

Follow-up Findings to the Multimodal Treatment Study on AD/HD

IN AUGUST. THE JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY

(JAACAP) published the follow-up findings to the Multimodal Treatment Study on Attention-Deficit/ Hyperactivity Disorder (MTA). Sponsored and financed by the National Institute of Mental Health (NIMH), the original study provided information many individuals and parents use to decide which course of treatment to employ to manage their own or their child's AD/HD.



Peter Jensen, M.D.

Peter Jensen, M.D., is the director of the REACH Institute (Resources for Advancing Children's Healthcare), a member of the CHADD professional advisory board, and a past member of the board of directors. He was associate director of child and adolescent research at NIMH and the lead investigator on the MTA study. He recently had the opportunity to answer some questions about the MTA follow-up for Attention magazine. Dr. Jensen says, among other things, that the results of this follow-up point to the importance of intense and consistent treatment, as well as improving community support and medical care.

What are the key findings in the follow-up study?

Let's recap for a second. The original findings from the MTA study, released in 1999, showed that the most effective way to treat AD/HD was through the use of carefully managed medication alone or in combination with behavioral management, educational adaptations, and parent-child training. The follow-up study shows us that these initial advantages lessened in the years after we stopped delivering the treatments using this intensive approach.

How do you explain the change?

It's important to remember that the results released in 1999 were from the first 14 months of the study. During this period the families with the greatest improvements were those to whom we provided very high-quality, carefully monitored health care as a part of the study, thanks to the government's dedicated resources. After 14 months, study funds were only sufficient to continue to follow—but no longer to treat—the families, so those families receiving the highest quality intensive interventions went back into standard community care. As you can imagine, the quality of treatment for these people diminished. They went from being treated with optimal methods provided by carefully trained and monitored

doctors, to getting whatever health care was available in their communities. They were also beholden to their health plans in terms of the treatment they could receive. Suffice it to say, for many families, the quality and intensity of treatment dropped considerably.

So, what is a parent to take away from these findings?

To me, the study shows that highly intensive treatment works when it is not started or added too late in a child's course. We should not be surprised. Think about other health issues, like diabetes. If people don't stay on their diabetes regimen, don't watch their blood sugar or don't regularly get the correct dosages of insulin, they are more likely to suffer the consequences of diabetes, like eye, kidney or heart disease. I think that's what we see happening here. The families lost a lot of that really intensive support that the MTA professionals were providing. And without that, we lost the differences, and benefits, of the earlier intensive treatment.

Are there any risks to any of these treatments?

By the third year all the children had pretty much the same outcomes, regardless of treatment to which they were assigned. There was, however, one caveat: the children who were on intensive medication and stayed on intensive medication throughout the entire period, with no holidays, were about a half-inch shorter than the children who were on medicine but took holidays or would start it and stop it just a little. Now, we don't know that this is permanent. That's why we're continuing to follow these children. We suspect, from a lot of other studies, that these children gain the height that they would expect in terms of parents' height. But it's important that parents understand there's a temporary risk from the medications and we're continuing to study and follow it.

AACAP's Revised Practice Parameter

By E. Clarke Ross, D.P.A., CEO of CHADD.

INDIVIDUALS AFFECTED BY attention-deficit/ hyperactivity disorder (AD/HD) and their families look to their doctors and other health care professionals to accurately diagnose and suggest effective plans of treatment. CHADD applauds the American Academy of Child and Adolescent Psychiatry (AACAP) for publishing its revised Practice Parameter for AD/HD.

On its Web site, the AACAP described the guidelines as follows:

AACAP's Practice Parameter shows that ADHD is a medical illness on par with diabetes or asthma. Like these conditions, ADHD can be successfully managed, but not cured. Left untreated, children with ADHD often experience failure at school, problems at home, substance abuse, and depression.

AACAP's Practice Parameter presents the effects, including the long-term data, of treating ADHD with and without medication. Although medications

must be balanced against rare adverse reactions, the safety of ADHD medicinal treatment is equal to other pediatric conditions.

In addition to updating mental health professionals, the Practice Parameter and Pocketcard will teach health care professionals who do not specialize in mental health about ADHD. As there is a shortage of child and adolescent psychiatrists, most youth with ADHD who receive treatment obtain it from their pediatricians or general practitioners.

CHADD completely agrees with the conclusion in the *Journal of the American Academy of Child and Adolescent Psychiatry* (July 2007 issue, page 916): "The key to effective long-term management of the patient with AD/HD is continuity of care with a clinician experienced in the treatment of AD/HD." CHADD will continue to work to ensure that all families and professionals are familiar with and practice the latest in evidence-based medicine. **②**

So, what's a parent to do? How can parents make sure their children get high-quality treatment without going into a government-funded study?

Doctors, on average, see and follow up with children with AD/HD only about twice a year. Now, insurance companies can do something about that. Parents can do something about that. They can say, "Doctor, I really want to be followed more often. I don't want you to just slip the prescription under the door."

As a doctor, what I like to say to parents is, "You know, treatment for AD/HD is just like treatment for diabetes. I can't do it without you. I know it's going to be tough and I know it's going to take time. But if it were cancer or diabetes, you and I would be in there, pitching on a real regular basis. We've got to treat AD/HD just the same way." Parents will have to actively learn about the disorder and advocate for the services and support they need from doctors, insurance companies, educators and others in the community. **②**