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REFERENCES

Treatment of Attention Deficit Hyperactivity Disorder Accompanied by Epilepsy in a Child

The Editor,

Sir,

Attention deficit hyperactivity disorder (ADHD) is a common neuropsychiatric disorder that occurs in childhood and goes on into adulthood. Atomoxetine is a potent, specific, norepinephrine reuptake inhibitor that has no other affinity on any other neuronal reuptake pumps used in the treatment of ADHD, alternatively (1, 2). High risks in terms of epileptic seizures have been observed in patients with ADHD (3, 4). Here, we present the effect of atomoxetine on epilepsy in a boy with ADHD.

A 10-year old boy was admitted with complaints of negligence, short temper, inattention and academic failure in school. In his psychiatric examination, he was conscious, oriented and cooperated with a fluent speech. He had concentration problems, hyperactivity and impulsivity. There was no hallucination and delusion. His Wechsler Intelligence Scale for Children-Revised testing, laboratory results and physical examination were in the normal range. His condition was compatible with ADHD combined type according to the Diagnostic and Statistical Manual of Mental Disorders, fifth edition. He also had a history of epilepsy for four years. Valproic acid 750 mg/day has been used for three years. His last seizure had been two months ago, thus levetiracetam 600 mg/day was added to his treatment. There was no treatment for psychiatry. Atomoxetine, 25 mg/day, was initiated and the dose was titrated up to 40 mg/day during the two weeks. In the first month of the follow-up period, the symptoms of attention deficiency decreased and school achievement improved. Furthermore, seizure was not observed in the subsequent year after the treatment of atomoxetine. Follow-up of the patient is ongoing and he tolerates the medication well.

Co-morbidity of epilepsy is a condition that requires attention in terms of treatment. Physicians should pay attention to the threshold of seizures. In the previous studies, the coexistence of ADHD and epilepsy was emphasized (3). In another study, evidence of increased risk of seizures related to stimulants was demonstrated (5). Although there is limited information about the treatment of ADHD accompanied with epilepsy by atomoxetine (6), based on our case, atomoxetine may be a safe treatment option in ADHD accompanied with epilepsy co-morbidity. However, this treatment option should be supported with further and well-attended multicentre studies.

Keywords: Attention deficit hyperactivity disorder, ADHD, children, epilepsy

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REFERENCES