



Adolescent, School-Age Psychiatric Intervention REsearch



ASPIRE LAUNCHES THEIR FIRST NEWSLETTER

Inside this issue:

INTRODUCTION	1
CURRENT STUDIES	2
ASPIRE SPOTLIGHT	3
ASPIRE SHOUT OUT	3
RESEARCH NEWS	4

Welcome to the first newsletter of the ASPIRE Program at the University of North Carolina at Chapel Hill. We are pleased to announce that this newsletter will be one of many to come. This newsletter is a great resource to keep up-to-date on the studies we are conducting, read about our study results,

and get helpful information about Child and Adolescent Autism, Schizophrenia, and Bipolar.

The ASPIRE Program is involved in many ongoing studies that are looking for participants. Research is the first step in finding better treatments for children who are diagnosed

with developmental and behavioral disorders.

Check out Page 2 to see how you can get involved in research at the ASPIRE Program!

Keep an eye out for our next newsletter in Spring 2011.

Introducing the ASPIRE Program

Check this out!

Check out this video on Discovery Health about a young girl with Childhood Onset Schizophrenia

<http://health.discovery.com/videos/born-schizophrenic/>

Or Search on Google: "Born Schizophrenic Video"

Check out this book written by Nancy D. Wiseman called

The First Year: Autism Spectrum Disorders: An Essential Guide for the Newly Diagnosed Child

This book helps to navigate the healthcare, insurance, and education systems to help parents get optimal care for their child. It's a great tool to get familiar with the terminology associated with this disorder.

The ASPIRE program is a Research program for children and adolescents diagnosed with autism, schizophrenia, and bipolar.

The ASPIRE program is within the University of North Carolina, Chapel Hill School of Medicine led by Dr. Linmarie Sikich (see page 3 for Dr. Sikich's Newsletter Spotlight).

We strive to provide compassionate and innovative care for our patients, and conduct cutting edge research to find better treatments for children, adolescents, and young adults.

Our team here at the ASPIRE Program includes psychiatrists, neuropsychologists, research coordinators, and a social worker.

To learn more about our program call:

1-800-708-0048

Or email us at:

ASPIRE@unc.edu

Or find us on the web:

www.psychiatry.unc.edu/aspire



Front row (left to right): Cheryl Alderman; Linmarie Sikich, MD; Evelyn Atkins
Back row (left to right): Michelle Bowden; Kelly Smedley; Emily Earl-Royal; Terrence Bethea, MD; Lindsey Hazzard; Adrienne Albano

How can you help?

Computer Game Study

The ASPIRE team is looking for individuals between the ages **10-19 diagnosed with psychosis, schizophrenia, schizoaffective or schizophreniform** to participate in a computer intervention study.

The study lasts for 52 weeks which include doctor visits and daily computer play for 5 months. The study staff will provide the

computer games and will be monitoring how much participants play the games.

Compensation for play and time will be provided.



Weight Gain Study

We are looking for children adolescents, and young adults, **ages 8-19 who have gained weight** while taking any of the following behavioral medications:

Abilify®, Zyprexa®, Seroquel®, Risperdal®, Geodon®

We are looking at 3 different approaches to reduce weight gain associated with the use of these medicines

The study lasts for about 27 weeks.

Participants will be paid for their time and transportation may be provided.

And so much more! The ASPIRE Program conducts many studies that you/your child could be eligible for.

We are looking for individuals in the following age ranges:

- Autism Spectrum (3-19)
- Bipolar (8 -19)
- Schizophrenia (8 -19)
- Schizoaffective (8 - 19)
- Schizophreniform (8-19)
- Psychosis (8 -19)
- Mood Disorder (8 -19)

Many studies provide diagnostic assessments, study related psychiatric care and treatment at no cost.

Compensation for time/travel is also provided.

For a complete list of all currently enrolling studies, please visit our website:

www.psychiatry.unc.edu/aspire

Contact The ASPIRE Program to see if you and/or your child could be eligible for a study.

Phone: 1-800-708-0048
or email us at
ASPIRE@unc.edu

ASPIRE Spotlight: Linmarie Sikich, MD



Dr. Linmarie Sikich is a board-certified child and adolescent psychiatrist. She received her medical degree from Washington University in St. Louis, Missouri and completed her residency at Yale University in New Haven, Connecticut.

She is currently an Associate

Professor at the University of North Carolina at Chapel Hill in Division TEACCH (Treatment and Education Communication-handicapped Children) and in Division of Child and Adolescent Psychiatry.

She is also the Director of the ASPIRE (Adolescent, School-

age Psychiatric Intervention Research and Evaluation) Program at UNC.

Dr. Sikich is a compassionate psychiatrist who puts the needs of her patients above everything else. This dedication to her patients motivates her to select and develop studies that have the potential to make a real difference in the lives of her patients. She is currently interested in reducing weight gain in children and adolescents who take antipsychotics like Abilify, Seroquel, Zyprexa, Risperdal, and Geodon. She also has a long history of studying the effectiveness of different psychiatric

medications (see page 4), which provides a very practical resource for physicians treating children and adolescents. Her upcoming studies include a study of Oxytocin, a hormone drug that enhances social behavior in animals. We will determine if Oxytocin improves social functioning in children with autism.

Be sure to keep up with the ASPIRE Program Newsletter to keep up with Dr. Sikich's projects.

Play the ASPIRE Word Scramble Game!



1. IRSAPE

2. MUASIT

3. ZOCIHREAIPSHN

4. CMEDNIEI

5. MRETENTAT

6. SCRERAHE

Meet Alex. Alex is 14 years old, and she has been a participant of a Computer Game study with the ASPIRE Program at UNC for about 2 months. "I like how nice everyone is and how everyone understands me" says Alex when asked what she likes about coming to the ASPIRE Program. "I get paid, and it's fun".

She is a bright and friendly girl who likes to dance and collect holiday Barbies. She dreams of

being a Disney Channel Actress when she grows up, which suits her outgoing personality.

Alex enjoys spending time with her family and has a hero in her Grandma Janice. Her dad is there for her every day to give her a helping hand.

It has been a delight to have Alex participate in our study here at the ASPIRE Program.

We invite all of our readers to learn about the ASPIRE Program by checking out our website and to contact us with any questions.

Check your answers by turning the newsletter upside down.

1.ASPIRE
2.AUTISM
3.SCHIZOPHRENIA
4.MEDICINE
5.TREATMENT
6.RESEARCH



ASPIRE Fact #1

Fragile X syndrome is the most common known single gene cause of autism. About 2%-6% of autism in children is caused by the Fragile X gene mutation.

Did you know that 30% of individuals with Fragile X syndrome also have a diagnosis of an Autism Spectrum Disorder?

ASPIRE Program Newsletter

University of North Carolina at Chapel Hill
101 Manning Drive CB#7160
Chapel Hill, NC 27599

ASPIRE Previous Study Results

Celexa less effective than Placebo

This National Institute of Health funded study, conducted by teams at UNC, UCLA, Mount Sinai, Zucker Hillside Hospital in New York, Yale, and Dartmouth, looked at what the effects of taking an antidepressant called Celexa (Citalopram) are on children and adolescents diagnosed with autism spectrum disorders who display repetitive behaviors.

The study results revealed that Celexa did not relieve the repetitive behavior symptoms any better than placebo. In fact, the behaviors increased in some children taking Celexa.

Celexa is used to treat approximately 30% of people with autism and many physicians believe it an effective and safe treatment; however is actually not effective according to study results.

This study shows that we need more placebo comparison trials to find out which treatments are effective and rule out medications that don't really work.

We greatly appreciate all of the families who participate in our studies. Without their participation, we could not do the research that helps us know which treatments work and which ones don't.



A study on the Safety and Effectiveness of 3 Antipsychotics: Zyprexa, Risperdal, and Moban

Most doctors prescribe the newer atypical (second generation) antipsychotics instead of the older typical (first generation) antipsychotics because they think the newer medicines work better and are safer. In fact, 98% of children who are treated with antipsychotics take the newer atypical antipsychotics. However, the newer antipsychotics have not shown to be better than their first generations counterparts.

The TEOSS study (Treatment of Early Onset Schizophrenia Spectrum) compared the effectiveness between two commonly prescribed second generation antipsychotics [olanzapine (Zyprexa) and risperidone (Risperdal)] and one first

generation antipsychotic [molindone (Moban)]. This 8 week trial studied patients between the ages of 8 to 19 with a diagnosis of schizophrenia or schizoaffective disorder.

There was no differences in how well the 3 drugs worked. The side effects, however, of the first and second generation antipsychotics were different. The results showed that Zyprexa and Risperdal were associated with significant weight gain, where Zyprexa displayed the greatest weight gain and increased cholesterol. Moban was associated with more self-reports of akathisia. Akathisia is a side effect which people feel restless and have a hard time sitting still.

Zyprexa and Risperdal did not display superior treatment outcomes over Moban.

This study brings up questions about the preference to prescribe second over first generation antipsychotics. The weight gain in child and adolescent populations taking second generation medication raises some important safety concerns.

The main take-away message from this study was that both first and second generation medications should be considered when treating patients with schizophrenia or schizoaffective disorders. Physicians should consider the benefits and side effects to determine which

medication would best suit each individual patient. In most cases, patients may have to try many different medications before finding the one or combination that is best for them.

Check out ABC's story on this study "**Newer Drugs No Better Than Older Ones for Childhood Schizophrenia**" at www.abcnews.go.com and search "Linmarie Sikich"

You can also see the original publication by Dr. Sikich by going to our website (www.psychiatry.unc.edu/aspire) and select "Previous Study Results"