ATTENTION DEFICIT DISORDERS

METHYLPHENIDATE, ADD, AND CLASSROOM PERFORMANCE

The degree to which methylphenidate (MPH) normalized the classroom behavior and academic functioning of 31 children with attention deficit disorder (ADD) was evaluated at Lehigh University, Bethlehem, PA. Children received each of four doses (5, 10, 15, and 20 mg) of MPH and a placebo following baseline measures. In a 6-week double-blind, controlled trial, children with ADD were compared with 25 normal children using teacher ratings of social conduct, direct observations of on-task behavior, and academic efficiency. When analysed as a group, ADD children during treatment with MPH showed 46 to 65% improvements in attention, academic efficiency, and conduct ratings. Doses of 10 - 20 mg were most effective. Significant reductions in day-to-day variability and improved consistency in attention occurred at the 20 mg dose level. Examined individually, 75% of ADD children were responsive to MPH. (DuPaul GI, Rapport MD, Does methylphenidate normalize the classroom performance of children with attention deficit disorder? I Am Acad Child Adolesc Psychiatry Jan 1993: 32: 190-198). (Reprints: Dr DuPaul, School Psychology Program, Lehigh University, 111 Research Drive, Bethlehem, PA 18015).

COMMENT. These results complement some previous studies by showing that academic efficiency on a daily basis is consistently and significantly enhanced by MPH in a large proportion of treated ADD children. The 25% of children who did not respond would require ancillary classroom interventions and/or alternative therapies. Short-term gains may not translate to long-term improvements, and a multifaceted approach is often emphasized. However, a multimodal intervention program, using behavioral parent training and child self-control instruction in addition to medication, failed to provide greater maintenance of treatment gains than MPH alone, at 9-month follow-up after termination of all treatments. (lalongo NS et al. <u>I Am Acad Child</u> Adolesc Psychiatry Jan 1993; 32: 182-189).

ADDH children and adolescents, with and without comormid factors, were responsive to desipramine (4 to 5 mg/daily) in a 6-week randomized, double-blind, placebo controlled trial in 62 children and adolescents evaluated at the Massachusetts General Hospital, Boston. Significant improvements in ratings were observed in patients with ADDH alone and in those with comorbid conduct disorder, major depression, or an anxiety disorder. Response of ADDH was not accounted for by improvements in the comorbid factors. (Biederman J et al. <u>LAM Acad Child Adolesc Psychiatry</u> Jan 1993; <u>32</u>: 199-204).