Behavioral Therapy, Medication, and Dietary Supplements for Treating Attention-Deficit/Hyperactivity Disorder

The first national study to look at behavioral therapy, medication, and dietary supplements to treat attention-deficit/hyperactivity disorder (ADHD) among children ages 4 to 17 showed that less than one half of children with ADHD received behavioral therapy in 2009-2010.

According to the study, which was published in the *Journal of Pediatrics*, among children ages 4 to 17 with ADHD, approximately four in 10 were treated with medication alone, one in 10 received behavioral therapy alone, three in 10 were treated with medication and behavioral therapy, and one in 10 received neither medication nor behavioral therapy. Overall, approximately one in 10 children took dietary supplements for ADHD. In addition, one in two preschoolers ages 4 to 5 with ADHD received behavioral therapy and approximately one in two were taking medication. On average, states with higher behavioral therapy rates had lower medication treatment rates and vice versa. Rates of medication treatment ranged from a low of 57% in California to a high of 88% in Michigan. Rates of behavioral therapy ranged from a low of 33% in Tennessee to a high of 61% in Hawaii. This analysis was from parent-reported data from the 2009-2010 National Survey of Children with Special Health Care Needs.


An estimated 9% of adults in the United States have a history of impulsive, angry behavior and have access to guns, according to a study published in *Behavioral Sciences and the Law*. The study found that an estimated 1.5% of adults report impulsive anger and carry firearms outside their homes.

The researchers analyzed data from 5,563 face-to-face interviews conducted in the National Comorbidity Study Replication, a nationally representative survey of mental disorders in the United States. Participants who owned six or more firearms were more likely than individuals with only one or two firearms to carry guns outside the home and to have a history of impulsive, angry behavior.

However, the study found little overlap between participants with serious mental illnesses and those with a history of impulsive, angry behavior and access to guns. Researchers found that anger-prone individuals with guns were at elevated risk for a range of fairly common psychiatric conditions (e.g., personality disorders, alcohol abuse, anxiety, posttraumatic stress disorder), whereas only a fraction suffered from acute symptoms of major disorders (e.g., schizophrenia, bipolar disorder).

Less than one in 10 angry individuals with access to guns had ever been admitted to a hospital for a psychiatric or substance abuse problem. As a result, most of these individuals’ medical histories would not prevent them from being able to legally purchase guns under existing mental-health–related restrictions.


History of Sexual Assault Linked to Increased Risk of Suicide in Teenagers

A psychologist studying the symbiotic role that sexual assault and obesity play in attempted suicide among teens has found that, although there is no connection between the two, one in three male teens who experiences sexual assault has attempted suicide in the past year.

The study, published in *Suicide and Life Threatening Behavior*, analyzed data from a Youth and Risk Behavior Survey that sampled more than 31,000 teenagers in 2009 and 2011. The research
continued a preliminary study from 2011 that found similar results using a smaller sample of teens. The poll surveyed students ages 14 to 18 and examined whether the two variables influenced suicide attempts within 1 year of the survey.

The study found that 3.5% of healthy-weight boys with no sexual assault history, 3.9% of overweight boys with no sexual assault history, and 33% of boys who were overweight and had a history of sexual assault attempted suicide.

Despite the large sample, the results are culturally loaded, as approximately 20% of students of color left questions surrounding suicide unanswered. Underreporting is common, especially among males and African American students. Future studies should gather more detailed responses on sexual assault and suicide attempts, and examine additional variables, such as body mass index and perceived self-image.

Researchers examined the teenagers’ participation in Alcoholics Anonymous® service activities, such as setting up chairs or making coffee, as a way to facilitate their transition back into the community following treatment and participation in a sober peer group. Service participation during treatment was higher among teenagers with social anxiety and reduced the risk of relapse and incarceration by approximately 50% in the 6 months after treatment. Forty-three percent of teenagers with social anxiety who were not active in service during treatment had the greatest risk of relapse, whereas high helpers with or without social anxiety were less likely to relapse and be incarcerated after treatment.

Researchers recommended a full diagnostic evaluation of teenagers entering addiction treatment who appear to be socially anxious. These evaluations may lead to a definitive diagnosis of social anxiety disorder and an opportunity to treat affected adolescents with medication.

Medication Needed for Individuals With Posttraumatic Stress Disorder and Sleep Problems

Sleep problems—a common condition among military personnel—may increase the risk of developing posttraumatic stress disorder (PTSD) and other mental health conditions, according to RAND Corporation researchers.

The RAND report surveyed approximately 2,000 married service members from all branches of the military to assess how well they were sleeping. Approximately one third reported getting 5 hours or less of sleep per night. Moreover, approximately one half had sleep problems and approximately 33% reported being fatigued at least three or four times per week. A link also existed between sleep problems and an increased risk of PTSD, depression, poorer physical health, and lower operational readiness.

Only two FDA-approved products for PTSD exist, but clinical trials have failed to show a consistent effect in males or military populations, and their use can be limited by side effects. Other anti-anxiety and sleep medicines are often prescribed, but are not ideal due to short-term efficacy and safety concerns. There is an unmet need for a non-habit forming, safe pharmaceutical option.

Researchers examined the teenagers’ participation in Alcoholics Anonymous® service activities, such as setting up chairs or making coffee, as a way to facilitate their transition back into the community following treatment and participation in a sober peer group. Service participation during treatment was higher among teenagers with social anxiety and reduced the risk of relapse and incarceration by approximately 50% in the 6 months after treatment. Forty-three percent of teenagers with social anxiety who were not active in service during treatment had the greatest risk of relapse, whereas high helpers with or without social anxiety were less likely to relapse and be incarcerated after treatment.

Researchers recommended a full diagnostic evaluation of teenagers entering addiction treatment who appear to be socially anxious. These evaluations may lead to a definitive diagnosis of social anxiety disorder and an opportunity to treat affected adolescents with medication.

Attention-Deficit/Hyperactivity Disorder Linked to Binge Eating

Children with attention-deficit/hyperactivity disorder (ADHD) are significantly more likely to have an eating disorder—a loss of control eating syndrome (LOC-ES)—akin to binge eating, a condition more generally diagnosed only in adults, according to results of a new Johns Hopkins Children’s Center study. The findings suggest a common biological mechanism linking the two disorders and the potential for developing treatment that works for both.
Seventy-nine children ages 8 to 14 from the greater Baltimore area were recruited. Every child underwent assessment that included objective measures and interviews. Researchers also incorporated parental reports to help diagnose or rule out ADHD or LOC-ES. In addition, all participants underwent neuropsychological testing to measure how well they were able to control impulses. For example, participants were asked to press a key as soon as a green spaceship appeared on a computer screen, but refrain from pressing a key when a red spaceship appeared. Children with more incorrect responses were deemed to have more deficits in impulse control and vice versa.

Researchers found that the odds of having LOC-ES were 12 times higher for children diagnosed with ADHD compared with children without the disorder. Furthermore, children who were overweight or obese and had LOC-ES had seven times the odds of also having ADHD compared with overweight or obese children without LOC-ES. Children with ADHD and LOC-ES might have a more severe form of ADHD marked by more impulsive behavior that manifests in eating patterns. Alternatively, these children might have a shared underlying risk factor, such as a genetic predisposition to impulsivity.

Although more research is necessary to explain the mechanism behind these findings, clinicians should screen for ADHD and disinhibited eating behaviors, such as LOC-ES.

It is the largest randomized, multicenter trial to evaluate behavioral interventions for ASD.

Researchers randomly assigned 180 children (ages 3 to 7) with ASD to parent training or parent education programs. Programming included 11 sessions of one-on-one therapy, brief coaching, and intervention and homework.

Parent education was designed to control for time and therapist attention, and provided useful information about ASD without providing specific techniques to reduce disruptive behaviors. Although parent ratings of child behavior improved in both groups, the parent training program showed behavior problems were reduced by approximately one half compared to approximately 30% for those in the parent education group.

In addition, a clinician who was blind to treatment assignment reported 70% of children with ASD in the parent training group showed a positive response compared to 40% for parent education. Seventy-nine percent of children who showed positive response to parent training intervention at week 24 maintained improvement 6 months after treatment.

Reducing Disruptive Behavior in Children With Autism Spectrum Disorder

For children with autism spectrum disorder (ASD), serious disruptive behavior interrupts daily functioning and social skills development, limits their ability to benefit from education and speech therapy, and can increase social isolation and intensify caregiver stress. Researchers conducted a 24-week parent training study, published in the Journal of the American Medical Association, designed to effectively reduce serious behavioral problems in children with ASD.


Federal Agency Names New Evidence-Based Practice

The Substance Abuse and Mental Health Services Administration (SAMHSA) added the practice of assisted outpatient treatment (AOT) to the National Registry of Evidence-Based Programs and Practices (NREPP).

AOT provides court-ordered treatment in the community to individuals with serious mental illness and a history of treatment nonadherence, and commits service providers to delivering appropriate care to the most high-risk, high-need individuals. The federal agency added outpatient commitment to NREPP after an independent assessment concluded the program met its requirements for demonstrating positive outcomes in multiple rigorous peer-reviewed studies.

SAMHSA’s designation follows recognition of AOT by the U.S. Department of Justice, whose Office of Justice Programs deemed it an effective and evidence-based practice for reducing crime and violence in 2012.


Reducing Disruptive Behavior in Children With Autism Spectrum Disorder

For children with autism spectrum disorder (ASD), serious disruptive behavior interrupts daily functioning and social skills development, limits their ability to benefit from education and speech therapy, and can increase social isolation and intensify caregiver stress. Researchers conducted a 24-week parent training study, published in the Journal of the American Medical Association, designed to effectively reduce serious behavioral problems in children with ASD.


doi:10.3928/02793665-20150720-44