therapy serious adverse event (SAE) was defined as a SAE with onset on or after the start date of study medication and up to 14 days after the last				

dose of medication (from study flowchart, period was not defined in the protocol).	
	Lamotrigine
Most Frequent Adverse Events – On-Therapy	**n (%)**
Subjects with any AE(s), n (%)	5 (27.77)
Sedation	2 (11.11)
Serious Adverse Events - On-Therapy **n (%) [n considered by the investigator to be related to study medication]**	
	Lamotrigine
Subjects with non-fatal SAEs, n (%)	1 (5.55)
	n (%) [related]
Exanthema	1 (5.55) [1]
Subjects with fatal SAEs, n (%)	0

Conclusion:
Of the 18 subjects entered in the study only nine subjects had complete data sets. Based on the limited data, no significant changes were observed in the ADHD ratings nor the other ratings scored in the study, with the exception of an increase in PASAT. Adverse events were reported in 5 (27.77%) subjects, with the most frequently reported event being sedation. One non-fatal serious adverse event was reported. No fatal serious adverse events were reported.

Publications:
No Publication

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