

# Treat ADHD Early to Avert Substance Abuse Issues

BY SHARON WORCESTER  
Southeast Bureau

MIAMI BEACH — The risks of not treating attention-deficit hyperactivity disorder are far greater than the risks of treating the disorder, Dr. David Goodman reported at the annual meeting of the American Society for Adolescent Psychiatry.

ADHD persists into adulthood in about 50% of cases, and adults who present with previously untreated ADHD often present with comorbid psychiatric disorders and substance abuse disorders. Preventing these problems early by treating ADHD is far more effective and cost effective than attempting to treat them later, said Dr. Goodman of Johns Hopkins University, Baltimore.

Smoking and substance abuse, sexual activity and related risks, and driving accidents have specifically been shown to be reduced by ADHD treatment.

Studies show that compared with treated ADHD, untreated ADHD is associated with greater risk of smoking at age 11 years and greater risk of substance abuse at age 13. Preventing smoking in children with ADHD is important, because it has been linked with increased risk of drug and alcohol abuse. In a study of 100 ADHD patients and 200 controls, ADHD smokers were shown to have a significantly higher rate of alcohol and drug abuse, Dr. Goodman noted at the meeting, which was cosponsored by the University of Texas at Dallas.

Also, some opponents of treating ADHD argue that misuse and diversion of medication is “rampant,” but research does not bear this out, he said.

In a survey of more than 13,000 high school students, 9% said they had used nonprescribed stimulants, 15% of those who had been prescribed stimulants had

given them away, and 13% who had been prescribed stimulants had sold them.

This is a problem that deserves careful consideration when prescribing, but it is not “rampant,” Dr. Goodman said, explaining that the risks of substance abuse in ADHD patients who are not treated outweighs the risk of such misuse and diversion of prescribed medications.

In fact, one study with 5-year follow-up showed that the risk for substance abuse in untreated patients was 75%, compared

with 25% in treated patients—a rate not significantly different from that in the general population. And a metaanalysis of seven studies with a total of about 1,000 patients demonstrated that at 4-year follow-up, there was a twofold higher risk of developing substance abuse in untreated vs. treated ADHD patients. The risk was reduced twofold in treated patients. A third study showed no increased risk at ages 15-21 in treated patients.

“Treating is not a gateway to drug

abuse, and we need to convey that to parents,” Dr. Goodman said.

Untreated ADHD also has been linked with greater likelihood of being sexually active and becoming pregnant by age 15.

Untreated patients generally have intercourse earlier, and have more sexual partners, which leaves them at fourfold increased risk of sexually transmitted diseases, according to at least one study.

In a birth registry study of 160 ADHD patients and 76 controls, there were 43

## Who Will Grow Out of It?

At least a dozen longitudinal studies show that ADHD persists past age 18 in about half of all cases.

Clinicians can no longer tell parents that their children will definitely grow out of ADHD, but it also is not necessary to shrug one's shoulders and say that only time will tell if the child will grow out of it. Family history can help identify children whose conditions might persist, Dr. Goodman said.

The data suggest that if a parent has ADHD and a child has ADHD, the child has a high likelihood of having adult ADHD. If the parent had ADHD but no longer has ADHD, the child is likely to grow out of it.

Other factors associated with increased risk of persistent ADHD include living in a chaotic and tumultuous environment, and having comorbid psychiatric conditions, Dr. Goodman noted.



**TR** Metabolic Disorders

1. Wortmann RL, Kelley WN. Gout and hyperuricemia. In: Harris ED Jr, Budd RC, Genovese MC, et al, eds. *Kelley's Textbook of Rheumatology*. 7th ed. Philadelphia, Pa: Elsevier Saunders; 2005:1402-1429. 2. Roberts LJ, Morrow JD. Analgesic-antipyretic and antiinflammatory agents and drugs employed in the treatment of gout. In: Goodman

pregnancies, of which 42 were to adolescent ADHD mothers. Fewer than half maintained custody of their children, Dr. Goodman noted.

Driving also is a problem in untreated ADHD adolescents. At age 17, children with untreated ADHD begin having car accidents, and multiple accidents are not uncommon, as shown by several studies, including driving simulation tests of treated and untreated patients. National Highway Safety Data also show that ADHD is a significant contributor to motor vehicle accidents.

In fact, the risk of a fatal car accident is far greater than the risk of a patient dy-

ing from taking an ADHD drug, Dr. Goodman said.

Other risks associated with untreated ADHD include dropping out of high school and college. Increased high school dropout rates are seen in untreated ADHD at around age 17, and at ages 19-20, those who have made it to college are at greater risk of dropping out.

"Adolescent untreated ADHD is not a benign exercise," Dr. Goodman said. "We're not supposed to stick our heads in the sand and cross our fingers and pray to God that our children will come out of it at the other end of that adolescent tunnel. It's a very, very dark cave." ■

## CBT Protocol Eases Anxiety Symptoms in 4- to 7-Year-Olds

BY DAMIAN McNAMARA

Miami Bureau

MIAMI — A cognitive-behavioral therapy program designed for children aged 4-7 years significantly improves anxiety symptoms over 6 months, according to a randomized, controlled trial.

Many pediatric cognitive-behavioral therapy (CBT) programs are geared to-

ward older children and teenagers. The typical age range is between 8 and 14 years, for example. "But anxiety disorders have an earlier onset than age 8," Dina R. Hirshfeld-Becker, Ph.D., said in an interview at her poster at the annual conference of the Anxiety Disorders Association of America.

"People thought for a while that CBT was not suitable for younger children. They thought kids did not have enough perception into their cognition and would not be compliant enough with their homework," said Dr. Hirshfeld-Becker, director of anxiety research in the pediatric psychopharmacology program at Massachusetts General Hospital, Boston.

However, the findings of this study counter that perception. Dr. Hirshfeld-Becker and her associates assessed 65 children. All but one had a DSM-IV anxiety disorder; the other child was at high risk for anxiety. A total of 71% had multiple anxiety diagnoses. More than half of the children had a parent with an anxiety disorder, and 20% had comorbid oppositional defiant disorder. Mean age was 5 years, 54% were female, 80% were white, and 88% came from intact families.

The researchers randomized 35 participants to CBT treatment—up to 20 sessions over 6 months—and an additional 30 to a monitoring-only group as a control. The CBT protocol is called "Being Brave: A Program for Coping With Anxiety," adapted from the Coping Cat program for children aged 8-13 years developed by Philip C. Kendall, Ph.D., at Temple University in Philadelphia. The first six sessions are a parent-only module, in which parents learn anxiety management and how to coach their children to cope in feared situations. A child-parent module for an additional 8-13 sessions incorporates effective techniques for preschoolers with phobia analogs, in vivo exposure, modeling, and reinforced practice. A final session for parents is designed to maintain gains and continue progress.

"We teach relaxation exercises and coping self-statements like, 'I'm a brave boy,' and that can help," Dr. Hirshfeld-Becker said. All attempts at success are rewarded, for example, with stickers or extra time with the parent. "We do graded exposure therapy, but we make it fun."

A total of 58 children completed the study. At 6 months, a blinded clinician rated 70% of the 30 CBT completers as having much or maximal improvement on global ratings of improvement for anxiety compared with 32% of the 28 control group completers. An intent-to-treat analysis yielded similar findings: 60% achievement with CBT, vs. 30% for controls.

"I was happy the improvement rates they showed were comparable to CBT protocols in older kids," Dr. Hirshfeld-Becker said.

Initially, parents were concerned with the graded exposure, Dr. Hirshfeld-Becker said. "Parents might expect the kid will suffer, but they come to respect their children when they show resiliency." The protocol helped parents too, she added. "The parents tended to benefit as well as the child." ■

### Are you just treating the symptoms of gout?

- The underlying cause of gout is hyperuricemia—a chronic, metabolic disease
- Dietary restrictions alone are not usually adequate to manage hyperuricemia<sup>1</sup>
- Pain management with antiinflammatory drugs may block the inflammatory response, but does not address the underlying disorder<sup>2,3</sup>
- Over time, serum uric acid levels maintained at less than 6 mg/dL with continuous urate-lowering therapy can reduce the risk of gout attacks and disease progression<sup>1,3</sup>

To learn more about managing hyperuricemia and gout, visit

[www.GoutFacts.com](http://www.GoutFacts.com)