

Translating the MTA trial



into UK practice

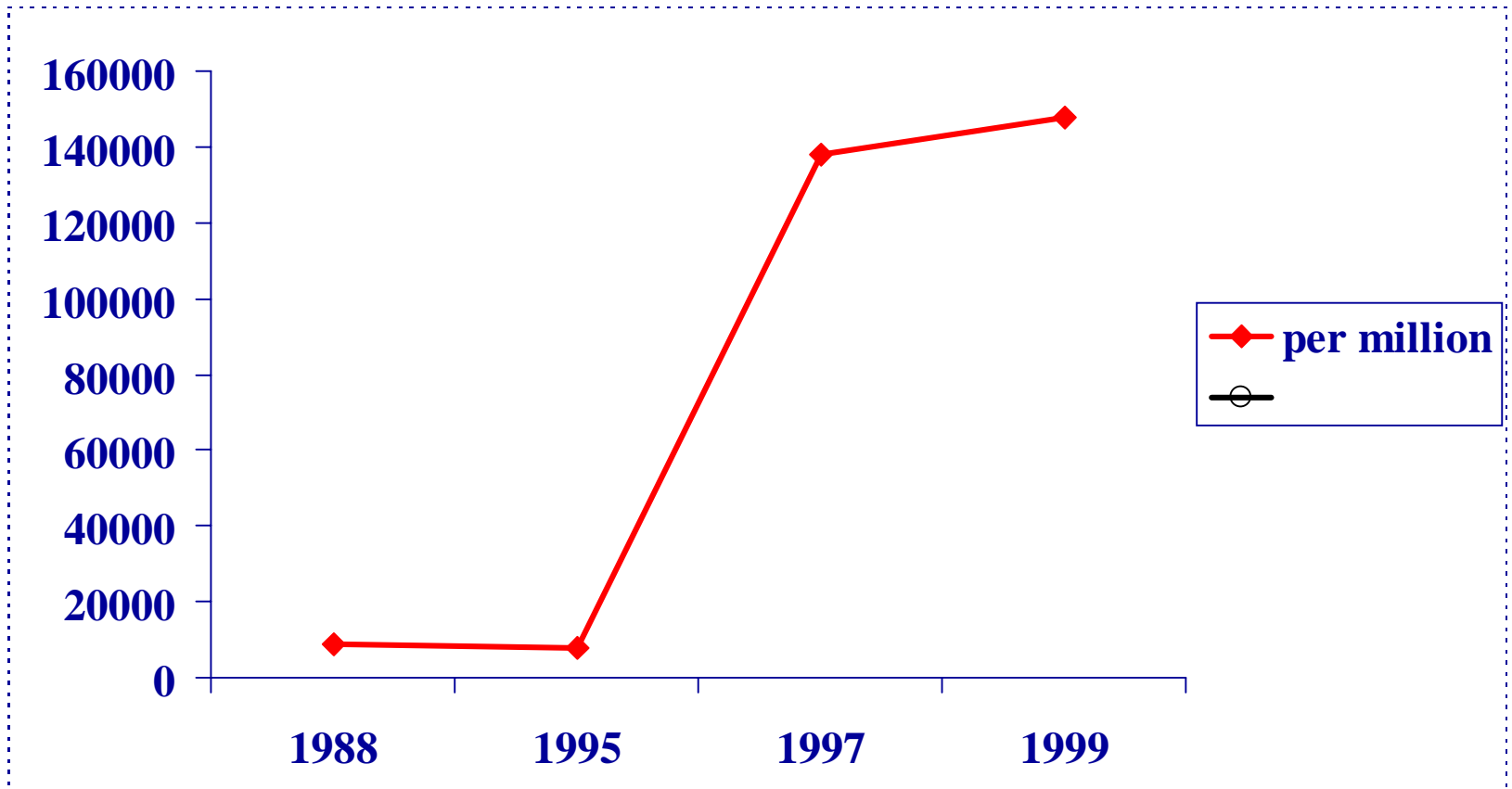
Conclusions from trial

- Careful medication is more powerful than behavioural treatment
- Research treatment better than routine
- Many advantages in adding medication to behavioural; few in adding behavioural to medication

Some possible objections

- Relevant only to US practice?
 - ◆ “Community” treatment quite different
 - ◆ Diagnosis was broad: will it generalise?
- Lack of blinding and placebo control?
- Dosage effects obscure behaviour treatment
- Inapplicable behavioural interventions?
 - ◆ Not targetted? Too much? Wrong targets?
- Cultural preference here for psychosocial?

Annual prescriptions of stimulants



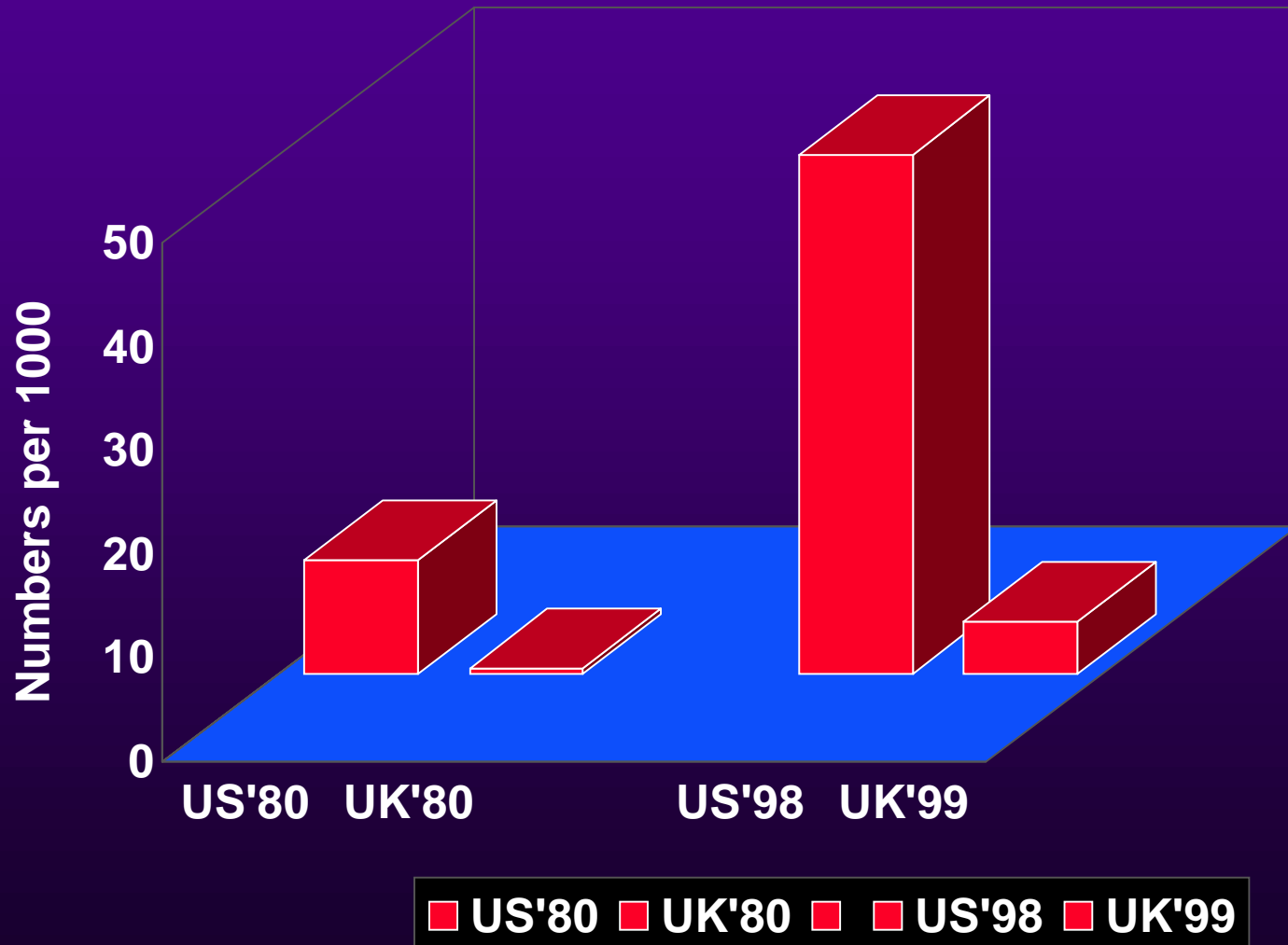
UK figures for numbers of stimulant prescriptions per million of child population

Prevalence of disorder



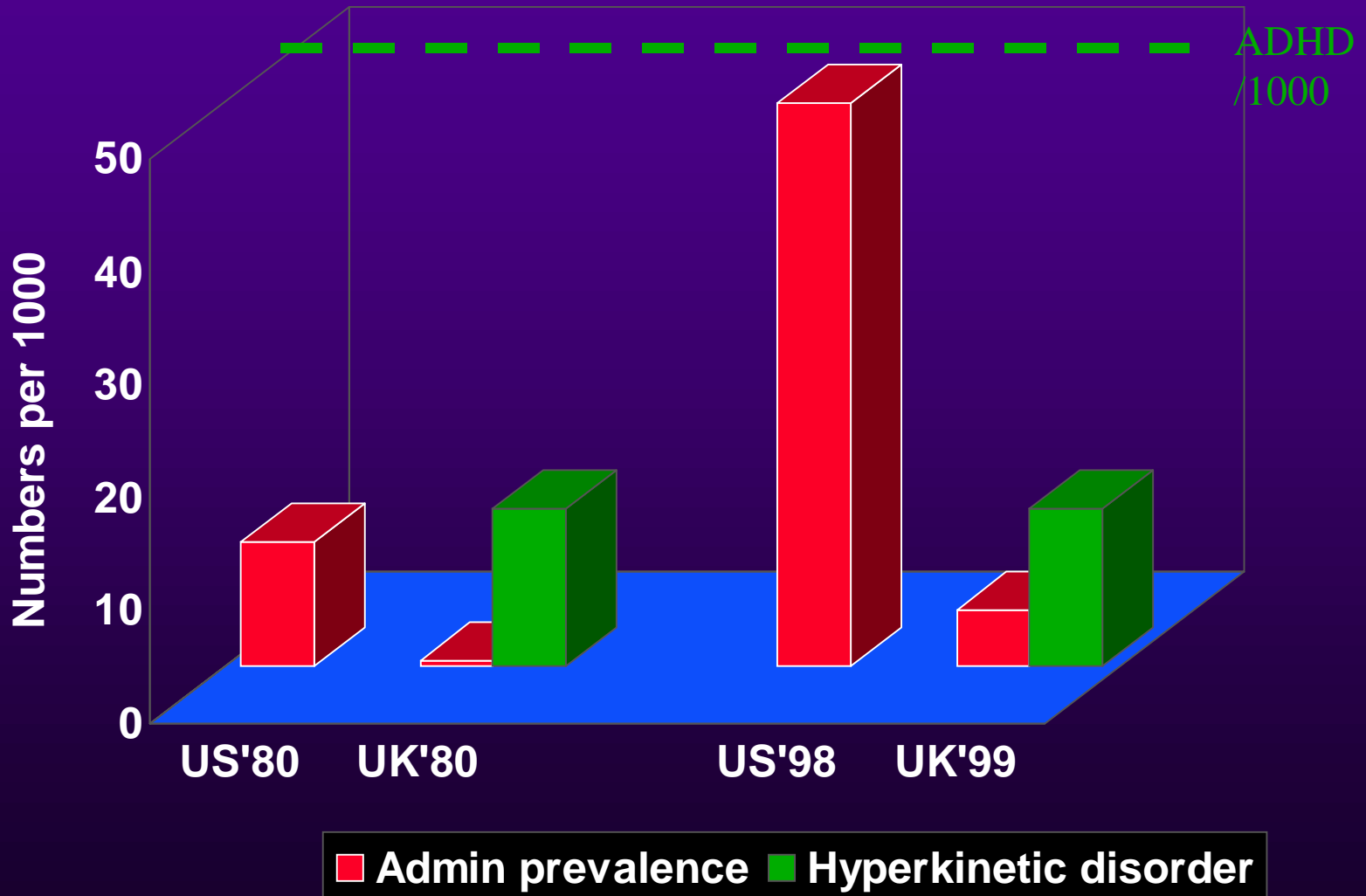
Administrative prevalence from local surveys

Prevalence of disorder



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Administrative prevalence from local surveys

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Hyperkinetic disorders

- Pervasive inattention & impulsiveness
- Absence of comorbid disorders esp. ANX
- Early onset of problems
- Impairments in stopping & delaying responses, maintaining set, switching
- Language problems, brain imaging
- >90% responsive to stimulants

Situational hyperactivity

Different associations

School only

Both

Home only

Poor reading

Language
delay

Little cognitive
impairment

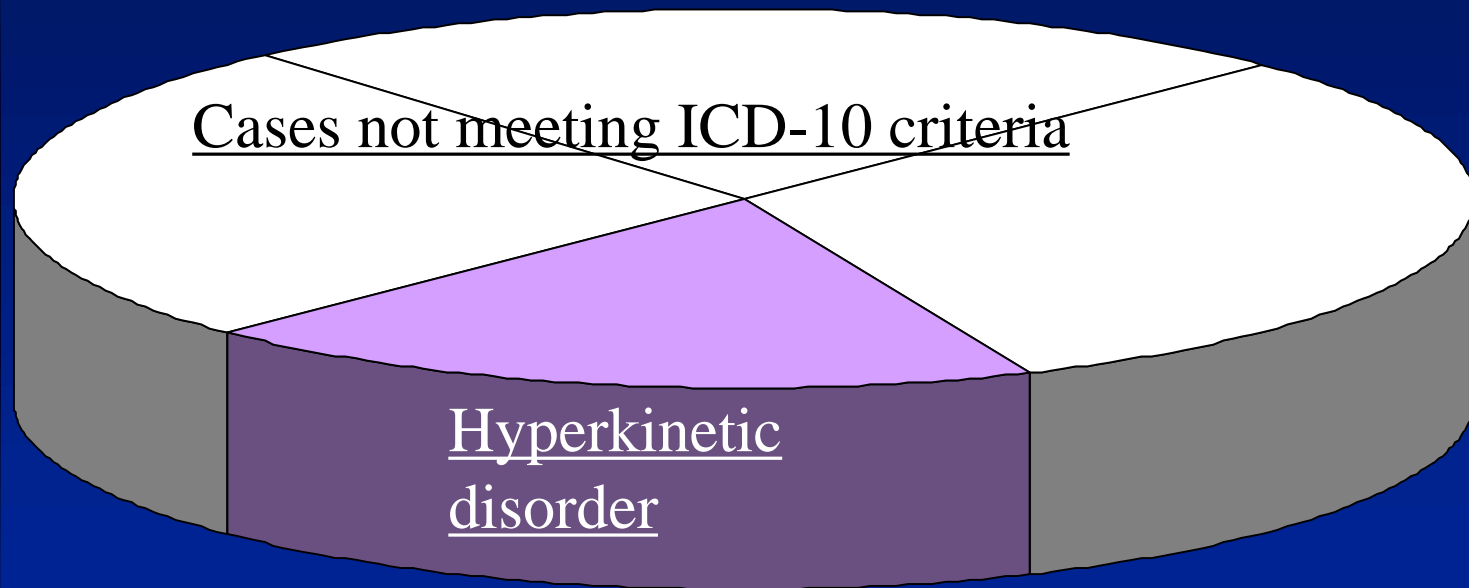
Low achievement

Late onset

Motor
clumsiness

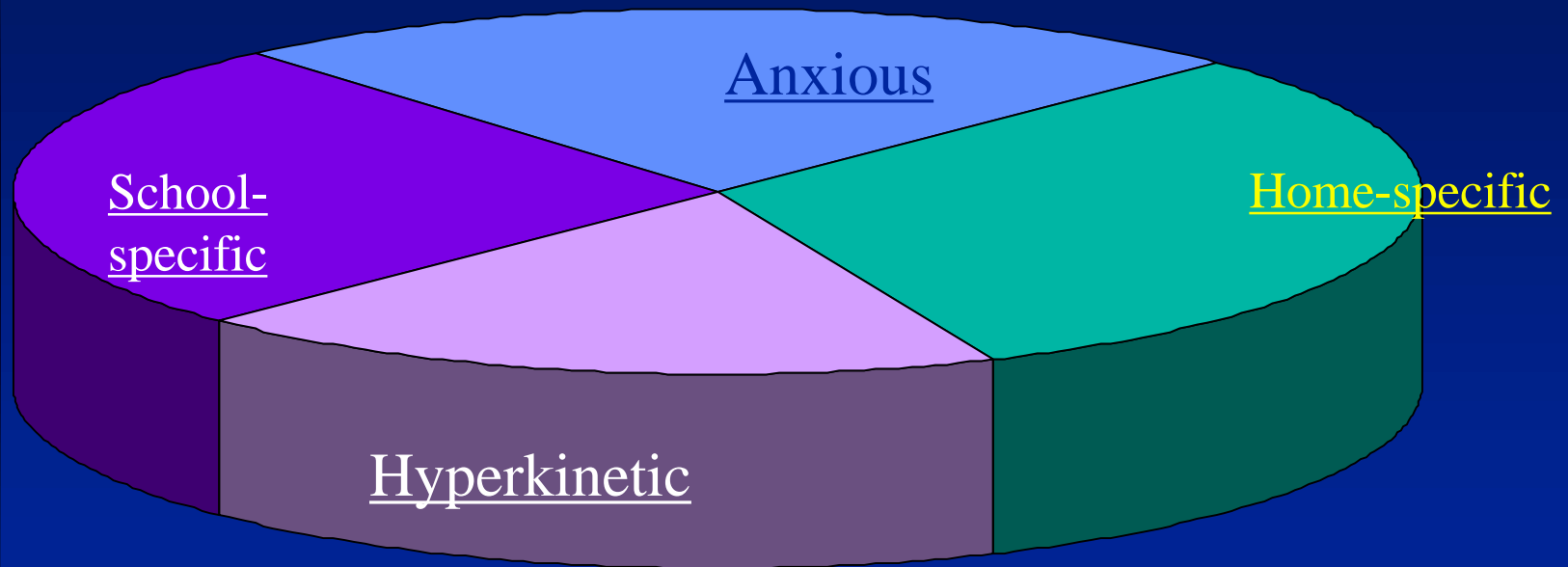
Family
adversity

Subtypes of AD/HD



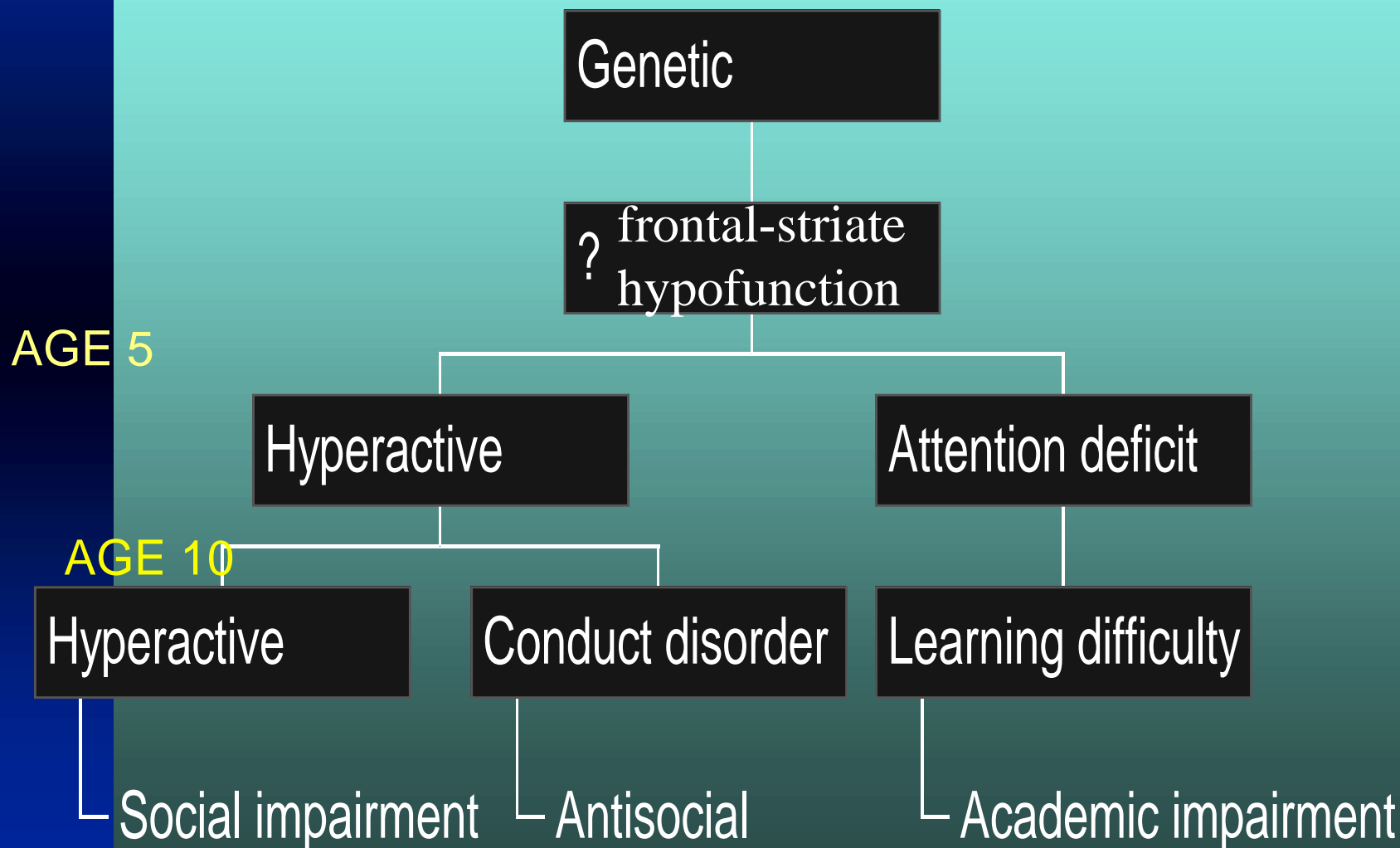
The conclusions from research on the hyperkinetic group do not necessarily apply to other subtypes of ADHD

Subtypes of AD/HD



579 cases of ADHD recategorised by HYPESHEME

Developmental pathways

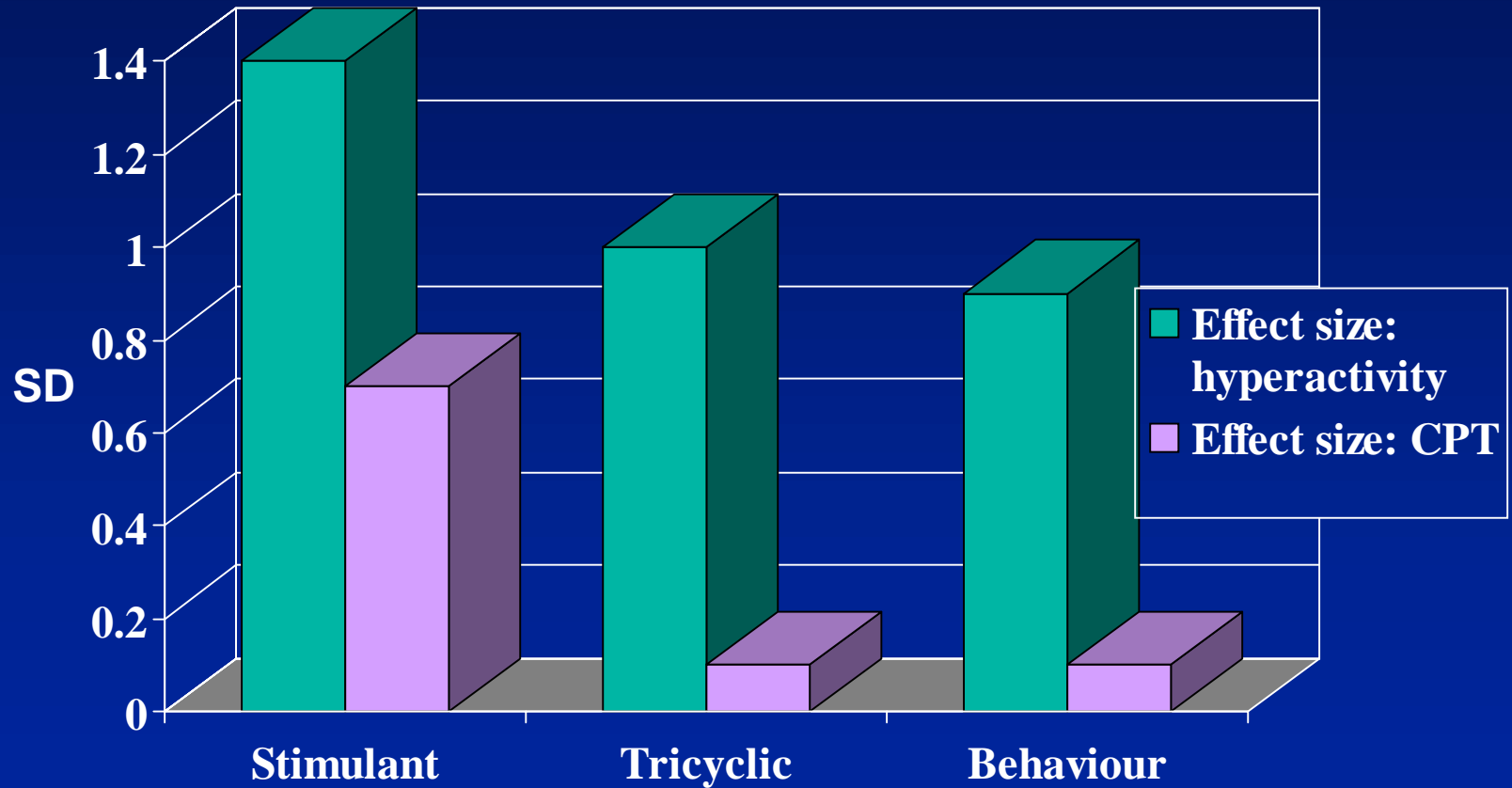


The case against ADHD

- Not a real disease
- ignores environment
- overdiagnosed
- no sharp cutoff
- no biological test
- *Constructed but predictive*
- *Descriptive only*
- *Not in UK- eg rediagnosis*
- *Not sharp, but clear*
- *True*

Comparison of treatments (1)

Metaanalysis of 124 trials



Random- allocation trials in children with ADHD

Comparisons of treatments (2)

Clinic data

■ Methylphenidate

cost 650 euro first year

fall of 8 scale points

low physical hazard

■ Parent training

cost 600 euro

fall of c.4 scale points

no physical hazard

Non-experimental data describing selected groups

How to improve the treatments?

- More use of medication
- Better use of existing medication
 - ◆ Individually planned drugs (eg genomics)
 - ◆ Modified release & long-acting drugs
 - ◆ Enhancement of stimulants (eg monitoring)
- More effective psychological interventions
 - ◆ Target the mediating factors