Treatments for children and adolescents with attention deficit hyperactivity disorder: what is the evidence base to date?

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Abstract

The evidence base from empirical studies is one of the elements, along with patients' preference and consideration of particular clinical state and circumstances, that should be taken into account in the process of clinical decision making. This paper provides an overview of the current evidence base for the treatment of the attention-deficit-hyperactivity disorder (ADHD), drawing on the results of the most recent meta-analyses of randomised controlled trials assessing the pharmacological and non-pharmacological treatment of ADHD. Overall, available recent meta-analyses show that psychostimulants, and, although to a less extent, non-psychostimulants, are efficacious in terms of control of core ADHD symptoms, at least in the short term; and although the efficacy of non-pharmacological treatments (behavioral interventions, diet, cognitive training and neurofeedback) for ADHD core symptoms remains uncertain, some non-pharmacological approach are efficacious for ADHD-related problems, such as behavioral interventions for oppositional problems and parenting skills, and cognitive training for working memory deficits. However, most of the available randomised controlled trials are short-term efficacy trials recruiting selected populations of patients and, as such, they are not fully informative for the daily clinical practice. Head-to-head trials, pragmatic trials, placebo-withdrawal trials, network meta-analyses and individual patient data meta-analyses are encouraged in the field to bridge the gap between theoretical evidence and daily clinical practice.