Treating ADHD: The Jury is Still Out on the Best Treatment Methods

Children who have been exposed prenatally to alcohol, cigarettes and marijuana are frequently diagnosed with Attention Deficit, Hyperactivity Disorder (ADHD). However, they are not alone. The Centers for Disease Control and Prevention report that 11% of children in the United States have been diagnosed with ADHD at some time during their life. Prevalence is higher in the Midwest and South East than in other regions and the rate in Georgia is 11 to 13%. Although behavioral therapy is the first treatment recommended for this group of children, the most common treatment for ADHD is stimulant medication and 70 to 75% of children diagnosed with ADHD in Georgia are prescribed medications. Thus, 5 to 7% of all children in Georgia are being medicated for ADHD. The rates are much higher for children in foster care and in children with prenatal exposure. Medications include stimulants, like Ritalin (methylphenidate) and Adderall (amphetamine and dextroamphetamine), as well as a variety of other types of drugs.

Most children with ADHD are diagnosed in the early school years and parents and other caregivers are often concerned about giving medications to children of this age. Health care professionals generally reassure concerned parents by citing the safety and effectiveness of stimulant medications, even when these are taken over a period of years. The Multimodal Treatment Study of Children with ADHD (MTA) is a large, multisite clinical study whose results, published in 1999, evaluated the relative effects of (1) Intensive medication management alone; (2) Behavior therapy alone; (3) A combination of medication and behavioral therapy and (4) Community standard treatment, which means the child was referred to their pediatrician for the usual care that they might receive in the community. Children were treated for 14 months based on their random assignment to a treatment group and then assessed on a number of outcomes. Results were interpreted to suggest that medication alone was as effective as the
combined treatment or behavioral therapy. This study is often cited in recommending medication for children as their first treatment rather than other interventions.

In 2009, the MTA published findings on outcomes for participants as adolescents (12 to 18 years). In contrast to the initial study, this long-term follow up found that there was no difference in outcome for any of the treatment groups. That is to say, intensive medication, behavioral interventions and the two combined were not better for adolescent outcomes than each other or the usual “community care”. The study also noted that only 34.5% of the participants continued to take ADHD medications. In addition, the children with ADHD were performing less well than their typical peers in terms of academics, behavior, and the incidence of psychiatric and conduct disorders. The only characteristics that predicted better outcomes for these children were social and family factors that were identified early in childhood including parent social class and economic resources and family stability. The authors concluded that it is important to identify more effective and sustainable interventions and to understand better the role of the family in ADHD.

References


For further information regarding this article please contact Claire D. Coles, Ph.D. at the Center for Maternal Substance Abuse and Child Development, Emory University School of Medicine, Department of Psychiatry and Behavioral Sciences, 12 Executive Park Drive NE,
Atlanta, Georgia, 30329. You can also phone us at 404-712-9829 or visit our website at

http://www.emory.edu/MSACD

The Center for Maternal Substance Abuse and Child Development is funded by the Georgia Department of Behavioral Health and Developmental Disabilities