Atomoxetine and Parent Training for Children With Autism and Attention-Deficit/Hyperactivity Disorder: A 24-Week Extension Study

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Journal of the American Academy of Child & Adolescent Psychiatry
DOI: http://dx.doi.org/10.1016/j.jaac.2016.06.015

Abstract

Objective
We previously reported a 2x2 randomized clinical trial of individual and combined treatment with atomoxetine (ATX) and parent training (PT) for attention-deficit/hyperactivity disorder (ADHD) symptoms and behavioral noncompliance in 128 children with autism spectrum disorder, ages 5-14 years. We now describe a 24-week extension of treatment responders and non-responders.

Method
One-hundred seventeen participants from the acute trial (91%) entered the extension; 84 of these were in two subgroups: (1) “treatment responders” (n=43) from all four groups in the acute trial, seen monthly for 24 weeks, and (2) “placebo nonresponders” (n=41), treated with open-label ATX for 10 weeks. Participants originally assigned to PT continued in PT during the extension; the remainder served as controls. Primary outcome measures were parent-rated Swanson, Nolan and Pelham ADHD scale and Home Situations Questionnaire.

Results
Sixty percent (26/43) of treatment responders in the acute trial, including 68% of responders originally assigned to ATX, still met response criteria at the end of extension. The response rate of placebo nonresponders treated with 10-week open-label ATX was 37% (15/41), similar to the acute trial. Children receiving open-label ATX+PT were significantly more likely to be ADHD responders (53% vs 23%) and noncompliance responders (58% vs 14%) than those receiving open-label ATX alone.

Conclusion
Most ATX responders maintained their responses during the extension. PT combined with ATX in the open-label trial appeared to improve ADHD and noncompliance outcomes more than ATX alone.