Effectiveness and cost-effectiveness of a brief school-based group programme for parents of children at risk of ADHD: a cluster randomised controlled trial.

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Abstract

Background
NICE guidelines recommend a stepped care approach for the identification and management of children with, or at risk of, Attention-Deficit / Hyperactivity Disorder (ADHD). We investigated the effectiveness, cost-effectiveness and acceptability of a group parenting intervention programme (+/- a teacher session) for children at risk of ADHD.

Methods
In a three-arm cluster RCT, 12 primary schools were randomly assigned to control, parent-only, and combined (parent + teacher) intervention arms. Eligible children had high levels of parent-rated hyperactivity/inattention (n=199). At six month follow-up, the primary outcome measure was the parent-completed Conners’ Rating Scale – Revised (ADHD Index). Secondary outcomes included the Conners’ sub-scales (hyperactivity, cognitive problems/inattention, oppositional behaviour), the teacher-completed Conners’ Rating Scale – Revised, child health-related quality of life, parental burden and parental mental health. The cost-effectiveness analyses reflected a health and personal social services perspective. Trial Registration:ISRCTN87634685.

Results
Follow-up data were obtained from 76 parents and 169 teachers. There was no effect of the parent-only (mean difference = -1.1, 95% CI -5.1,2.9; p=0.57) or combined interventions (mean difference = -2.1, 95% CI -6.4,2.1; p=0.31) on the ADHD Index. The combined intervention was associated with reduced parent-reported hyperactivity symptoms (mean difference = -5.3; 95% CI -10.5,-0.01; p=0.05) and the parent-only intervention with improved parental mental health (mean difference = - 1.9; 95% CI -3.2,-0.5; p=0.009). The incremental costs of the parent-only and the combined interventions were £73 and £123 respectively. Above a willingness to pay of £31 per 1-point improvement in the ADHD index, the parent-only programme had the highest probability of cost effectiveness. Participants found the interventions acceptable.

Conclusions
For children at risk of ADHD, this school-based parenting programme was not associated with improvement in core ADHD symptoms. Secondary analyses suggested a possible reduction in parent-reported hyperactivity and parental mental health problems. Future research should compare targeted interventions against watchful waiting and specialist referral.