

ADHD medications linked to reduction in psychiatric hospitalizations

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For adolescents and adults with attention-deficit/hyperactivity disorder (ADHD), the use of ADHD medications is associated with fewer psychiatric and nonpsychiatric hospitalizations, according to a study published online March 20 in *JAMA Network Open*.



Heidi Taipale, Ph.D., from the Karolinska Institutet in Stockholm, and colleagues examined the association between use of specific ADHD medications and hospitalization outcomes and work disability in a nationwide register-based cohort study involving adolescents and adults with ADHD during 2006 to 2021. The study cohort included 221,714 persons with ADHD.

The most commonly used ADHD medication was methylphenidate, followed by lisdexamphetamine (68.5 and 35.2 percent). The researchers found that amphetamine, lisdexamphetamine, ADHD drug polytherapy, dexamphetamine, and methylphenidate were associated with a reduced risk for psychiatric hospitalizations (adjusted hazard ratios, 0.74, 0.80, 0.85, 0.88, and 0.93, respectively). There were no associations seen for modafinil, atomoxetine, clonidine, or guanfacine. Use of dexamphetamine, lisdexamphetamine, and methylphenidate was associated with a reduced risk for suicidal behavior (adjusted hazard ratios, 0.69, 0.76, and 0.92, respectively). Amphetamine, lisdexamphetamine, polytherapy, dexamphetamine, methylphenidate, and atomoxetine were associated with a reduced risk for nonpsychiatric hospitalization. Regarding work disability, the results were only significant for use of atomoxetine (adjusted hazard ratio, 0.89), especially for those aged 16 to 29 years (adjusted hazard ratio, 0.82).

"Considering the high prevalence of psychiatric comorbidity in persons with ADHD, these results suggest that ADHD medication use can reduce morbidity in <u>adolescents</u> and adults with ADHD," the authors write.

Several authors disclosed ties to the <u>pharmaceutical industry</u>.

More information: Heidi Taipale et al, Attention-Deficit/Hyperactivity Disorder Medications and Work Disability and Mental Health Outcomes, *JAMA Network Open* (2024). DOI: 10.1001/jamanetworkopen.2024.2859



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