Different Treatments, Different Results!
Are We Really Treating ADHD Effectively?

The Multimodal Treatment of ADHD (MTA) study is a landmark large-scale study comparing four different ADHD treatment approaches. The results of the MTA study are often used to guide school and community practitioners in treating ADHD. The results are complex and are often misinterpreted by the media and others.

Who participated?
Boys and girls ages 7 to 10 years who underwent an extensive diagnostic assessment to assure that they qualified for the diagnosis of ADHD and that they were otherwise appropriate for the study (e.g., children with mental retardation or severe mental or physical illnesses were excluded).

What treatments were compared?
- **Intensive Medication Management.** Children were treated with state-of-the-art medication management that relied on intensive daily feedback from parents and teachers. Medication type and dosage were selected after a 28-day trial that involved switching among four different doses of medication. Experts then used daily feedback from parents and teachers to select the ideal medication dosage. Medication monitoring included collaboration with parents and schools that continued on a regular basis throughout the study. This intensive treatment bears little resemblance to typical medication treatment received by most children.
- **Intensive Behavioral Treatment.** This included parent training, school-based intervention, and a summer camp treatment. Each service was provided intensively early in the study and phased out towards the end of the study. When the results were evaluated, children and parents were no longer receiving behavioral treatment.
- **Combined Intensive Treatments.** This included a combination of the Intensive Medication Management and Intensive Behavioral Treatments. When the results were evaluated, children were still receiving medication but not behavioral treatment.
- **Routine Community Care.** Children in this group received whatever interventions their regular doctors recommended. Most children received medication only, which is the treatment the majority of U.S. children receive. Results of this treatment group most accurately reflect the effectiveness of typical ADHD treatment.

What did the MTA Study find?
- Routine community care was the least effective treatment.
- Children receiving routine community care showed little improvement.
- Although intensive medication treatment was most successful in reducing specific ADHD symptoms (e.g., hyperactivity, inattention), it did not lead to improvements in other areas (e.g., academic, social).
- The combination of intensive medication and behavioral treatment had the greatest results overall.
- Among children who had never been medicated, behavioral treatment had the highest degree of success.
- Children with both ADHD and anxiety responded better to behavioral treatment.
- Parents were most satisfied with behavioral and combined treatments.
- Children in the combined intensive treatments group required less medication to show significant improvement.

What are the limitations of the MTA Study?
- The method used to compare medication and behavior treatments favored medication because medication was continued for the entire 14 months and behavioral treatment ended much sooner.
- Only results from the Routine Community Care treatment group can be generalized. The other treatments are not naturally occurring and most children never receive such rigorous care.

What does the MTA Study suggest to parents, schools, and providers?
- The ADHD treatment that children typically receive (routine community care) is not very effective.
- When parents, schools, and providers collaborate, medication treatment is more successful.
- Cooperation among parents, schools, and providers is essential for optimal behavioral treatment.
- Combining medication and behavioral treatment increases parental satisfaction and limits the need for higher doses of medication.
- Much work needs to be done to ensure that children are effectively treated for ADHD. This work will require collaboration among parents, educators, and health care professionals.


SHINE is a community coalition that was coordinated through the Department of Pediatrics and the Center for Pediatric Research at Eastern Virginia Medical School and Children’s Hospital of The King’s Daughters. Email: glefever@regent.edu.