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Study data raise questions about long-term benefits of ADHD drugs for children

Posted on 30 March 2009

New follow-up data from a National Institute of Mental Health (NIMH) study in children with attention-deficit hyperactivity disorder confirmed that there were no

long-term differences in behavioural outcomes between those who were treated with drugs and those who were not, The Washington Post reported. One of the study's authors, Brooke Molina, remarked that the data do not "support that children who stay on medication longer than two years have better outcomes than children who don't."

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The Multimodal Treatment Study of Children with ADHD (MTA) randomly assigned patients to receive one of four treatment options: drug treatment, drugs plus talk therapy, talk therapy alone, or routine medical care alone. An initial 14-month analysis published in 1999 demonstrated that children treated with drugs showed more improvement in their symptoms than their counterparts who received only talk therapy or routine care. However, a follow-up analysis in 2007 no longer showed differences in behaviour between children treated with drugs and those who were not. In addition, the data from 2007 indicated that children who took ADHD drugs for 36 months were shorter and weighed less than those who did not receive drugs.




The latest findings, published in the Journal of the American Academy of Child and Adolescent Psychiatry, include data from an eight-year follow-up of the patients and confirmed that there were no long-term differences in behaviour between those who were treated with drugs and those who were not. Researcher William Pelham concluded that one interpretation of the data is that the ADHD drugs are useful in the short term but ineffective over the long-term.

Meanwhile, co-author Peter Jensen said that looking at overall results was not as useful as examining the results for particular groups of children and suggested, along with co-author Benedetto Vitiello, that ADHD drugs may not have demonstrated an overall long-term benefit because the quality of routine care may have been inferior to that given during the initial part of the study.

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