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Child/Adolescent Psychiatry

Telepsychiatry effective for ADHD treatment in rural areas

By: NASEEM S. MILLER, Clinical Psychiatry News Digital Network

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VITALS

Major finding: During the 22 weeks of the study, children who received telemental health improved

ORLANDO – Telepsychiatry in rural areas is beneficial for children with attention-deficit/hyperactivity disorder and their parents, according to one of the largest randomized controlled trials of its kind.

During the 22 weeks of the study, children who received telemental health (TMH) improved significantly in ADHD inattention and hyperactivity, oppositional defiant disorder, school performance, and adaptive functioning, based on the ratings provided by their parents.

The study is yet another piece of evidence that telemedicine can play a role in closing the mental health gap.

"Our study shows that with modern technology, we have the opportunity to reach out to underserved areas and provide care," said Dr. William P. French of the University of Washington, Seattle. "And the care is good care and can improve the health of the patients at least as well as the local



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significantly in attention-deficit/hyperactivity disorder inattention and hyperactivity, oppositional defiant disorder, school performance, and adaptive functioning.

Data source: The results are based on 223 English-speaking children aged 5.5-12 years with ADHD, along with their parents, who were recruited from local primary care practices in seven rural areas in Washington and Oregon between November 2009 and August 2012.

Disclosures: The study was supported by the National Institute of Mental Health. The researchers said they had no relevant financial disclosures.



Dr. William P. French

providers."

Dr. French and his colleagues used the Children's ADHD Telemental Health Treatment Study, or CATTs, to assess the impact of telemental health on children's inattention, hyperactivity, opposition, school performance, and impairment. They also evaluated the telepsychiatrists' and therapists' adherence to evidence-based treatment protocols implemented within the TMH model.

[CATTs](#) includes 223 English-speaking children aged 5.5-12 years with ADHD, along

with their parents. The children were recruited from several local primary care practices in seven rural areas in Washington and Oregon between November 2009 and August 2012.

The children were randomly assigned to two groups. Group A, or the intervention group, received six teleconferencing sessions over a 22-week period. Their medication and education were delivered via videoconferencing by a child and adolescent psychiatrist. Their parents' behavior training, which also occurred in six sessions, was provided in person by a community therapist. The local therapists already had been trained in treatment protocols and were supervised remotely.

Group B, or the active control group, received one video conferencing session with the child and adolescent psychiatrist, who gave the primary care providers treatment recommendations. For the rest of the trial period, this group received the standard of care, which was mainly treatment by their primary care provider.

The primary outcome included the [Vanderbilt ADHD Rating Scales](#) (VADRS) and the Columbia Impairment Scale-Parent Version (CIS-P), both of which were filled out by parents. Teachers assessed the ADHD and oppositional defiant disorder symptoms using VADRS.

Assessments were conducted at baseline, 4, 10, and 19 weeks, and at 25 weeks post randomization.

Results showed that during the 22 weeks, children receiving TMH had significantly better responses than the control group, the researchers found. Their parent-rated ADHD inattention and hyperactivity, oppositional defiant disorder, school performance, and adaptive functioning improved, as did their teacher-rated ADHD inattention and

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| Mar 12 - 15 San Francisco, CA | American Psychosomatic Society (APS): Annual Scientific Meeting |
| Mar 14 - 17 Orlando, FL | American Association for Geriatric Psychiatry (AAGP): Annual Meeting |
| Mar 26 - 29 Chicago, IL | American Academy of Clinical Psychiatrists (AACCP): Psychiatry Update 2014 |
| Mar 27 - 30 Chicago, IL | Anxiety and Depression Association of America (ADAA): Annual Conference |
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school performance.

However, no effect was shown in the teacher-rated hyperactivity or oppositional defiant disorder. Dr. French said this could be attributable to the contextual demands of school versus home, or a change in teacher with kids moved to the next grade during the study period.

The study also showed that telepsychiatrists and therapists adhered to the evidence-based treatment protocols more than 90% of the time. Researchers said that TMH can be effective in training community therapists in evidence-based treatment behavioral management.

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