ClinicalTrials.gov PRS
Protocol Registration and Results System

ID: 11576 A Study Comparing the Effect of Atomoxetine Versus Other Standard Care Therapy on the Long Term Functioning in Attention-Deficit/Hyperactivity Disorder (ADHD) Children and Adolescents NCT00447278

Protocol Registration and Results Preview

Close

A Study Comparing the Effect of Atomoxetine Versus Other Standard Care Therapy on the Long Term Functioning in Attention-Deficit/Hyperactivity Disorder (ADHD) Children and Adolescents (ADHD LIFE)

This study has been completed.

Sponsor:	Eli Lilly and Company
Collaborators:	
Information provided by:	Eli Lilly and Company
ClinicalTrials.gov Identifier:	NCT00447278

Purpose

The purpose of this study is to demonstrate that atomoxetine is superior to other early standard therapy (any treatment that investigator considers is appropriate to initiate for the treatment of Attention-Deficit/Hyperactivity Disorder [ADHD]) on the long term functioning in approximately 400 children and adolescents with ADHD. Patients will be pharmacological naïve prior to entry into the study.

Condition	Intervention	Phase
Attention Deficit Hyperactivity Disorder	Drug: Atomoxetine Drug: Other standard therapy for ADHD	Phase 3

Study Type: Interventional
Study Design: Treatment, Parallel Assignment, Open Label, Randomized, Safety/Efficacy Study

Official Title: A Randomized, Controlled, Open-Label Study of the Long-Term Impact on Functioning Using Atomoxetine Hydrochloride Compared to Other Early Standard Care in the Treatment of Attention-Deficit/Hyperactivity Disorder in Treatment-Naïve Children and Adolescents

Further study details as provided by Eli Lilly and Company:

Primary Outcome Measure:

- Change From Baseline to 6 Month Endpoint in Child Health and Illness Profile - Child Edition, Parent Report Form (CHIP-CE PRF), Achievement Domain [Time Frame: Baseline, 6 months] [Designated as safety issue: No]

CHIP-CE PRF: parent rated assessment of a child's health status/level of functioning. The achievement domain describes developmentally appropriate role functioning in school and with peers. The majority of items assess frequency of activities or feelings using a 5-point response format (1=never, 5=always). Standard scores (T-scores) were established, with all domains and subdomains having a mean score of 50 and standard deviation of 10. Normative range is 40 to 60. Higher scores indicate better health and lower scores indicate worse health.

Secondary Outcome Measures:

- Change From Baseline to 4 Month and 12 Month Endpoints in CHIP-CE PRF, Achievement Domain [Time Frame: Baseline, 4 months, 12 months] [Designated as safety issue: No]

  CHIP-CE PRF: parent rated assessment of a child's health status/level of functioning. The achievement domain describes developmentally appropriate role functioning in school and with peers. The majority of items assess frequency of activities or feelings using a 5-point response format (1=never, 5=always). Standard scores (T-scores) were established, with all domains and subdomains having a mean score of 50 and standard deviation of 10. Normative range is 40 to 60. Higher scores indicate better health and lower scores indicate worse health.

- Change From Baseline to 4 Month, 6 Month, and 12 Month Endpoints in the CHIP-CE PRF Domain Scores (Satisfaction, Comfort, Resilience and Risk Avoidance) [Time Frame: Baseline, 4 months, 6 months, 12 months] [Designated as safety issue: No]

  CHIP-CE PRF: parent rated assessment of a child's health status and level of functioning. Domains: Satisfaction, Comfort, Risk Avoidance, Resilience. The majority of items assess frequency of activities or feelings using a 5-point response format (1=never, 5=always). Standard scores (T-scores) were established, with all domains and subdomains having a mean score of 50 and standard deviation of 10. Normative range is 40 to 60. Higher scores indicate better health and lower scores indicate worse health.

- Change From Baseline to 4 Month, 6 Month, and 12 Month Endpoints in Weiss Functional Impairment Rating Scale-Parent Report (WFIRS-P) [Time Frame: Baseline, 4 months, 6 months, 12 months] [Designated as safety issue: No]

  The 50-item WFIRS-P rates impairment in 6 domains of functioning: home, school, self-concept, social, activities of daily living, and risk taking. Each item is rated by the parent on a 4-point Likert scale from 0 to 3 (0="never or not at all", 1="sometimes or somewhat", 2="often or much", 3="very often or very much"). Average of non-missing values were calculated for each domain as well as the Total, which combined all 6 domains; therefore each scale including total has a range of 0 (best) to 3 (worst).

- Change From Baseline to 4 Month, 6 Month, and 12 Month Endpoints in Attention-Deficit/Hyperactivity Disorder Rating Scale - Parent Version: Investigator Administered and Scored (ADHD-RS-IV Parent:Inv) [Time Frame: Baseline, 4 months, 6 months, 12 months] [Designated as safety issue: No]

  Measures the 18 symptoms contained in the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition, Text Revision (DSM-IV-TR)

diagnosis of Attention-Deficit/Hyperactivity Disorder. Individual item scores range from 0 (none/never or rarely) to 3 (severe/very often). Total scores range from 0 to 54. Inattention and Hyperactivity-Impulsivity subscales consisted of 9 items each, for total subcale scores ranging from 0 to 27. Higher scores are indicative of more severe symptoms.

- Change From Baseline to 4 Month, 6 Month, and 12 Month Endpoints in Clinical Global Impression Attention-Deficit/Hyperactivity Disorder - Severity (CGI-ADHD-S) [Time Frame: Baseline, 4 months, 6 months, 12 months] [Designated as safety issue: No]
  Measures severity of the patient's overall severity of ADHD symptoms (1=normal, not at all ill; 7=among the most extremely ill patients).

- Change From Baseline to 4 Month, 6 Month, and 12 Month Endpoints in the CHIP-CE CRF for Children (6-11 Years) [Time Frame: Baseline, 4 months, 6 months, 12 months] [Designated as safety issue: No]
  CHIP-CE CRF: child rated assessment of their health status and level of functioning. Domains: Achievement, Satisfaction, Comfort, Risk Avoidance, Resilience. The majority of items assess frequency of activities or feelings using a 5-point response format (1=never, 5=always). Standard scores (T-scores) were established, with all domains and subdomains having a mean score of 50 and standard deviation of 10. Normative range is 40 to 60. Higher scores indicate better health and lower scores indicate worse health.

- Change From Baseline to 4 Month, 6 Month, and 12 Month Endpoints in the CHIP-Adolescent Edition (AE) for Adolescents (>11-17 Years) [Time Frame: Baseline, 4 months, 6 months, 12 months] [Designated as safety issue: No]
  CHIP-AE CRF: adolescent rated assessment of their health status and level of functioning. Domains: Achievement, Satisfaction, Comfort, Risk Avoidance, Resilience. The majority of items assess frequency of activities or feelings using a 5-point response format (1=never, 5=always). Standard scores (T-scores) were established, with all domains and subdomains having a mean score of 50 and standard deviation of 10. Normative range is 40 to 60. Higher scores indicate better health and lower scores indicate worse health.

- Correlation Between CHIP-CE Parent Rated and Pooled CHIP-CE Child Rated and CHIP AE Adolescent Rated T-Scores [Time Frame: Baseline, 6 months] [Designated as safety issue: No]
  Pearson correlation coefficients were calculated on each domain at baseline, Month 6 and Change to Month 6 between parent-rated CHIP and pooled patient-rated (child and adolescent) CHIP.

Enrollment: 399
Study Start Date: March 2007
Study Completion Date: July 2009
Primary Completion Date: March 2009

Arms	Assigned Interventions
Experimental: Atomoxetine	Drug: Atomoxetine

0.5 mg/kg/day once a day (QD) or twice a day (BID) for 1 week then 1.2-1.8 mg/kg/day QD or BID for 6 months, up to an additional 6 months optional extension	0.5 mg/kg/day once a day (QD) or twice a day (BID) for 1 week then 1.2-1.8 mg/kg/day QD or BID for 6 months, up to an additional 6 months optional extension Other Names: • LY139603 • Strattera
Active Comparator: OEST Other Early Standard Treatment (OEST): any treatment for ADHD as prescribed by investigator, 6 months, up to an additional 6 months extension	Drug: Other standard therapy for ADHD Any treatment for ADHD as prescribed by investigator, 6 months, up to an additional 6 months extension

Eligibility

Ages Eligible for Study: 6 Years to 16 Years
Genders Eligible for Study: Both
Inclusion Criteria:

- Inclusion criteria:
  - 6 to 16 years old
  - Diagnosis of ADHD according to Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM IV) confirmed by Kiddie Schedule for Affective Disorders and Schizophrenia for School Aged Children-Present and Lifetime Version (SADS PL)
  - Pharmacological naïve
  - Normal intelligence as assessed by investigator
  - Each patient (and/or legally authorized patient representative where required by local law) must understand the nature of the study and must sign an Informed Consent Document.

Exclusion Criteria:

- Exclusion criteria
  - History of bipolar disorder, any history of psychosis or autism spectrum disorder
  - History of any seizure disorder
  - Significant prior or current medical conditions
  - History of alcohol or drug abuse within the past 3 months
  - Patients who are taking concurrently any of the excluded medications in the study.

Contacts and Locations

Locations

Belgium

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Brussels, Belgium, 1200

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Hoboken, Belgium, 2660

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Leuven, Belgium, 3000

France

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Amiens, France, 80084

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Bordeaux, France, 33076

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Lyon, France, 69395

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Montpellier, France, 34 295

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Paris, France, 75019

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Toulouse, France, 31059

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Tours, France, 37044

Ireland

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Dublin, Ireland

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Westside, Galway, Ireland

Italy

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Messina, Italy, 98125

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Napoli, Italy, 80131

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

S.Vito Tagliamento, Italy, 37078

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

San Donà Di Piave, Italy, 30027

Mexico

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Insurgentes Cuicuilco, Mexico, 04530

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Mexico City, Mexico, 06720

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Roma Sur, Mexico, 06760

Norway

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Bergen, Norway, N-5021

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Fredrikstad, Norway, 1606

Poland

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Gliwice, Poland, 44-100

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Warsaw, Poland, 00-678

Spain

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Alicante, Spain, 03114

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Barcelona, Spain, 08035

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Espluges De Llobregat, Spain, 08950

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Palma De Mallorca, Spain, 07198

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Pamplona, Spain, 31008

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Sabadell, Spain, 08208

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

San Sebastian, Spain, 20009

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Valencia, Spain, 46010

Turkey

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Adana, Turkey

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Ankara, Turkey, 06100

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Izmir, Turkey, 35340

United Kingdom

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Basildon, Essex, United Kingdom, SS15 5NL

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Wigan, Lancashire, United Kingdom, WN2 2JA

For additional information regarding investigative sites for this trial, contact 1-877-CTLILLY (1-877-285-4559, 1-317-615-4559) Mon - Fri from 9 AM to 5 PM Eastern Time (UTC/GMT - 5 hours, EST), or speak with your personal physician.

Sheffield, South Yorkshire, United Kingdom, S10 5DD

Investigators

Study Director:	Call 1-877-CTLILLY (1-877-285-4559) or 1-317-615-4559 Mon - Fri 9 AM - 5 PM Eastern time (UTC/GMT -5 hours, EST)	Eli Lilly

More Information

Lilly Clinical Trial Registry

Responsible Party: Eli Lilly (Chief Medical Officer)
Study ID Numbers: 11576
B4Z-EW-LYDY [Eli Lilly and Company]
Health Authority: Belgium: The Federal Public Service (FPS) Health, Food Chain Safety and Environment
Belgium: Institutional Review Board

Study Results

Participant Flow

Recruitment Details	
Pre-Assignment Details	Study consisted of a 1 week screening (Period I); 6 months open-label (Period II); Optional additional 6 month open-label extension (Period III).

Arm/Group Title	Atomoxetine	OEST	Total (Not public)
Arm/Group Description	0.5 mg/kg/day once a day (QD) or twice a day (BID) for 1 week then 1.2-1.8 mg/kg/day QD or BID for 6 months, up to an additional 6 months optional extension	Other Early Standard Treatment (OEST): any treatment for ADHD as prescribed by investigator, 6 months, up to an additional 6 months extension	
Period Title: **Period II (6 Month Open-Label)**			
Started	199	200	399
Received at Least One Dose of Study Drug	199	199 [1]	398
Completed	157	171	328
Not Completed	42	29	71
Reason Not Completed			
Adverse Event	7	3	10
Lost to Follow-up	0	4	4
Protocol Violation	10	7	17
Withdrawal by Subject	1	3	4

Physician Decision	4	1	5
Lack of Efficacy	11	1	12
Parent/Guardian Decision	9	10	19
(Not Public)	Not Completed = 42 Total from all reasons = 42	Not Completed = 29 Total from all reasons = 29	

[1] 1 patient withdrew due to parent/guardian decision prior to receiving study drug.

Period Title: **Period III (Optional 6 Month Extension)**

Started	139 [1] NOTE : The number of participants to start a Period is not equal to the number who completed previous Period.	155 [2] NOTE : The number of participants to start a Period is not equal to the number who completed previous Period.	294
Completed	109	140	249
Not Completed	30	15	45
Reason Not Completed			
Adverse Event	2	2	4
Lost to Follow-up	2	2	4
Protocol Violation	6	1	7
Withdrawal by Subject	4	1	5
Physician Decision	1	1	2
Lack of Efficacy	4	0	4
Parent/Guardian Decision	11	8	19
(Not Public)	Not Completed = 30 Total from all reasons = 30	Not Completed = 15 Total from all reasons = 15	

[1] 18 choose not to enter this optional period.

[2] 16 choose not to enter this optional period.

Baseline Characteristics

Arm/Group Title	Atomoxetine	OEST	Total
Arm/Group Description	0.5 mg/kg/day once a day (QD) or twice a day (BID) for 1 week then 1.2-1.8 mg/kg/day QD or BID for 6 months, up to an additional 6 months optional extension	Other Early Standard Treatment (OEST): any treatment for ADHD as prescribed by investigator, 6 months, up to an additional 6 months extension	
Overall Number of Baseline Participants	199	199	**398**
Baseline Analysis Population Description [Not specified]			

Age, Continuous Mean (Standard Deviation) Units: years	9.2 (2.57)	9.4 (2.64)	9.3 (2.60)
Gender, Male/Female Measure Type: Number Units: participants			
Female	41	41	82
Male	158	158	316
Race/Ethnicity, Customized Measure Type: Number Units: participants			
African	0	2	2
Caucasian	180	181	361
East Asian	2	1	3
Hispanic	17	15	32
Region of Enrollment Measure Type: Number Units: participants			
France	32	32	64
Mexico	11	12	23
Belgium	23	23	46
Spain	61	58	119
Ireland	3	2	5
Turkey	23	24	47
Norway	10	10	20
United Kingdom	16	18	34
Italy	20	20	40
Kiddie Schedule for Affective Disorders - Affective Disorder [1] Measure Type: Number Units: participants			
0 Affective Disorders	189	189	378
1 Affective Disorder	2	1	3
Missing Information	8	9	17
	[1] The Kiddie-SADS-Present and Lifetime Version is an instrument completed through a semi-structured diagnostic interview designed to assess current and lifetime history of psychopathology in children and adolescents according to Diagnostic and Statistical Manual of Mental Disorders Third Edition, Revision (DSM-III-R) and DSM Fourth Edition (DSM-IV) criteria. The 'Summary Lifetime Diagnoses Checklist' aggregates diagnoses-related data to make a final decision as to the presence or absence of the evaluated condition/disease.		

Kiddie Schedule for Affective Disorders - Anxiety Disorder [1] Measure Type: Number Units: participants			
0 Anxiety Disorders	176	173	349
1 Anxiety Disorder	11	18	29
2 Anxiety Disorders	4	6	10
3 Anxiety Disorders	2	0	2
4 Anxiety Disorders	1	0	1
Missing Information	5	2	7
	[1] The Kiddie-SADS-Present and Lifetime Version is an instrument completed through a semi-structured diagnostic interview designed to assess current and lifetime history of psychopathology in children and adolescents according to Diagnostic and Statistical Manual of Mental Disorders Third Edition, Revision (DSM-III-R) and DSM Fourth Edition (DSM-IV) criteria. The 'Summary Lifetime Diagnoses Checklist' aggregates diagnoses-related data to make a final decision as to the presence or absence of the evaluated condition/disease.		
Kiddie Schedule for Affective Disorders - Attention-Deficit/Hyperactivity Disorder (ADHD) Subtypes [1] Measure Type: Number Units: participants			
Combined ADHD Subtype	156	156	312
Hyperactive/Impulsive ADHD Subtype	4	7	11
Inattentive ADHD Subtype	39	36	75
	[1] The Kiddie-SADS-Present and Lifetime Version is an instrument completed through a semi-structured diagnostic interview designed to assess current and lifetime history of psychopathology in children and adolescents according to Diagnostic and Statistical Manual of Mental Disorders Third Edition, Revision (DSM-III-R) and DSM Fourth Edition (DSM-IV) criteria. The 'Summary Lifetime Diagnoses Checklist' aggregates diagnoses-related data to make a final decision as to the presence or absence of the evaluated condition/disease.		
Kiddie Schedule for Affective Disorders - Conduct Disorder [1] Measure Type: Number Units: participants			
Yes (currently have the disorder)	13	10	23
	2	2	4

Yes, but not present (had disorder in the past)			
No (never had the disorder)	184	187	371
	[1] The Kiddie-SADS-Present and Lifetime Version is an instrument completed through a semi-structured diagnostic interview designed to assess current and lifetime history of psychopathology in children and adolescents according to Diagnostic and Statistical Manual of Mental Disorders Third Edition, Revision (DSM-III-R) and DSM Fourth Edition (DSM-IV) criteria. The 'Summary Lifetime Diagnoses Checklist' aggregates diagnoses-related data to make a final decision as to the presence or absence of the evaluated condition/disease.		
Kiddie Schedule for Affective Disorders - Oppositional Defiant Disorder [1] Measure Type: Number Units: participants			
Yes (currently have the disorder)	79	73	152
Yes, but not present (had disorder in the past)	2	4	6
No (never had the disorder)	118	122	240
	[1] The Kiddie-SADS-Present and Lifetime Version is an instrument completed through a semi-structured diagnostic interview designed to assess current and lifetime history of psychopathology in children and adolescents according to Diagnostic and Statistical Manual of Mental Disorders Third Edition, Revision (DSM-III-R) and DSM Fourth Edition (DSM-IV) criteria. The 'Summary Lifetime Diagnoses Checklist' aggregates diagnoses-related data to make a final decision as to the presence or absence of the evaluated condition/disease.		
Kiddie Schedule for Affective Disorders - Tic Disorder [1] Measure Type: Number Units: participants			
0 Tic Disorders	176	178	354
1 Tic Disorder	13	14	27
2 Tic Disorders	2	2	4
3 Tic Disorders	3	3	6
Missing Information	5	2	7
	[1] The Kiddie-SADS-Present and Lifetime Version is an instrument completed through a semi-structured diagnostic interview designed to assess current and lifetime history of psychopathology in children and adolescents according to Diagnostic and Statistical Manual of Mental Disorders Third Edition, Revision (DSM-III-R) and DSM Fourth Edition (DSM-IV) criteria. The 'Summary Lifetime Diagnoses Checklist'		

	aggregates diagnoses-related data to make a final decision as to the presence or absence of the evaluated condition/disease.		
Age at Onset of Attention-Deficit/Hyperactivity Disorder (ADHD) Mean (Standard Deviation) Units: years	4.3 (1.88)	4.2 (1.91)	4.2 (1.89)
Height Mean (Standard Deviation) Units: centimeters	138.8 (14.59)	140.1 (15.71)	139.4 (15.16)
Time Since Onset of ADHD Mean (Standard Deviation) Units: years	5.0 (2.65)	5.2 (2.97)	5.1 (2.81)
Weight Mean (Standard Deviation) Units: kilograms (kg)	37.5 (14.30)	37.6 (13.35)	37.5 (13.82)

Outcome Measures

1. Primary Outcome

Title:	Change From Baseline to 6 Month Endpoint in Child Health and Illness Profile - Child Edition, Parent Report Form (CHIP-CE PRF), Achievement Domain
Description:	CHIP-CE PRF: parent rated assessment of a child's health status/level of functioning. The achievement domain describes developmentally appropriate role functioning in school and with peers. The majority of items assess frequency of activities or feelings using a 5-point response format (1=never, 5=always). Standard scores (T-scores) were established, with all domains and subdomains having a mean score of 50 and standard deviation of 10. Normative range is 40 to 60. Higher scores indicate better health and lower scores indicate worse health.
Time Frame:	Baseline, 6 months
Safety Issue?	No

Outcome Measure Data

Analysis Population Description

Number of participants who received at least one dose of study drug and did not have a missing value. Results for Last Observation Carried Forward (LOCF) are included.

Arm/Group Title	Atomoxetine	OEST

▼ Arm/Group Description:	0.5 mg/kg/day once a day (QD) or twice a day (BID) for 1 week then 1.2-1.8 mg/kg/day QD or BID for 6 months, up to an additional 6 months optional extension	Other Early Standard Treatment (OEST): any treatment for ADHD as prescribed by investigator, 6 months, up to an additional 6 months extension
Number of Participants Analyzed	198	199
Mean (Standard Deviation) Units: T-Scores of units on a scale		
Baseline (n=198, n=199)	28.0 (12.04)	28.3 (12.28)
Change from Baseline at 6 Months (n=150, n=166)	8.4 (10.15)	12.4 (11.37)
Change from Baseline: 6 Month LOCF (n=192,n=195)	7.3 (10.71)	11.7 (11.24)

▼ Statistical Analysis 1 ✔

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	<0.001
	Comments	P-value for Change from Baseline at 6 Months. P-value is not adjusted and the threshold is 0.05.
	Method	Mixed Models Analysis
	Comments	Mixed model repeated measure analysis with terms for corresponding baseline T-score, treatment, country, visit, and treatment-by-visit interaction.
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]

	Estimated Value	-4.36
	Confidence Interval	(2-Sided) 95% -6.47 to -2.25
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 2 ✔

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	<0.001
	Comments	P-value for Change from Baseline: 6 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	-4.60
	Confidence Interval	(2-Sided) 95% -6.56 to -2.63
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

2. Secondary Outcome

Title:	Change From Baseline to 4 Month and 12 Month Endpoints in CHIP-CE PRF, Achievement Domain
▼ Description:	CHIP-CE PRF: parent rated assessment of a child's health status/level of functioning. The achievement domain describes developmentally appropriate role functioning in school and with peers. The majority of items assess frequency of activities or feelings using a 5-point response format (1=never, 5=always).

	Standard scores (T-scores) were established, with all domains and subdomains having a mean score of 50 and standard deviation of 10. Normative range is 40 to 60. Higher scores indicate better health and lower scores indicate worse health.
Time Frame:	Baseline, 4 months, 12 months
Safety Issue?	No

▼ Outcome Measure Data ✓

▼ Analysis Population Description

Number of participants who received at least one dose of study drug and did not have a missing value. Last observation carried forward (LOCF). Change at 12 months is in the participants who continue in the optional extension period (atomoxetine n= 139, OEST n=155). Their data at 6 months was taken as baseline for the 12 month change.

Arm/Group Title	Atomoxetine	OEST
▼ Arm/Group Description:	0.5 mg/kg/day once a day (QD) or twice a day (BID) for 1 week then 1.2-1.8 mg/kg/day QD or BID for 6 months, up to an additional 6 months optional extension	Other Early Standard Treatment (OEST): any treatment for ADHD as prescribed by investigator, 6 months, up to an additional 6 months extension
Number of Participants Analyzed	198	199
Mean (Standard Deviation) Units: T-Scores of units on a scale		
Change from Baseline: 4 Month LOCF (n=192, n=195)	7.8 (10.84)	10.7 (11.32)
Month 6 Baseline (M6B) (n=132, n=148)	37.7 (11.75)	41.2 (12.28)
Change from M6B at 12 Months (n=104, n=128)	1.2 (10.60)	-0.9 (9.51)

▼ Statistical Analysis 1 ✓

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]

Statistical Test of Hypothesis	P-Value	0.002
	Comments	P-value for Change from Baseline: 4 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	-3.10
	Confidence Interval	(2-Sided) 95% -5.08 to -1.13
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

3. Secondary Outcome

Title:	Change From Baseline to 4 Month, 6 Month, and 12 Month Endpoints in the CHIP-CE PRF Domain Scores (Satisfaction, Comfort, Resilience and Risk Avoidance)
▼ Description:	CHIP-CE PRF: parent rated assessment of a child's health status and level of functioning. Domains: Satisfaction, Comfort, Risk Avoidance, Resilience. The majority of items assess frequency of activities or feelings using a 5-point response format (1=never, 5=always). Standard scores (T-scores) were established, with all domains and subdomains having a mean score of 50 and standard deviation of 10. Normative range is 40 to 60. Higher scores indicate better health and lower scores indicate worse health.
Time Frame:	Baseline, 4 months, 6 months, 12 months
Safety Issue?	No

▼ Outcome Measure Data ✔

▼ Analysis Population Description

Number of participants who received at least one dose of study drug and did not have a missing value. Last observation carried forward (LOCF). Change at 12 months is in the participants who continue in the optional extension period (atomoxetine n= 139, OEST n=155). Their data at 6 months was taken as baseline for the 12 month change.

Arm/Group Title	Atomoxetine	OEST

▼ Arm/Group Description:	0.5 mg/kg/day once a day (QD) or twice a day (BID) for 1 week then 1.2-1.8 mg/kg/day QD or BID for 6 months, up to an additional 6 months optional extension	Other Early Standard Treatment (OEST): any treatment for ADHD as prescribed by investigator, 6 months, up to an additional 6 months extension
Number of Participants Analyzed	199	199
Mean (Standard Deviation) Units: T-Scores of units on a scale		
Comfort Baseline (n=198, n=198)	43.4 (11.58)	43.0 (11.27)
Comfort Change at 4 Month LOCF (n=191, n=194)	1.9 (10.60)	5.2 (11.22)
Comfort Change at 6 Month LOCF (n=191, n=194)	2.3 (11.14)	4.7 (11.64)
Comfort Month 6 Baseline (n=137, n=153)	46.5 (10.98)	47.7 (9.78)
Comfort Change at 12 Months (n=109, n=134)	0.2 (10.38)	-0.5 (10.28)
Resilience Baseline (n=199, n=197)	37.8 (14.59)	38.9 (12.63)
Resilience Change at 4 Month LOCF (n=193, n=193)	4.9 (12.19)	3.8 (13.38)
Resilience Change at 6 Month LOCF (n=193, n=193)	5.0 (12.86)	5.5 (12.99)
Resilience Month 6 Baseline (n=136, n=152)	44.3 (14.78)	45.3 (14.08)
Resilience Change at 12 Months (n=109, n=133)	-1.6 (12.38)	-0.3 (11.98)
Risk Avoidance Baseline (n=198, n=198)	29.7 (20.18)	31.2 (20.14)
Risk Avoidance Change: 4 Month LOCF (n=192, n=194)	9.0 (13.63)	9.3 (14.20)
Risk Avoidance Change: 6 Month LOCF (n=192, n=194)	8.0 (12.90)	9.6 (15.16)
Risk Avoidance Month 6 Baseline (n=132, n=149)	40.1 (16.45)	41.1 (16.23)
Risk Avoidance Change at 12 Months (n=104, n=130)	1.0 (10.98)	2.2 (10.25)
	33.4 (16.16)	32.8 (16.29)

Satisfaction Baseline (n=199, n=198)		
Satisfaction Change at 4 Month LOCF (n=193, n=194)	3.1 (13.53)	6.9 (16.18)
Satisfaction Change at 6 Month LOCF (n=193, n=194)	4.1 (13.51)	7.2 (15.94)
Satisfaction Month 6 Baseline (n=138, n=153)	39.6 (15.73)	40.7 (16.17)
Satisfaction Change at 12 Months (n=110, n=134)	-0.9 (14.14)	1.0 (10.96)

▼ Statistical Analysis 1 ✔

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.002
	Comments	P-value for Comfort Change at 4 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	-3.04
	Confidence Interval	(2-Sided) 95% -4.92 to -1.15
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 2 ✔

	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]

Statistical Analysis Overview	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.031
	Comments	P-value for Comfort Change at 6 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	-2.10
	Confidence Interval	(2-Sided) 95% -4.01 to -0.20
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 3 ✔

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.629
	Comments	P-value for Resilience Change at 4 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	0.55

	Confidence Interval	(2-Sided) 95% -1.68 to 2.77
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 4

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.421
	Comments	P-value for Resilience Change at 6 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	-0.96
	Confidence Interval	(2-Sided) 95% -3.30 to 1.38
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 5

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
	P-Value	0.388

Statistical Test of Hypothesis	Comments	P-value for Risk Avoidance Change: 4 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	-1.05
	Confidence Interval	(2-Sided) 95% -3.44 to 1.34
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 6 ✓

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.059
	Comments	P-value for Risk Avoidance Change: 6 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	-2.29
	Confidence Interval	(2-Sided) 95% -4.66 to 0.09
	Estimation Comments	Least Squares Mean Difference =

		Atomoxetine minus OEST.

▼ Statistical Analysis 7

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.006
	Comments	P-value for Satisfaction Change at 4 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	-3.56
	Confidence Interval	(2-Sided) 95% -6.09 to -1.04
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 8

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.027
	Comments	P-value for Satisfaction Change at 6 Month LOCF.

	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	-2.91
	Confidence Interval	(2-Sided) 95% -5.49 to -0.33
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

4. Secondary Outcome

Title:	Change From Baseline to 4 Month, 6 Month, and 12 Month Endpoints in Weiss Functional Impairment Rating Scale-Parent Report (WFIRS-P)
▼ Description:	The 50-item WFIRS-P rates impairment in 6 domains of functioning: home, school, self-concept, social, activities of daily living, and risk taking. Each item is rated by the parent on a 4-point Likert scale from 0 to 3 (0="never or not at all", 1="sometimes or somewhat", 2="often or much", 3="very often or very much"). Average of non-missing values were calculated for each domain as well as the Total, which combined all 6 domains; therefore each scale including total has a range of 0 (best) to 3 (worst).
Time Frame:	Baseline, 4 months, 6 months, 12 months
Safety Issue?	No

▼ Outcome Measure Data

▼ Analysis Population Description

Number of participants who received at least one dose of study drug and did not have a missing value. Last observation carried forward (LOCF). Change at 12 months is in the participants who continue in the optional extension period (atomoxetine n= 139, OEST n=155). Their data at 6 months was taken as baseline for the 12 month change.

Arm/Group Title	Atomoxetine	OEST
▼ Arm/Group Description:	0.5 mg/kg/day once a day (QD) or twice a day (BID) for 1 week then 1.2-1.8 mg/kg/day QD or BID for 6 months, up to	Other Early Standard Treatment (OEST): any treatment for ADHD as prescribed by investigator, 6 months,

	an additional 6 months optional extension	up to an additional 6 months extension
Number of Participants Analyzed	199	199
Mean (Standard Deviation) Units: units on a scale		
Total Baseline (n=192, n=194)	1.02 (0.475)	0.96 (0.453)
Total Change at 4 Months LOCF (n=187, n=190)	-0.30 (0.328)	-0.35 (0.357)
Total Change at 6 Month LOCF (n=187, n=190)	-0.30 (0.333)	-0.36 (0.363)
Total 6 Month Baseline (n=134, n=150)	0.62 (0.356)	0.59 (0.344)
Total Change at 12 Months (n=103, n=126)	-0.01 (0.247)	-0.02 (0.252)
Home Baseline (n=196, n=199)	1.28 (0.777)	1.19 (0.728)
Home Change at 4 Month LOCF (n=190, n=195)	-0.40 (0.608)	-0.45 (0.591)
Home Change at 6 Month LOCF (n=190, n=195)	-0.40 (0.590)	-0.44 (0.599)
Home 6 Month Baseline (n=139, n=152)	0.74 (0.592)	0.72 (0.557)
Home Change at 12 Months (n=109, n=131)	0.01 (0.414)	-0.04 (0.440)
Daily Living Baseline (n=197, n=196)	1.06 (0.559)	1.07 (0.519)
Daily Living Change at 4 Month LOCF (n=191, n=192)	-0.20 (0.477)	-0.25 (0.427)
Daily Living Change at 6 Month LOCF (n=191, n=192)	-0.20 (0.467)	-0.27 (0.427)
Daily Living 6 Month Baseline (n=139, n=152)	0.82 (0.445)	0.81 (0.429)
Daily Living Change at 12 Months (n=108, n=131)	-0.04 (0.334)	-0.03 (0.365)
Risk Taking Baseline (n=198, n=199)	0.51 (0.424)	0.45 (0.383)
Risk Taking Change at 4 Month LOCF (n=192, n=195)	-0.16 (0.277)	-0.17 (0.272)
Risk Taking Change at 6 Month LOCF (n=192, n=195)	-0.17 (0.285)	-0.18 (0.269)
Risk Taking 6 Month Baseline (n=139, n=151)	0.29 (0.312)	0.25 (0.302)

Risk Taking Change at 12 Months (n=109, n=130)	-0.01 (0.199)	-0.02 (0.207)
School Baseline (n=198, n=199)	1.24 (0.592)	1.18 (0.617)
School Change at 4 Month LOCF (n=192, n=195)	-0.49 (0.504)	-0.57 (0.563)
School Change at 6 Month LOCF (n=192, n=195)	-0.49 (0.523)	-0.60 (0.565)
School 6 Month Baseline (n=138, n=152)	0.62 (0.459)	0.53 (0.444)
School Change at 12 Months (n=107, n=132)	-0.03 (0.455)	-0.03 (0.389)
Self-Concept Baseline (n=198, n=198)	0.94 (0.787)	0.85 (0.726)
Self-Concept Change at 4 Month LOCF (n=192, n=194)	-0.25 (0.738)	-0.31 (0.723)
Self-Concept Change at 6 Month LOCF (n=192, n=194)	-0.27 (0.758)	-0.32 (0.728)
Self-Concept 6 Month Baseline (n=137, n=132)	0.55 (0.574)	0.50 (0.538)
Self-Concept Change at 12 Months (n=107, n=131)	0.02 (0.615)	0.02 (0.529)
Social Baseline (n=198, n=198)	1.02 (0.661)	0.97 (0.602)
Social Change at 4 Month LOCF (n=192, n=194)	-0.26 (0.491)	-0.32 (0.513)
Social Change at 6 Month LOCF (n=192, n=194)	-0.28 (0.536)	-0.30 (0.521)
Social 6 Month Baseline (n=139, n=152)	0.64 (0.491)	0.67 (0.499)
Social Change at 12 Months (n=109, n=132)	-0.02 (0.405)	-0.03 (0.371)

▼ Statistical Analysis 1 ✔

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
	P-Value	0.015

Statistical Test of Hypothesis	Comments	P-value for Total Change at 4 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	0.073
	Confidence Interval	(2-Sided) 95% 0.014 to 0.131
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 2 ✔

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.004
	Comments	P-value for Total Change at 6 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	0.085
	Confidence Interval	(2-Sided) 95% 0.027 to 0.143
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 3

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.063
	Comments	P-value for Home Change at 4 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	0.094
	Confidence Interval	(2-Sided) 95% -0.005 to 0.192
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 4

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.131
	Comments	P-value for Home Change at 6 Month LOCF.
	Method	ANCOVA

	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	0.075
	Confidence Interval	(2-Sided) 95% -0.022 to 0.172
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 5 ✔

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.156
	Comments	P-value for Daily Living Change at 4 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	0.052
	Confidence Interval	(2-Sided) 95% -0.020 to 0.124
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 6 ✔

	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]

Statistical Analysis Overview	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.046
	Comments	P-value for Daily Living Change at 6 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	0.072
	Confidence Interval	(2-Sided) 95% 0.001 to 0.143
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 7 ✔

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.068
	Comments	P-value for Risk Taking Change at 4 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	0.040

	Confidence Interval	(2-Sided) 95% -0.003 to 0.084
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 8 ✓

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.212
	Comments	P-value for Risk Taking Change at 6 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	0.028
	Confidence Interval	(2-Sided) 95% -0.016 to 0.073
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 9 ✓

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
	P-Value	0.006

Statistical Test of Hypothesis	Comments	P-value for School Change at 4 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	0.121
	Confidence Interval	(2-Sided) 95% 0.034 to 0.208
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 10 ✔

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	<0.001
	Comments	P-value for School Change at 6 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	0.150
	Confidence Interval	(2-Sided) 95% 0.064 to 0.236
	Estimation Comments	Least Squares Mean Difference =

		Atomoxetine minus OEST.

▼ Statistical Analysis 11 ✔

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.034
	Comments	P-value for Self-Concept Change at 4 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	0.125
	Confidence Interval	(2-Sided) 95% 0.009 to 0.240
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 12 ✔

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.040
	Comments	P-value for Self-Concept Change at 6 Month LOCF.

	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	0.119
	Confidence Interval	(2-Sided) 95% 0.005 to 0.233
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 13 ✓

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.042
	Comments	p-value for Social Change at 4 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	0.085
	Confidence Interval	(2-Sided) 95% 0.003 to 0.166
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 14 ✓

	Comparison Groups	Atomoxetine, OEST

Statistical Analysis Overview	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.271
	Comments	P-value for Social Change at 6 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	0.048
	Confidence Interval	(2-Sided) 95% -0.038 to 0.134
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

5. Secondary Outcome

Title:	Change From Baseline to 4 Month, 6 Month, and 12 Month Endpoints in Attention-Deficit/Hyperactivity Disorder Rating Scale - Parent Version: Investigator Adminitered and Scored (ADHD-RS-IV Parent:Inv)
▼ Description:	Measures the 18 symptoms contained in the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition, Text Revision (DSM-IV-TR) diagnosis of Attention-Deficit/Hyperactivity Disorder. Individual item scores range from 0 (none/never or rarely) to 3 (severe/very often). Total scores range from 0 to 54. Inattention and Hyperactivity-Impulsivity subscales consisted of 9 items each, for total subcale scores ranging from 0 to 27. Higher scores are indicative of more severe symptoms.
Time Frame:	Baseline, 4 months, 6 months, 12 months
Safety Issue?	No

▼ Outcome Measure Data ✔

▼ Analysis Population Description

Number of participants who received at least one dose of study drug and did not have a missing value. Last observation carried forward (LOCF). Change at 12 months is in the participants who continue in the optional extension period (atomoxetine n= 139, OEST n=155). Their data at 6 months was taken as baseline for the 12 month change.

Arm/Group Title	Atomoxetine	OEST
▼ Arm/Group Description:	0.5 mg/kg/day once a day (QD) or twice a day (BID) for 1 week then 1.2-1.8 mg/kg/day QD or BID for 6 months, up to an additional 6 months optional extension	Other Early Standard Treatment (OEST): any treatment for ADHD as prescribed by investigator, 6 months, up to an additional 6 months extension
Number of Participants Analyzed	199	199
Mean (Standard Deviation) Units: units on a scale		
Total Baseline (n=199, n=198)	40.87 (8.674)	40.35 (8.818)
Total Change at 4 Month LOCF (n=193, n=194)	-18.1 (11.726)	-20.1 (11.562)
Total Change at 6 Month LOCF (n=193, n=194)	-17.6 (11.688)	-20.3 (11.397)
Total 6 Month Baseline (n=137, n=154)	20.84 (10.923)	18.62 (10.255)
Total Change at 12 Months (n=108, n=138)	-2.35 (9.393)	-2.71 (8.998)
Inattention Baseline (n=199, n=198)	21.91 (4.138)	21.55 (4.373)
Inattention Change at 4 Month LOCF (n=193, n=194)	-9.58 (6.510)	-11.1 (6.150)
Inattention Change at 6 Month LOCF (n=193, n=194)	-9.15 (6.544)	-11.2 (6.339)
Inattention 6 Month Baseline (n=137, n=154)	11.52 (5.936)	9.51 (5.510)
Inattention Change at 12 Months (n=108, n=139)	-1.17 (5.359)	-1.13 (5.273)
Hyperactivity Baseline (n=199, n=198)	18.97 (6.082)	18.80 (6.252)
Hyperactivity Change at 4 Month LOCF (n=193,n=194)	-8.54 (6.166)	-8.97 (6.572)
Hyperactivity Change at 6 Month LOCF (n=193,n=194)	-8.42 (6.189)	-9.13 (6.255)

Hyperactivity 6 Month Baseline (n=138, n=154)	9.36 (5.972)	9.11 (5.770)
Hyperactivity Change at 12 Months (n=109, n=138)	-1.24 (4.965)	-1.63 (4.644)

▼ Statistical Analysis 1 ✓

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.034
	Comments	P-value for Total Change at 4 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	2.307
	Confidence Interval	(2-Sided) 95% 0.173 to 4.440
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 2 ✓

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
	P-Value	0.005

Statistical Test of Hypothesis	Comments	P-value for Total Change at 6 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	3.072
	Confidence Interval	(2-Sided) 95% 0.942 to 5.202
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 3 ✔

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.004
	Comments	P-value for Inattention Change at 4 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	1.721
	Confidence Interval	(2-Sided) 95% 0.544 to 2.899
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 4

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	<0.001
	Comments	P-value for Inattention Change at 6 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	2.269
	Confidence Interval	(2-Sided) 95% 1.086 to 3.453
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 5

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.298
	Comments	P-value for Hyperactivity Change at 4 Month LOCF.
	Method	ANCOVA

	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	0.580
	Confidence Interval	(2-Sided) 95% -0.515 to 1.676
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 6 ✔

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.119
	Comments	P-value for Hyperactivity Change at 6 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	0.865
	Confidence Interval	(2-Sided) 95% -0.225 to 1.956
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

6. Secondary Outcome

Title:	

	Change From Baseline to 4 Month, 6 Month, and 12 Month Endpoints in Clinical Global Impression Attention-Deficit/Hyperactivity Disorder - Severity (CGI-ADHD-S)
▼ Description:	Measures severity of the patient's overall severity of ADHD symptoms (1=normal, not at all ill; 7=among the most extremely ill patients). NOTE : Outcome Measure Description is shorter than the Outcome Measure Title.
Time Frame:	Baseline, 4 months, 6 months, 12 months
Safety Issue?	No

▼ Outcome Measure Data

▼ Analysis Population Description

Number of participants who received at least one dose of study drug and did not have a missing value. Last observation carried forward (LOCF). Change at 12 months is in the participants who continue in the optional extension period (atomoxetine n= 139, OEST n=155). Their data at 6 months was taken as baseline for the 12 month change.

Arm/Group Title	Atomoxetine	OEST
▼ Arm/Group Description:	0.5 mg/kg/day once a day (QD) or twice a day (BID) for 1 week then 1.2-1.8 mg/kg/day QD or BID for 6 months, up to an additional 6 months optional extension	Other Early Standard Treatment (OEST): any treatment for ADHD as prescribed by investigator, 6 months, up to an additional 6 months extension
Number of Participants Analyzed	199	199
Mean (Standard Deviation) Units: units on a scale		
Baseline (n=199, n=199)	5.54 (0.857)	5.45 (0.903)
Change at 4 Month LOCF (n=199, n=199)	-1.88 (1.252)	-1.94 (1.228)
Change at 6 Month LOCF (n=199, n=199)	-1.94 (1.351)	-2.06 (1.323)
6 Month Baseline (n=138, n=153)	3.21 (1.104)	3.17 (1.229)
Change at 12 Months (n=109, n=137)	-0.28 (1.037)	-0.57 (0.953)

▼ Statistical Analysis 1

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]

	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.366
	Comments	P-value for Change at 4 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	0.104
	Confidence Interval	(2-Sided) 95% -0.122 to 0.329
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 2

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.165
	Comments	P-value for Change at 6 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	0.169
	Confidence Interval	(2-Sided) 95% -0.070 to 0.407

	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

7. Secondary Outcome

Title:	Change From Baseline to 4 Month, 6 Month, and 12 Month Endpoints in the CHIP-CE CRF for Children (6-11 Years)
▼ Description:	CHIP-CE CRF: child rated assessment of their health status and level of functioning. Domains: Achievement, Satisfaction, Comfort, Risk Avoidance, Resilience. The majority of items assess frequency of activities or feelings using a 5-point response format (1=never, 5=always). Standard scores (T-scores) were established, with all domains and subdomains having a mean score of 50 and standard deviation of 10. Normative range is 40 to 60. Higher scores indicate better health and lower scores indicate worse health.
Time Frame:	Baseline, 4 months, 6 months, 12 months
Safety Issue?	No

▼ Outcome Measure Data

▼ Analysis Population Description

Number of "child" participants who received at least one dose of study drug and did not have a missing value. Last observation carried forward (LOCF). Change at 12 months is in the participants who continue in the optional extension period (atomoxetine n= 112, OEST n=124). Their data at 6 months was taken as baseline for the 12 month change.

Arm/Group Title	Atomoxetine	OEST
▼ Arm/Group Description:	0.5 mg/kg/day once a day (QD) or twice a day (BID) for 1 week then 1.2-1.8 mg/kg/day QD or BID for 6 months, up to an additional 6 months optional extension	Other Early Standard Treatment (OEST): any treatment for ADHD as prescribed by investigator, 6 months, up to an additional 6 months extension
Number of Participants Analyzed	160	156
Mean (Standard Deviation) Units: T-Scores of units on a scale		
Achievement Baseline (n=157, n=155)	35.8 (14.15)	36.5 (13.03)
Achievement Change at 4 Month LOCF (n=139, n=135)	4.6 (12.29)	7.0 (12.38)

Achievement Change at 6 Month LOCF (n=145, n=142)	5.1 (12.82)	8.8 (12.19)
Achievement 6 Month Baseline (n=108, n=117)	43.8 (13.66)	46.3 (12.50)
Achievement Change at 12 Months (n=87, n=105)	-0.5 (9.71)	-0.1 (11.19)
Comfort Baseline (n=159, n=155)	49.1 (10.39)	48.2 (9.20)
Comfort Change at 4 Month LOCF (n=146, n=140)	2.8 (9.25)	5.2 (8.74)
Comfort Change at 6 Month LOCF (n=147, n=143)	3.1 (9.72)	6.3 (9.14)
Comfort 6 Month Baseline (n=108, n=122)	52.2 (8.43)	54.0 (8.15)
Comfort Change at 12 Months (n=87, n=109)	-0.0 (7.14)	1.4 (7.07)
Resilience Baseline (n=159, n=155)	46.1 (12.13)	46.0 (11.12)
Resilience Change at 4 Month LOCF (n=146, n=140)	1.9 (10.52)	1.3 (11.25)
Resilience Change at 6 Month LOCF (n=147, n=143)	2.9 (11.08)	2.7 (12.08)
Resilience 6 Month Baseline (n=108, n=122)	50.0 (10.33)	48.7 (11.35)
Resilience Change at 12 Months (n=87, n=109)	-1.8 (8.97)	-1.0 (9.14)
Risk Avoidance Baseline (n=158, n=155)	44.1 (11.81)	44.3 (11.65)
Risk Avoidance Change: 4 Month LOCF (n=139, n=135)	6.2 (11.17)	7.6 (10.02)
Risk Avoidance Change: 6 Month LOCF (n=145, n=142)	6.0 (10.89)	8.9 (10.48)
Risk Avoidance 6 Month Baseline (n=108, n=118)	51.2 (8.61)	53.3 (9.02)
Risk Avoidance Change at 12 Months (n=87, n=106)	-0.6 (8.10)	-0.4 (7.30)
Satisfaction Baseline (n=159, n=155)	47.1 (13.50)	45.2 (12.18)
Satisfaction Change at 4 Month LOCF (n=146, n=140)	0.3 (10.40)	4.1 (12.23)

Satisfaction Change at 6 Month LOCF (n=147, n=143)	0.7 (10.72)	4.9 (12.17)
Satisfaction 6 Month Baseline (n=108, n=121)	49.4 (11.66)	50.1 (11.07)
Satisfaction Change at 12 Months (n=87, n=109)	0.4 (10.61)	0.5 (8.91)

▼ Statistical Analysis 1 ✓

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.054
	Comments	P-value for Achievement Change at 4 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	-2.35
	Confidence Interval	(2-Sided) 95% -4.74 to 0.04
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 2 ✓

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]

Statistical Test of Hypothesis	P-Value	0.003
	Comments	P-value for Achievement Change at 6 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	-3.71
	Confidence Interval	(2-Sided) 95% -6.16 to -1.26
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 3 ✓

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.033
	Comments	P-value for Comfort Change at 4 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	-1.74
	Confidence Interval	(2-Sided) 95% -3.33 to -0.14
	Estimation Comments	

		Least Squares Mean Difference = Atomoxetine minus OEST.

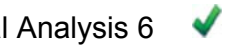
▼ Statistical Analysis 4 ✔

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.003
	Comments	P-value for Comfort Change at 6 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	-2.50
	Confidence Interval	(2-Sided) 95% -4.12 to -0.88
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 5 ✔

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.623
	Comments	

		P-value for Resilience Change at 4 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	0.50
	Confidence Interval	(2-Sided) 95% -1.50 to 2.50
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 6 

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.880
	Comments	P-value for Resilience Change at 6 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	0.16
	Confidence Interval	(2-Sided) 95% -1.96 to 2.29
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 7

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.149
	Comments	P-value for Risk Avoidance Change: 4 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	-1.40
	Confidence Interval	(2-Sided) 95% -3.31 to 0.50
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 8

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.003
	Comments	P-value for Risk Avoidance Change: 6 Month LOCF.
	Method	ANCOVA

	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	-2.78
	Confidence Interval	(2-Sided) 95% -4.58 to -0.98
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 9 ✔

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.015
	Comments	P-value for Satisfaction Change at 4 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	-2.62
	Confidence Interval	(2-Sided) 95% -4.71 to -0.52
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 10 ✔

	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]

Statistical Analysis Overview	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.004
	Comments	P-value for Satisfaction Change at 6 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	-3.12
	Confidence Interval	(2-Sided) 95% -5.26 to -0.98
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

8. Secondary Outcome

Title:	Change From Baseline to 4 Month, 6 Month, and 12 Month Endpoints in the CHIP-Adolescent Edition (AE) for Adolescents (>11-17 Years)
▼ Description:	CHIP-AE CRF: adolescent rated assessment of their health status and level of functioning. Domains: Achievement, Satisfaction, Comfort, Risk Avoidance, Resilience. The majority of items assess frequency of activities or feelings using a 5-point response format (1=never, 5=always). Standard scores (T-scores) were established, with all domains and subdomains having a mean score of 50 and standard deviation of 10. Normative range is 40 to 60. Higher scores indicate better health and lower scores indicate worse health.
Time Frame:	Baseline, 4 months, 6 months, 12 months
Safety Issue?	No

▼ Outcome Measure Data

▼ Analysis Population Description

Number of "adolescent" participants who received at least one dose of study drug and did not have a missing value. Last observation carried forward (LOCF). Change at 12 months is in the participants who continue in the optional

extension period (atomoxetine n=27, OEST n=31). Their data at 6 months was taken as baseline for the 12 month change.

Arm/Group Title	Atomoxetine	OEST
▼ Arm/Group Description:	0.5 mg/kg/day once a day (QD) or twice a day (BID) for 1 week then 1.2-1.8 mg/kg/day QD or BID for 6 months, up to an additional 6 months optional extension	Other Early Standard Treatment (OEST): any treatment for ADHD as prescribed by investigator, 6 months, up to an additional 6 months extension
Number of Participants Analyzed	39	43
Mean (Standard Deviation) Units: T-Scores of units on a scale		
Achievement Baseline (n=37, n=37)	49.1 (10.63)	49.3 (9.72)
Achievement Change at 4 Month LOCF (n=31, n=32)	4.9 (11.62)	1.5 (8.33)
Achievement Change at 6 Month LOCF (n=32, n=35)	3.1 (11.04)	2.3 (7.96)
Achievement 6 Month Baseline (n=26, n=30)	53.7 (9.89)	52.2 (10.91)
Achievement Change at 12 Months (n=17, n=24)	-1.8 (5.46)	-0.5 (8.48)
Satisfaction Baseline (n=37, n=38)	49.7 (8.68)	49.6 (11.62)
Satisfaction Change at 4 Month LOCF (n=31, n=34)	2.1 (7.21)	2.4 (6.83)
Satisfaction Change at 6 Month LOCF (n=32, n=36)	2.8 (7.62)	6.3 (8.51)
Satisfaction 6 Month Baseline (n=26, n=30)	51.2 (10.55)	55.4 (7.56)
Satisfaction Change at 12 Months (n=17, n=25)	-2.6 (4.79)	-1.4 (6.79)
Comfort Baseline (n=37, n=38)	53.0 (9.11)	51.6 (9.00)
Comfort Change at 4 Month LOCF (n=31, n=33)	1.4 (11.24)	2.6 (7.21)
Comfort Change at 6 Month LOCF (n=32, n=35)	1.3 (11.87)	4.7 (7.27)
Comfort 6 Month Baseline (n=26, n=30)	55.1 (7.81)	55.8 (6.36)
Comfort Change at 12 Months (n=17, n=25)	2.3 (7.26)	-0.2 (5.06)
	55.2 (8.10)	54.4 (7.95)

Risk Avoidance Baseline (n=37, n=37)		
Risk Avoidance Change: 4 Month LOCF (n=31, n=33)	1.3 (6.35)	2.0 (3.56)
Risk Avoidance Change: 6 Month LOCF (n=32, n=35)	0.6 (6.74)	2.8 (3.89)
Risk Avoidance 6 Month Baseline (n=26, n=30)	57.5 (8.46)	57.6 (7.12)
Risk Avoidance Change at 12 Months (n=17, n=23)	-1.2 (4.51)	0.1 (2.68)
Resilience Baseline (n=35, n=37)	45.0 (9.33)	45.4 (7.33)
Resilience Change at 4 Month LOCF (n=29, n=33)	0.8 (6.92)	0.3 (5.67)
Resilience Change at 6 Month LOCF (n=30, n=35)	-0.7 (6.14)	1.8 (7.36)
Resilience 6 Month Baseline (n=26, n=30)	44.1 (7.89)	47.9 (8.25)
Resilience Change at 12 Months (n=17, n=24)	-1.4 (6.25)	-1.7 (7.53)

▼ Statistical Analysis 1

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.263
	Comments	P-value for Achievement Change at 4 Month LOCF. Achievement was derived from the academic achievement subdomain only.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	2.39

	Confidence Interval	(2-Sided) 95% -1.83 to 6.60
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

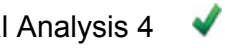
▼ Statistical Analysis 2 ✓

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.848
	Comments	P-value for Achievement Change at 6 Month LOCF. Achievement was derived from the academic achievement subdomain only.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	0.38
	Confidence Interval	(2-Sided) 95% -3.60 to 4.36
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 3 ✓

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
		No

	Non-Inferiority or Equivalence Analysis?	
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.895
	Comments	P-value for Statisfaction Change at 4 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	-0.19
	Confidence Interval	(2-Sided) 95% -3.01 to 2.64
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 4 

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.038
	Comments	P-value for Satisfaction Change at 6 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	-3.20

	Confidence Interval	(2-Sided) 95% -6.22 to -0.19
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 5 ✓

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.854
	Comments	P-value for Comfort Change at 4 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	-0.30
	Confidence Interval	(2-Sided) 95% -3.59 to 2.98
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 6 ✓

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
	P-Value	0.161

Statistical Test of Hypothesis	Comments	P-value for Comfort Change at 6 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	-2.26
	Confidence Interval	(2-Sided) 95% -5.45 to 0.92
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 7 ✔

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.540
	Comments	P-value for Risk Avoidance Change: 4 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	-0.70
	Confidence Interval	(2-Sided) 95% -2.98 to 1.58
	Estimation Comments	Least Squares Mean Difference =

		Atomoxetine minus OEST.

▼ Statistical Analysis 8

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.106
	Comments	P-value for Risk Avoidance Change: 6 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	-1.98
	Confidence Interval	(2-Sided) 95% -4.40 to 0.44
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 9

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.833
	Comments	P-value for Resilience Change at 4 Month LOCF.

	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	0.30
	Confidence Interval	(2-Sided) 95% -2.49 to 3.08
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

▼ Statistical Analysis 10 ✓

Statistical Analysis Overview	Comparison Groups	Atomoxetine, OEST
	Comments	[Not specified]
	Non-Inferiority or Equivalence Analysis?	No
	Comments	[Not specified]
Statistical Test of Hypothesis	P-Value	0.110
	Comments	P-value for Resilience Change at 6 Month LOCF.
	Method	ANCOVA
	Comments	[Not specified]
Method of Estimation	Estimation Parameter	Other[Least Squares Mean Difference]
	Estimated Value	-2.34
	Confidence Interval	(2-Sided) 95% -5.21 to 0.54
	Estimation Comments	Least Squares Mean Difference = Atomoxetine minus OEST.

9. Secondary Outcome

Title:	Correlation Between CHIP-CE Parent Rated and Pooled CHIP-CE Child Rated and CHIP AE Adolescent Rated T-Scores
▼ Description:	Pearson correlation coefficients were calculated on each domain at baseline, Month 6 and Change to Month 6 between parent-rated CHIP and pooled patient-rated (child and adolescent) CHIP.
Time Frame:	Baseline, 6 months
Safety Issue?	No

▼ Outcome Measure Data 

▼ Analysis Population Description

All randomized participants who received at least one dose of study drug and had non-missing values.

Arm/Group Title ▼ Arm/Group Description:	Pearson Correlation Coefficient Correlation Coefficient between parent-rated and patient-rated CHIP T-score domains.
Number of Participants Analyzed	398
Measure Type: Number Units: correlation coefficient	
Achievement Baseline	0.288
Achievement Month 6	0.329
Achievement Change to Month 6	0.167
Comfort Baseline	0.306
Comfort Month 6	0.373
Comfort Change to Month 6	0.286
Resilience Baseline	0.271
Resilience Month 6	0.429
Resilience Change to Month 6	0.113
Risk Avoidance Baseline	0.429
Risk Avoidance Month 6	0.450
Risk Avoidance Change to Month 6	0.296
Satisfaction Baseline	0.310
Satisfaction Month 6	0.336
Satisfaction Change to Month 6	0.133

Adverse Events

Time Frame	Baseline to 6 months (Study Period II)
Additional Description	Includes all patients in Study Period II who received at least one dose of study drug.
Source Vocabulary Name	[Not specified]
Assessment Type	[Not specified] NOTE : An Assessment Type for Table Default has not been specified.

Arm/Group Title	Atomoxetine	OEST
Arm/Group Description	0.5 mg/kg/day once a day (QD) or twice a day (BID) for 1 week then 1.2-1.8 mg/kg/day QD or BID for 6 months, up to an additional 6 months optional extension	Other Early Standard Treatment (OEST): any treatment for ADHD as prescribed by investigator, 6 months, up to an additional 6 months extension

Serious Adverse Events

	Atomoxetine		OEST	
	Affected / at Risk (%)	# Events	Affected / at Risk (%)	# Events
Total	2/199 (1.01%)		2/199 (1.01%)	
Infections and infestations				
Otitis media †A	1/199 (0.5%)	1	0/199 (0%)	0
Pyelonephritis acute †A	1/199 (0.5%)	1	0/199 (0%)	0
Injury, poisoning and procedural complications				
Concussion †A	0/199 (0%)	0	1/199 (0.5%)	1
Musculoskeletal and connective tissue disorders				
Juvenile arthritis †A	0/199 (0%)	0	1/199 (0.5%)	1

† Indicates events were collected by systematic assessment.
A Term from vocabulary, MedDRA 11.0

Other (Not Including Serious) Adverse Events

Frequency Threshold for Reporting Other Adverse Events	5%

	Atomoxetine		OEST	
	Affected / at Risk (%)	# Events	Affected / at Risk (%)	# Events
Total				

	150/199 (75.38%)		146/199 (73.37%)	
Gastrointestinal disorders				
Abdominal pain †A	29/199 (14.57%)	40	22/199 (11.06%)	27
Abdominal pain upper †A	18/199 (9.05%)	21	13/199 (6.53%)	13
Nausea †A	25/199 (12.56%)	25	14/199 (7.04%)	14
Vomiting †A	21/199 (10.55%)	25	11/199 (5.53%)	11
General disorders				
Fatigue †A	23/199 (11.56%)	24	5/199 (2.51%)	5
Irritability †A	3/199 (1.51%)	3	13/199 (6.53%)	13
Infections and infestations				
Nasopharyngitis †A	11/199 (5.53%)	13	12/199 (6.03%)	16
Investigations				
Weight decreased †A	17/199 (8.54%)	17	8/199 (4.02%)	8
Metabolism and nutrition disorders				
Anorexia †A	40/199 (20.1%)	40	50/199 (25.13%)	54
Decreased appetite †A	25/199 (12.56%)	25	28/199 (14.07%)	29
Nervous system disorders				
Headache †A	48/199 (24.12%)	57	44/199 (22.11%)	56
Somnolence †A	13/199 (6.53%)	13	2/199 (1.01%)	2
Psychiatric disorders				
Initial insomnia †A	3/199 (1.51%)	3	11/199 (5.53%)	11
Insomnia †A	4/199 (2.01%)	4	25/199 (12.56%)	25
Tic †A	4/199 (2.01%)	4	10/199 (5.03%)	11
Respiratory, thoracic and mediastinal disorders				
Oropharyngeal pain †A	11/199 (5.53%)	12	7/199 (3.52%)	7

† Indicates events were collected by systematic assessment.
A Term from vocabulary, MedDRA 11.0

Limitations and Caveats

[Not Specified]

More Information

Certain Agreements

Principal Investigators are NOT employed by the organization sponsoring the study.

The only disclosure restriction on the PI is that the sponsor can review results communications prior to public release and can embargo communications regarding trial results for a period that is more than 60 days but less than or equal to 180 days from the time submitted to the sponsor for review. The sponsor cannot require changes to the communication and cannot extend the embargo.

Results Point of Contact

Name/Official Title:	Chief Medical Officer
Organization:	Eli Lilly and Company
Phone:	800-545-5979
Email:	---

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