CBT Benefits Adults With ADHD Taking Medication

BY HEIDI SPLETE

FROM THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

Cognitive-behavioral therapy significantly improved attention-deficit/hyperactivity disorder symptoms in adult patients who were already taking medication, compared with patients who used relaxation with educational support, according to data from a study of 86 adults aged 18-65 years.

More than 4% of adults in the United States meet criteria for ADHD, but even those who take medication often experience significant symptoms, said Steven A. Safren, Ph.D., of Massachusetts General Hospital in Boston, and his colleagues.

To test the effectiveness of cognitive-behavioral therapy (CBT) to improve persistent symptoms, Dr. Safren and colleagues randomized 43 adults with ADHD to receive 12 individual sessions of CBT or 12 individual sessions of relaxation therapy with educational support. The average age of the patient was 44 years, 91% were white, and 55% were men (JAMA 2010;304:875-80). All the patients in the study were taking medication for their ADHD.

The primary outcome measures were ADHD symptoms as evaluated by an assessor who was blinded to the randomization assignments. Symptoms were assessed based on the ADHD rating scale and the CGI (Clinical Global Impression) scale at baseline, after treatment, and at the 6- and 12-month follow-up visits.

Patients who received cognitive-behavioral therapy had significantly lower posttreatment scores on both scales, compared with those who received relaxation therapy and educational support.

The mean ADHD rating scale scores were 26.4 and 14.5 at baseline and posttreatment, respectively, in the CBT group, compared with 25.3 and 19.1, respectively, in the relaxation/education group. The mean CGI scores were 4.7 and 3.2 at baseline and post-treatment, respectively, in the CBT group, compared with 4.6 and 3.7, respectively, in the relaxation/education group. The scores did not change significantly from the posttreatment assessment to the assessments at 6 months and 12 months.

"The cognitive-behavioral therapy condition maintained gains and the relaxation with educational support condition did not improve during the follow-up," the researchers noted.

Overall, significantly more patients in the CBT group responded to treatment, compared with the relaxation/education group, on both the ADHD (67% vs. 33%) and CGI scores (53% vs. 23%).

In addition, patients in the CBT group self-reported significant improvements in symptoms, compared with those in the relaxation/education group.

Patients with moderate to severe major depression, clinically significant panic disorders, mental disorders, psychotic spectrum disorders, and bipolar disorders, as well as those with active substance abuse or dependence problems, were among those who were excluded from the study. ■

VITALS

Major Finding: CBT significantly improved symptoms in adults who were already taking ADHD medication, compared with relaxation with educational support.

Data Source: A randomized trial of 86 adults aged 18-65 years with ADHD.

Disclosures: The study was funded by grant from the National Institutes of Health. Dr. Safren reported receiving royalty payments from Oxford University Press.

Panel Votes Against Approval of Drug for Hypoactive Sexual Disorder

FROM A MEETING OF THE FDA'S REPRODUCTIVE HEALTH DRUGS ADVISORY COMMITTEE

GAITHERSBURG, MD. — A Food and Drug Administration advisory panel has unanimously agreed that concerns about the risks of flibanserin outweighed any evidence that the drug was effective as a treatment for premenopausal women with hypoactive sexual desire disorder.

At the meeting, the FDA's Reproductive Health Drugs Advisory Committee also voted 10-1 that the studies presented by Boehringer Ingelheim Pharmaceuticals Inc. did not provide enough evidence that flibanserin, a centrally acting drug, was an effective treatment for hypoactive sexual desire disorder (HSDD), a persistent or recurrent deficiency or absence of desire for sexual activity. (The panel was not asked to vote on a separate safety question.)

But panelists expressed concerns about adverse effects associated with the drug in clinical trials, including high rates of somnolence and fatigue, a slightly higher rate of depression, the potential for drug and alcohol interactions, the lack of safety data on long-term use and during nursing and pregnancy—as well as the high withdrawal rate for adverse events in clinical trials.

However, panelists acknowledged the importance of finding treatments for HSDD, which several remarked was a condition that clinicians often see in their practices, and encouraged the company to continue studying the drug.

Members of FDA advisory panels have been cleared of conflicts related to the topic under discussion.

—Elizabeth Mechcatie

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