Pharmacotherapy of the Preschool ADHD Treatment Study (PATS) Children Growing Up

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Objective
To describe the long-term psychopharmacological treatment of children first diagnosed with attention-deficit/hyperactivity disorder (ADHD) as preschoolers.

Method
In a systematic, prospective, naturalistic follow-up, 206 (68.0%) of the 303 children who participated in the Preschool ADHD Treatment Study (PATS) were reassessed 3 years (mean age 7.4 years), and 179 (59.1%), 6 years (mean age 10.4 years), after completion of the controlled study. Pharmacotherapy and clinical data were obtained from the parents. Pharmacotherapy was defined as use of a specific class of medication for at least 50% of the days in the previous 6 months.

Results
At year 3, 34.0% were on no pharmacotherapy, 41.3% were on stimulant monotherapy, 9.2% on atomoxetine, alone or with a stimulant, 8.3% on an antipsychotic, usually together with a stimulant, and the remaining 7.2% on other pharmacotherapy; overall, 65.0% were on an indicated ADHD medication. At year 6, 26.8% were on no pharmacotherapy, 40.2% were on stimulant monotherapy, 4.5% on atomoxetine, alone or with a stimulant, 13.4% on an antipsychotic, and 15.1% on other pharmacotherapy; overall, 70.9% were on an indicated ADHD medication. Antipsychotic treatment was associated with more comorbidity, in particular disruptive behavior disorders and pervasive development disorders, and a lower level of functioning.

Conclusion
The long-term pharmacotherapy of preschoolers with ADHD was heterogeneous. While stimulant medication continued to be used by most children, about 1 child in 4 was off medication, and about 1 in 10 was on an antipsychotic.