



Children With Attention Deficit Hyperactivity Disorder

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ADHD is the most commonly diagnosed disorder of childhood, affecting about 4 per cent of school-aged children. The core symptoms include inattention, overactivity and impulsivity. Children have problems focusing on a task or may become bored after only a few minutes or may fail to complete assignments on time. They may seem to be constantly in motion, be unable to stay seated or squirm in their seats. They also tend to act without thinking (e.g., dash into the street without checking for traffic) or say things without thinking it through.

The National Institute of Mental Health, which has sponsored the MTA (Multimodal Treatment Study of Children with ADHD) since its beginning in 1994, is now supporting an extended follow-up for the next 5 years. The goal is to carefully collect information on the children who were 7 to 9 years old when they entered the study and are now teenagers in high school. The MTA offers a unique opportunity to study the long-term effects of different types of early treatment of ADHD.

Study results suggest that two forms of treatment — carefully administered medication alone or in combination with a behavioral program — were significantly more effective in reducing the symptoms of ADHD than either behavioral treatment alone or routine community care (usually medication; although usually not as carefully managed as in the MTA study program). All of these findings were replicated across six study sites (University of California, Irvine; University of California, Berkeley; Columbia University in New York City; Duke University in Durham, NC; Western Psychiatric Institute in Pittsburgh, PA; Long Island Jewish Medical Center in New Hyde Park, NY) suggesting these results apply to a broad range of children and families affected by ADHD.

So, we now know that treatment can have a beneficial effect on the behavior of children with ADHD. With different degrees of success, both medication and behavioral-type treatments will improve the symptoms of ADHD and make children less hyperactive, less impulsive and more attentive in school and at home. But the important question that still needs to be answered is whether or not by successfully controlling hyperactivity and impulsiveness and increasing attention we are also improving long-term functioning. In other words, are we making more successful students and/or more competent teenagers, with healthy relationships and a decreased risk of getting involved in substance abuse or delinquency? The ultimate goal of treatment is to make better adults. The MTA follow-up study will provide answers to these important questions.

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