Amphetamine Prodrug for Binge Eating Disorder

LCS Therapeutics announced that it has entered into a strategic collaboration with Lucerne Biosciences to commercialize U.S. Patent No. 8,318,813 entitled “Method of Treating Binge Eating Disorder.” Patent ‘813 features claims that encompass the use of the amphetamine prodrug lisdexamfetamine dimesylate (l-lysine-d-amphetamine) alone, or in combination with other pharmacological therapies, for the treatment of binge eating disorder (BED).

BED is a recognized eating disorder in the Diagnostic and Statistical Manual of Mental Disorders (5th ed.) characterized by eating unusually large amounts of food in a discrete period of time (i.e., within a 2-hour period) and a sense of lack of control over eating during the episode. Marked distress regarding the binge eating is also present and the binge eating occurs, on average, at least once per week for 3 months.

Lisdexamfetamine dimesylate is an amphetamine prodrug approved in the United States for the treatment of attention-deficit/hyperactivity disorder. Lisdexamfetamine dimesylate is not approved by the U.S. Food and Drug Administration (FDA) for the treatment of BED. Based on the Prescription Drug User Fee Act and the FDA’s recent priority review acceptance of a supplemental New Drug Application for the use of lisdexamfetamine dimesylate in the treatment of BED in adults, the FDA is expected to make a decision for this novel use of the drug in February 2015.

Mazindol Successfully Treats ADHD in Children

NeuroLifeSciences announced groundbreaking data from its open-label pilot study of mazindol in children with attention deficit/hyperactivity disorder (ADHD) published in Drug Design, Development and Therapy. The study shows that mazindol might be an effective, well-tolerated, and long-acting agent for the treatment of ADHD in children.

Twenty-one patients (ages 9 to 12) were observed. After 1 week of mazindol administration, all patients were clinical responders to mazindol. In addition, the Conners’ Parent Rating Scales–Revised: Long score indicates significant change in the level of symptomatology of ADHD after mazindol withdrawal. Adverse events were mild to moderate. Cardiac function and electrocardiogram measurements remained unchanged.

Current treatment options do not adequately meet patients’ needs because first-line treatment for ADHD mainly relies on the use of psychostimulant agents such as methylphenidate drugs, amphetamine agents, along with the nonamphetamine-like stimulant modafinil. These stimulant medications are classified as schedule II controlled substances because of their potential for dependence and abuse.

The data, although collected from a small number of patients, are compelling and demonstrate the potential of mazindol, a wake-promoting agent developed in the 1960s with an outstanding, long-term safety profile, to address unmet medical needs.