

Adding Talk Therapy Helps Adults With ADHD

Stimulant medication and cognitive therapy improved symptoms and overall functioning when used together.

BY DIANA MAHONEY
New England Bureau

ATLANTA — Combining stimulant medication and cognitive therapy is a promising approach for treating adult patients with attention-deficit hyperactivity disorder, reported Anthony L. Rostain, M.D.

In an open-label study involving 45 consecutive adults with ADHD in a university-based clinic, combination therapy was associated with a statistically significant improvement in both ADHD symptoms and overall functioning. Dr. Rostain said in a presentation at the annual meeting of the American Psychiatric Association.

The treatment also appeared to reduce symptoms of comorbid anxiety and depression, which occur frequently in adults with ADHD, he said.

Patients were recruited to the study based on the results of telephone screening assessments.

Approximately 78% of the participants were male and 72% had comorbid mental disorders. Average patient age was 31 years.

At baseline and at the end of treatment, all study participants completed the Structured Clinical Interview for DSM-IV Axis I Disorders and other rating scales to assess symptom prevalence and severity.

The combination treatment used in the study comprised an extended-release formulation of mixed amphetamine salts given at titrated doses based on patient response, and 16 sessions of cognitive therapy focused on patient goals and desired outcomes.

Specifically, the behavioral component was built around the cognitive model of

ADHD, “which looks at the compensatory strategies for coping with the maladaptive schemas and beliefs in adults with the condition,” said Dr. Rostain of the University of Pennsylvania, Philadelphia.

These maladaptive schemas include self-mistrust and overwhelming feelings of failure and incompetence, accompanied by unproductive negative thoughts, such as “I am inadequate,” and “I can’t rely on myself,” said Dr. Rostain.

Some of the compensatory strategies that adults adopt to deal with these negative processes include procrastination, overcritical judgment, and “pseudoefficiency,” whereby the individuals occupy themselves with busy work as a way to keep themselves from failing at real work, he noted.

Because these destructive thought processes and strategies impair personal, interpersonal, and professional efficacy

and are thought to be the root of many of the struggles that adults with ADHD experience, cognitive therapeutic approaches, including the nonmanualized therapy used in the study, focus on eliminating unproductive thought and behavior patterns and developing productive coping patterns, said Dr. Rostain.

A comparison of pre- and posttreatment scores of clinical outcome measures, using a paired samples *t*-test, analyzed significant effect sizes for improvement in ADHD symptoms, depression, anxiety, hopelessness, and overall functioning.

Because of the small sample size of the combination therapy group, no conclusions can be drawn on the relative contribution of cognitive therapy with stimulant medication to patient improvement. However, “the findings let us know that we are in the ballpark,” by providing further evidence that this combination of therapies can address the problem of ADHD in adults, said Dr. Rostain.

J. Russell Ramsay, Ph.D., also of the University of Pennsylvania, was coinvestigator with Dr. Rostain in this study. ■

The behavioral component ‘looks at the compensatory strategies for coping with the maladaptive schemas and beliefs in adults with the condition.’

ADHD Patients Who Divert, Misuse Drugs Easy to Identify

BY DIANA MAHONEY
New England Bureau

ATLANTA — Patients with attention-deficit hyperactivity disorder who engage in drug diversion or misuse are easy to identify, Timothy Wilens, M.D., said at the annual meeting of the American Psychiatric Association.

To gauge the extent and nature of stimulant misuse and diversion, Dr. Wilens and his colleagues at Massachusetts General Hospital in Boston administered a self-report questionnaire on medication use to young adult patients (average age 20.8 years) receiving stimulant drugs for their condition.

Of the 98 patients, 55 had concomitant conduct disorder and/or substance abuse problems. Approximately 11% of the patients surveyed reported selling their medication, and 22% acknowledged deliberate misuse—either by taking more than their prescribed dose or by adding a later dose—primarily to enhance performance or to “get high,” Dr. Wilens said.

All of the patients who sold their drugs had either a conduct or substance abuse disorder, as did all but 5% of those who misused their medication.

Among those who diverted medications, 83% had a substance abuse history, and 30% had comorbid conduct disorder. Among those who misused their medications, 75% had a substance abuse history, and 59% had comorbid conduct disorder.

Those patients taking intermediate-acting formulations of stimulants were more likely to engage in drug diversion or misuse.

No diversion or misuse occurred with extended-release formulations.

“There are a few take-home messages from these findings,” Dr. Wilens noted. “First is that the majority of ADHD drugs are used appropriately. Diversion and misuse does occur, but not that often,” he said.

In addition, the young people most likely to misuse or divert their medication are easily identifiable in practice because of the concomitant problems.

Particular attention should be paid—looking out for warning signs such as early or too frequent refills—to this subset of patients to make sure medication is being used as directed, Dr. Wilens said.

One option for reducing the risk of misuse or diversion of medications is to start patients with a history of substance abuse or conduct disorder on nonstimulant medications.

If the nonstimulants don’t work, “consider extended-release formulations of stimulant drugs, because diversion and misuse occur primarily with shorter-acting formulations,” Dr. Wilens said. “The extended-release drugs are less popular because they don’t produce the same high.”

Clinicians should also be talking to all ADHD patients about misuse and diversion, the importance of keeping the medication in a safe place, and being careful who knows about it. “In particular, patients who live in a college dormitory or who share living arrangements should be advised to keep their medication in a secure place, such as a locked cabinet, to prevent it from being taken and diverted,” he said. ■

4+ Million Children Diagnosed With ADHD; Half on Meds

BY MIRIAM E. TUCKER
Senior Writer

About 4.4 million children aged 4-17 years in the United States had been diagnosed with attention-deficit hyperactivity disorder in 2003, and more than half were taking medication for it, the Centers for Disease Control and Prevention reported.

The data come from surveys completed by 68% of parents and/or guardians of 102,353 children in the National Survey of Children’s Health. Extrapolated out to the entire U.S. population, that number comprises 4,418,000 4- to 17-year-old children, the CDC reported (MMWR 2005;54:842-7).

The diagnosis was reported about 2.5 times more frequently among boys (11%)

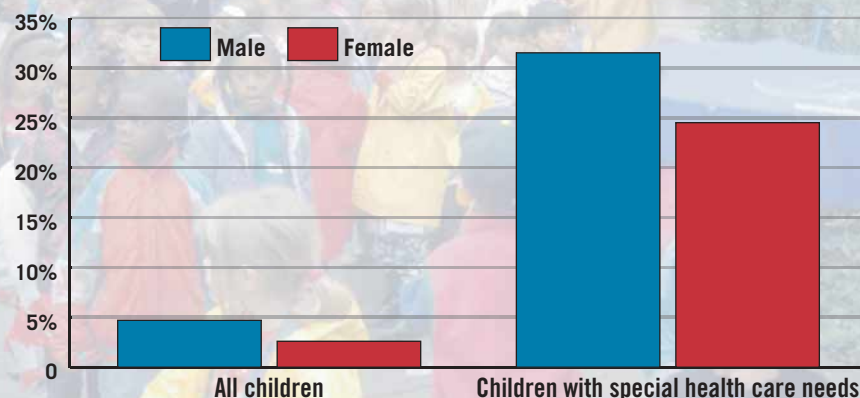
than girls (4.4%), and the prevalence increased with age, from 4.1% among 4- to 8-year-olds to 9.7% in those aged 9-17 years.

Reported ADHD diagnoses were higher among non-Hispanic, primarily English-speaking, and insured children, as well as in families in which the most highly educated adult was a high school graduate (8.6%), compared with those with more education (7.6%) or less education (6.5%).

A total of 4.3% of children in 2003 were taking medication for ADHD, comprising 56.3% of those with reported ADHD. Children aged 9-12 years had the highest rates (6.2%), followed by 13- to 17-year-old patients (4.6%). The youngest children (aged 4-8 years) were the least likely to be taking medication (2.6%). ■

DATA WATCH

Prevalence of Chronic Emotional, Behavioral, or Developmental Problems That Require Treatment



Note: Based on a 2001 survey of the parents or guardians of 372,174 children aged 0-17 years. Source: MMWR 2005;54:985-9