

A randomized controlled trial of cognitive behavioral therapy for ADHD in medication-treated adolescents

Commentary by Dr. Margaret Weiss: Empirical support for a much needed intervention!

A randomized controlled trial of cognitive behavioral therapy for ADHD in medication-treated adolescents

Sprich, S. E., Safren, S. A., Finkelstein, D., Remmert, J. E. and Hammerness, P. [Journal of Child Psychology and Psychiatry](#). (2016)

Abstract

Objective: To test cognitive behavioral therapy (CBT) for persistent attention-deficit hyperactivity disorder (ADHD) symptoms in a sample of medication-treated adolescents.

Methods: Forty-six adolescents (ages 14–18), with clinically significant ADHD symptoms despite stable medication treatment were randomly assigned to receive CBT for ADHD or wait list control in a cross-over design. Twenty-four were randomized to CBT, 22 to wait list, and 15 crossed-over from wait list to CBT. A blind independent evaluator (IE) rated symptom severity on the ADHD Current Symptom Scale, by adolescent and parent report, and rated each subject using the Clinical Global Impression Severity Scale (CGI), a global measure of distress and impairment. These assessments were performed at baseline, 4-months (post-CBT or post wait list), and 8-months (post-treatment for those originally assigned to the wait list condition and 4-month follow-up for those originally assigned to CBT). [Trial Registration](#)

Results: Using all available data, mixed effects modeling, and pooling for the wait list cross-over, participants who received CBT received a mean score 10.93 lower on the IE-rated parent assessment of symptom severity (95% CI: -12.93, -8.93; $p < .0001$), 5.24 lower on the IE-rated adolescent assessment of symptom severity (95% CI: -7.21, -3.28; $p < .0001$), and 1.17 lower IE-rated CGI (95% CI: -1.39, -.94; $p < .0001$). Results were consistent across 100 multiple imputations (all $p < .0001$). There was a greater proportion of responders after CBT by parent (50% vs. 18%, $p = .00$) and adolescent (58% vs. 18% $p = .02$) report.

Conclusions: This study demonstrates initial efficacy of CBT for adolescents with ADHD who continued to exhibit persistent symptoms despite medications.

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* Abstracts are selected for their clinical relevance by Dr. Margaret Weiss MD PhD FRCP, Weiss Clinic for ADHD Care, Clinical Professor of Psychiatry, University of British Columbia, Vancouver, BC. Her commentary reflects her own opinion.