

P88. Impulsive Aggression in Youth: Reduced Re-Hospitalization With the Use of Amantadine HCl

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Background: Amantadine HCl has been used effectively to reduce frontal lobe symptoms in children with traumatic brain injury (Williams, 2007), and to improve impulsivity in Attention Deficit Hyperactivity Disorder in boys (Horrigan & Barnhill, 2002). Amantadine HCl has also been used, off-label, for impulsive aggression in youth (Fisher et al., 2011; King et al., 2001). **Objective:** The current study explores the effect on re-hospitalization rates for impulsively aggressive youth, 6 months post-discharge from residential treatment, by comparison of cases that were compliant with a protocol that included amantadine HCl versus those who were non-compliant. **Methods:** Subjects were 190 explosive juveniles (130 male, 60 female; ages 5–17; diagnosed Mood Disorder, or Intermittent Explosive Disorder), discharged from a residential treatment program on amantadine HCl and other medications. Re-hospitalization rates were computed separately for those compliant (C group) with amantadine HCl, versus those non-compliant (Non-C group), measured by a mail survey of caregivers 6 months post-discharge. **Results:** For the C group, the percentage of those requiring re-hospitalization was 13.70% (20 out of 146). In contrast, for the Non-C group, the percentage of those requiring re-hospitalization was 52.27% (23 out of 44). Using a Fisher's exact chi-square analysis, there was a significant relationship between re-hospitalization and compliance (df: 1; two-tailed $p < 0.0001$). **Conclusion:** The results indicate that, for youth at 6 months post-discharge from residential treatment for impulsive aggression, significantly lower re-hospitalization rates can occur when there is compliance with a protocol that continues the use of amantadine HCl, suggesting that further controlled studies are needed.