More and better should be done to guarantee evidence-based management of ADHD in children across Europe

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Dear Editor,

In their July issue paper, Hodgkins et al. concluded that “European patients may benefit from better standardization of ADHD management across countries and additional treatment options” [2].

According to science and human rights, all management should be appropriate, evidence-based, and up-to-date, and all patients should be guaranteed the best available treatment. Thus, “better standardization” and “additional treatment options” refer to a limited retrospective study that was also potentially dated.

The broad, discretionary criteria in sampling both physicians and patients consistently affected results, leading to imbalance within and between countries. For example, despite the study's selection of “physicians with ADHD expertise,” 15 % of patients in the Netherlands and 24 % in UK received a diagnosis of ADHD without either of the two main diagnostic criteria (ICD-10 or DSM-IV).

Starting therapy, duration, and intensity/dosage were not reported. The authors' comments concerning therapy switch, satisfaction, outcome, and treatment management are thus not supported by adequate analyses. Authors reported, for example, that symptom control was strongest in patients receiving long-acting methylphenidate (36 %) and weakest in patients receiving behavioral therapy (BT) (only 16 %), but duration and intensity should be considered in BT.

Another important bias of the study is the long follow-up period (2–5 years), knowing that ADHD symptoms are affected by the duration and type of treatment [3].

Since only 34.5 % of included patients were treated with a combination of pharmacotherapy and BT, according to NICE guideline recommendations [4], only 30.8 % of patients would be expected to show “complete symptom control.”

Lastly, the profile of ADHD management resulting from this study is completely different from the Italian reality [1, 5].

One of the acknowledged needs of ADHD patients is effective evidence-based interventions, and this can be achieved through (useful) data collection, assessment of prevalence, case identification, and outcome measurements. This work does not seem to contribute to this aim.

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