Kids Treated for ADHD Get Better in a Few Years

Drug Therapy and Other Methods Appear Effective

By MARILYN ELIAS

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Most children treated for attention-deficit hyperactivity disorder—whether with medication, therapy or both—improve greatly within a few years, according to a three-year study out today.

They’re still more likely than the average child to break laws and take drugs by early adolescence, a link that was suggested in earlier research. But those who get into trouble tend to be children with other mental disorders, not just ADHD, says lead author Peter Jensen, director of the Center for the Advancement of Children’s Mental Health at Columbia University.

Kids diagnosed with conduct disorder, which includes severe aggression, were most likely to veer into delinquency or using drugs and alcohol, he says.

A controversy in ADHD treatment is whether children need medication such as Ritalin. Three years after the study began, kids who had received all kinds of treatment—drugs, therapy or both—were doing about equally well, and significantly better than at the outset, Jensen says.

The report is a follow-up to the largest long-term controlled research done on those with ADHD. At the start, 579 children 7 to 10 years old were randomly assigned to one of four treatment groups:

- Stimulant medication, such as Ritalin.
- An intensive behavior therapy program.
- Combination medication and behavior therapy.
- Whatever care their parents could find.

Fourteen months out, the kids given medication alone or stimulants plus behavior management were doing much better than those who got just therapy or other care in the community. After 14 months, families were allowed to treat (or not treat) their kids as they wished.

The new report, published in the August Journal of the American Academy of Child and Adolescent Psychiatry, tracks 485 kids still participating three years after the study began. By this time, the advantage of taking medication disappeared.

The 14-month controlled part of the study included tightly structured behavior therapy, strong involvement of parents and teachers and constant medicine checks by the researchers—conditions that seldom happen in the real world, Jensen says. So the research significantly favoring drugs to treat
ADHD only applied to children treated in this rare, rigorous way.

"This doesn't mean that medication didn't help children because we're not seeing effects now," Jensen says. "Some may have given it up because they got better." Others who didn't take medicine at the start may have started taking it because they became much worse, he says.

The finding that, overall, children's ADHD symptoms waned over three years is good news for parents, says behavioral pediatrician Lawrence Diller, author of The Last Normal Child.

"Parents should be relieved," he says. "Mostly you hear such doom-and-gloom about long-term effects of ADHD."

Past studies focused on the worst off who came to clinics because of serious problems, Diller says. "It looks like the Tom Sawyers we see out in the community have a much better prognosis," he says.

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