Is the evidence base of methylphenidate for children and adolescents with attention-deficit/hyperactivity disorder flawed?

Pieter J. Hoekstra · Jan K. Buitelaar

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The increase in methylphenidate use in many European countries and many other parts of the world [1, 2, 4], has raised a considerable concern in society about the possible overtreatment of children with psychostimulants. European guidelines for best practice from the healthcare associations and authorities for the treatment of attention deficit hyperactivity disorder (ADHD) recommend that methylphenidate (which has a marketing authorization as part of a comprehensive treatment program for ADHD in children aged 6 years and above) should only be the first treatment choice in case of severe levels of symptoms and impairment associated with ADHD. Parent training is indicated if the child has ADHD with mild or moderate symptom severity and levels of impairment. Only if the response to parent training is insufficient and significant impairments remain should medical treatment be considered. It is unknown how well the current prescription practice of methylphenidate across Europe is in line with these guidelines, and why there has been such a rise in prescription rates.

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