Childhood Factors Affecting Persistence and Desistence of Attention-Deficit/Hyperactivity Disorder Symptoms in Adulthood: Results From the MTA

Arunima Roy, MBBS, Lily Hechtman, MD, L. Eugene Arnold, MD, Margaret H. Sibley, PhD, Brooke S.G. Molina, PhD, James M. Swanson, PhD, Andrea L. Howard, PhD for the MTA Cooperative Group

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Abstract

Objective
To determine childhood factors that predict attention-deficit/hyperactivity disorder (ADHD) persistence and desistence in adulthood.

Method
Regression analyses were used to determine associations between childhood factors and adult ADHD symptom persistence in 453 participants (mean age = 25 years) from the Multimodal Treatment of ADHD study (MTA). Childhood IQ, total number of comorbidities, child-perceived parenting practices, child-perceived parent-child relationships, parental mental health problems, marital problems of parents, household income levels and parental education were assessed at a mean age of 8 years in all participants. Adult ADHD persistence was defined using DSM-5 symptom counts either with or without impairment as well as mean ADHD symptom scores on the Conners’ Adult ADHD Rating Scale (CAARS). Age, sex, MTA site and childhood ADHD symptoms were covaried.

Results
The most important childhood predictors of adult ADHD symptom persistence were initial ADHD symptom severity (OR = 1.89, SE = .28, p = .025), comorbidities (OR = 1.19, SE = .07, p = .018), and parental mental health problems (OR = 1.30, SE = .09, p = .003). Childhood IQ, socioeconomic status, parental education and parent-child relationships showed no associations with adult ADHD symptom persistence.

Conclusion
Initial ADHD symptom severity, parental mental health and childhood comorbidity affect persistence of ADHD symptoms into adulthood. Addressing these areas early on may assist in reducing adult ADHD persistence and functioning problems.