

# Parents' goals guide ADHD treatment choice

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Therapy may be more successful when decision-making is shared, researcher suggests.

(HealthDay)—Parents' goals for treating their child's attention-deficit hyperactivity disorder (ADHD) tend to steer the treatment in a distinct direction, new research shows.

When parents' main concern was their child's academic performance, they often chose medications as the [treatment](#) of choice, but if parents were more worried about their child's behavior they tended to opt for behavioral therapy as an initial treatment.

"If clinicians can bring evidence to parents, and parents can share their values and goals with their child's doctor, the decision-making process can be easier and it's likely to yield better outcomes," said the study's author, Dr. Alexander Fiks, an assistant professor of pediatrics at Children's Hospital of Philadelphia and the University of Pennsylvania.

Still, Fiks said he was surprised that the treatment choices were so distinctly divided. "I don't know that I expected the choices to be so clear-cut," he said.

Results of the study were published online Sept. 2 and in the October print issue of the journal *Pediatrics*.

ADHD is a common brain disorder, according to the U.S. National Institute of Mental Health (NIMH). Symptoms include an inability to pay attention or focus, being easily distracted, frequent daydreaming, trouble concentrating, difficulty completing schoolwork, talking all the time and an inability to sit still for long periods, according to the NIMH.

Treatment for ADHD may include medications, behavioral therapy or both, according to the NIMH.

"Both medication and [behavior therapy](#) are considered first-line treatments for children between the ages of 6 to 12, and many people will suggest a multi-modal treatment. But, families often start out with one treatment or the other. If you don't do well with the first-line treatment, you should try the other," explained Dr. Andrew Adesman, chief of developmental and [behavioral pediatrics](#) at the Steven and Alexandra Cohen Children's Medical Center of New York in New Hyde Park.

For his study, Fiks and his colleagues recruited 148 parents or guardians of children between the ages of 6 and 12 who had been diagnosed with ADHD. Fiks said that they accepted parents of children who were already receiving treatments, as well as those just choosing a treatment for the first time. However, they did exclude parents of children who were already receiving a combination of medications and behavioral therapy.

The researchers developed and validated the ADHD Preference and Goal Instrument, a tool to measure the preferences and goals of parents of children with ADHD.

If parents were most concerned about their child's performance at school, they were more than twice as likely to choose medications as their child's first treatment. If, on the other hand, a parent was most concerned with the behavioral problems associated with ADHD, that parent was 60 percent more likely to choose behavioral therapy for their child.

After six months, the parents of the children who had initiated their treatment of choice had lower academic and behavioral goals. "If the goals are a little less strong, those parents may be more likely to have met their goals," said Fiks.

"Our findings highlight the importance of talking about goals. If people feel like they've been heard and valued, they feel like the treatment is working toward something they care about," noted Fiks.

"This approach could help with conditions like asthma, where there are multiple treatments. Starting with a family's goals could really be a big innovation in care," said Fiks.

Like Fiks, Adesman said he was "surprised to see such a distinct delineation with treatment choices."

He said he was particularly surprised that parents of children with behavior issues were more likely to choose behavioral therapy. While behavior therapy is effective, he said, it requires multiple appointments and can take a little bit longer to bring about a change in behavior.

"These are often the parents I find more receptive to medication," he

added.

Fiks thought that parents might see behavior problems as distinct from medical problems. "When parents think about behavior problems as non-medical, then non-medical treatments might seem more acceptable," he noted.

Both experts thought that involving the parents in the decision-making would likely lead to more parent participation in the chosen treatment, which could improve treatment outcomes.

"This study drives home the importance of soliciting family preferences around treatment options, and pediatricians would be well-advised to engage [parents](#) and try to elicit any treatment preferences and biases they may have," said Adesman.

**More information:** Learn more about available ADHD treatment options from the [U.S. Centers for Disease Control and Prevention](#).

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