The Frontiers of Research About Attention-Deficit/Hyperactivity Disorder

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Despite the clear and strong short-term efficacy of both psychotropic medications and behavioral therapies in treating individuals with attention-deficit/hyperactivity disorder (ADHD),\(^1\) treatment has not led to long-term outcomes that are comparable to those of individuals who do not have ADHD.\(^2\)

Even with intensive multimodality-treatment of ADHD\(^1\) to provide optimal medication management therapy, behavioral therapy, or both combined, by 2 years after the intense efforts ended, the results of those efforts could not be distinguished from each other or from those for children who received their usual community services.\(^3\)

A longitudinal study from Rochester, MN, found that adults with ADHD identified in childhood and followed until they were young adults continued to fair less well than a comparison typical group in their school performance and job achievement, and they even had a higher suicide rate.\(^2\)

On average, the individuals had remained on medication for 3 years during their childhood. The discrepancy between the promising short-term effects and the less-than-optimal long-term effects may be because neither form of therapy is curative for most individuals with ADHD, so interventions need to be sustained. Therefore, an important aspect of treatment research that has yet to be adequately studied are programs that increase adherence and address the changing needs of children with ADHD as they mature.

The study reported in this issue by Silverstein et al\(^4\) examining the effects of a collaborative care model is a good example of using rigorous methods to examine a specific approach systematically and to test an element of that intervention, namely, training in motivational interviewing. The study used symptom reduction as outcome measures. Future studies can be further enhanced by including assessments from the parents’ and patients’ perspectives. In addition, it will be important to include cost analysis as part of the studies and variances in health service delivery systems to reflect different regions of the country and differences between urban and rural settings.

We have much to learn about how we can design interventions that are both effective and sustainable over time and how therapies have to be adapted to meet the needs of children as they mature. We have to develop better measures to monitor the progress of children with ADHD in the functional areas of home, school, and society. It is also important to better understand the issues of transition that children with ADHD face as they progress from grade school to postsecondary education and into adulthood.

As progress is being made in better understanding the neurologic processes and genetic underpinnings of ADHD, therapy is likely to remain symptomatic and not curative for a while. It is only through more systematic, longitudinal, and rigorous investigations that we are likely to translate the success of the current short-term benefits of psychotropic...
medications and behavioral therapy into positive long-term outcomes.

REFERENCES


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