NEW ADHD INSIGHTS FROM MTA DATA THROUGH 36 MONTHS

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Objective:
To explore additional findings about attention-deficit/hyperactivity disorder (ADHD) from data through 36 months in the NIMH Multimodal Treatment study of Children with ADHD (MTA).

Methods:
New analyses explore clinical, policy, and conceptual issues in ADHD.

Results:
Continuous Performance Test shows a reaction time skew from "outlier" hits taking longer although most hits are faster than normal; stimulant slows most hits but contracts the outliers, reducing variability. Serious delinquent behavior decreased from baseline (31% of sample) through 10 months post-treatment (17%), then began rising by 36 month follow-up (to 20%), still less than baseline. In contrast to previous follow-ups, all MTA groups improved significantly over the 3 years in symptoms and impairment; although treatment assignment made a significant difference the first 2 years, eventually all had similar outcomes. The first 14 months, relative cost-effectiveness of treatment strategies is moderated by diagnostic grouping, both comorbidity and ICD vs. DSM classification. Although well-managed stimulant is most cost-effective at 14 months, by 36 months other patient characteristics and life impingements apparently overwhelm treatment effect.

Conclusion: The MTA data set continues to yield useful clinical and public policy insights that require collegial discussion/digestion and may alter future treatment strategies and research foci.

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