Attention-deficit/hyperactivity disorder has been a known medical condition for many years. Vast literature exists, dating to the late 1940s. A number of “new” treatments touted recently represent merely “old wine in new bottles.”

So what’s new in the assessment and treatment of attention-deficit/hyperactivity disorder (ADHD)? In this issue of Psychiatric Annals, I have selected five areas in which there has been recent progress or interest, and have asked experts in these areas to provide you with the latest thinking about each of these topics.

First, real progress has been made in using psychosocial treatments for ADHD, both in conjunction with medications or without them (see page 9). Nina M. Kaiser, PhD, and Linda J. Pfiffner, PhD, are delivering these psychosocial treatments in several schools in San Francisco, and are carefully studying their outcomes as part of National Institute of Mental Health (NIMH) grants.

Their article, “Evidence-based Psychosocial Treatments for Childhood ADHD,” is a thoughtful review of psychosocial treatments, particularly behavioral interventions and child skills interventions, which should be considered in the treatment plan for all children treated for ADHD. The review has many practical suggestions that integrate well into pharmacologic management. These treatments are appealing to parents and teachers who want a comprehensive approach that goes beyond just medicating the child with ADHD. The behavioral bibliography at the end of the article is a useful resource to share with parents.

Many “new” medications for the treatment of ADHD have been released in recent years. However, it is difficult to determine when to use these medications, compared with all the old short- and longer-acting options.

In the next article, “New Drug Treatments for ADHD,” Keith McBurnett, PhD, and Nicholas Weiss, MD, briefly review the basic molecules used in ADHD treatment (see page 16). They then use this framework to describe recent stimulant formulations and their methods of delivery and duration of action to guide the practitioner in choosing the medication that is best suited to his or her patient. They also review new formulations of nonstimulant treatments and conclude with a description of more novel agents for the treatment of ADHD. They also critique the evidence for their effectiveness up to this point.

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ADHD in adults is increasingly recognized, and the numbers of adults seeking treatment, sometimes for the first time, are increasing. Not only are general and child and adolescent psychiatrists being asked by adult patients to evaluate and potentially treat possible ADHD, but primary care physicians are also noting a big increase in their practices. There are unique presentations for adults with potential ADHD and unique concerns.

In a thoughtful and comprehensive review of these issues, titled “Assessment and Treatment of ADHD in Adults” (see page 23), Nicholas Weiss, MD, describes the diverse presentations of ADHD in adults and then describes how to choose medications and other treatments based on the unique aspects of their adult, rather than child or adolescent, status. This presentation is filled with work to describe recent stimulant formulations and their methods of delivery and duration of action to guide the practitioner in choosing the medication that is best suited to his or her patient. They also review new formulations of nonstimulant treatments and conclude with a description of more novel agents for the treatment of ADHD. They also critique the evidence for their effectiveness up to this point.

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relevant clinical pearls that will be valuable to the practitioner wanting to be better prepared to work wisely with adults expressing concerns about their symptoms of possible ADHD.

Patients and families are increasingly turning to complementary and alternative treatments (CAM) for medical and behavioral conditions. However, most traditionally educated practitioners have not been trained to use, critically discuss, or evaluate the effectiveness of these treatments.

The next article, “Complementary and Alternative Biomedical Treatments for ADHD” (see page 32), by Elizabeth Hurt, PhD, Nicholas Loft-house, PhD, and L. Eugene Arnold, MD, MEd, reviews common CAM treatments, such as vitamin preparations, supplements and minerals, special diets, and homeopathic remedies.

Based on the published evidence, the authors make thoughtful recommendations regarding which treatments might be reasonable to have interested patients try, guidelines for who is best suited to these interventions, and when to discourage pursuit of a particular intervention. A concise table summarizes the recommendation status of many of these biomedical or CAM treatments for ADHD.

Finally, Drs. Loftthouse, McBurnett, Arnold, and Hurt, in their article “Biofeedback and Neurofeedback Treatment for ADHD” (see page 42), provide an excellent critical review of the proposed mechanism of action for biofeedback, neurofeedback, and evoked potentials and the procedure for each. The discussion of the extent and quality of the evidence suggests modest effects, with need for more and better designed studies, to fully appreciate for whom and when biofeedback/neurofeedback might be helpful.

All in all, I believe the practitioner who reads this issue on ADHD will feel up-to-date in this area of increasing clinical demand and complexity. There is a tremendous opportunity to provide significant help to people of all ages who are untreated, undertreated, or poorly treated and to identify and thoughtfully work with those who might not be making a good choice in the treatment direction they think they should be heading.

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Dr. Hendren did his residency in general psychiatry at the Mayo Graduate School of Medicine, his child and adolescent psychiatry fellowship at the Yale Child Study Center and he is board certified in General and also Child and Adolescent Psychiatry. He has been on the faculty at the George Washington University School of Medicine, the University of New Mexico School of Medicine, and the University of Medicine and Dentistry of New Jersey-Robert Wood Johnson and N.J. Medical Schools.

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