Biederman J, Monuteaux MC, Spencer T, Wilens TE, Faraone SV. Do subsequent substance misuse. Biederman childhood was associated with a reduction in the risk for participants (63%) received prescribed stimulant drugs, but the findings provide evidence of high comorbidity of antisocial behaviours associated with ADHD, drawing attention to the long-term outcomes of the disorder. Yet, in my opinion, additional information needs to be clarified regarding the findings.

The authors showed that medication use was not significantly associated with conduct disorder diagnosis or other antisocial behaviours. However, this interesting result was not discussed in detail in the article. What I am interested in is whether medication could reduce the risk of developing psychiatric diseases. Recently, studies have shown that treatment with stimulant drugs for ADHD could reduce the risk for some psychiatric disorders. In a systematic review, Wilens et al reported that medication in childhood was associated with a reduction in the risk for subsequent substance misuse. Biederman et al showed that stimulant treatment of youths with ADHD decreased the risk for depressive and anxiety disorders and disruptive behaviour later in life. Both studies indicate that medication can benefit psychiatric outcomes. In Langley et al’s study, most of the participants (63%) received prescribed stimulant drugs, but the psychological outcomes were not optimistic regarding the prognosis of conduct disorder. Does this result suggest that medication is not beneficial for children with ADHD in the long term? What can account for it? In addition, why did children who were prescribed medication have more ADHD symptoms than those no longer using medication? 1


Does medication benefit the long-term psychiatric outcomes of children with ADHD?

Langley and colleagues 1 reported 5-year follow-up outcomes of young children with attention-deficit hyperactivity disorder (ADHD) and the maternal and social factors related to the prognosis. The findings provide evidence of high comorbidity of antisocial behaviours associated with ADHD, drawing attention to the long-term outcomes of the disorder. Yet, in my opinion, additional information needs to be clarified regarding the findings.

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Authors’ reply: We agree that the influence of prescribed medication on the long-term psychological outcomes associated with ADHD is an interesting and important area of research. However, we regret that our study is not best placed to address these issues.

Our study utilised a naturalistic design, identifying children recently diagnosed with ADHD through child and adolescent mental health services and paediatric clinics in the UK. As such, no restrictions or controls were placed on the prescription or continuation of stimulant medication in this group. To adequately test the questions posed by Dr Yang, specifically designed trials are required – well beyond the scope of our article.

Our findings indicated that prescription of medication at follow-up was associated with higher rates of ADHD symptoms, but not with the other psychological outcomes we assessed (including conduct disorder and substance use). Because our study does not provide sufficient data on stimulant use over time and because the majority (90%) were prescribed stimulant medication at some point, we did not expand further on the reasons for these findings, nor can we speculate on why those prescribed medication at follow-up had more ADHD symptoms.

We are therefore grateful to Dr Yang for highlighting this important area for research, but regret that we cannot address these queries using our data.