Plurality of methods **instead of** therapeutic **simplemindedness** in **children diagnosed with attention deficit hyperactivity disorder with or without hyperactivity - long-term results after 10 years**

von Ammon K, Kretschmar S, Frei H, Sauter U, Frei-Erb M

Institute of Complementary Medicine IKOM, University of Bern, Imhoof-Pavillon, Inselspital, CH-3010 Bern, Switzerland

UNIVERSITÄT BERN

Medizinische Fakultät

Institut für Komplementärmedizin IKOM

Background

In neuropsychiatry, attention deficit hyperactivity disorder without or with hyperactivity (ADD/ADHD) is one of the most prevalent diagnosis in childhood and adolescence. Stimulant medication is the preferred option in multimodal therapeutic regimen. Twenty-five percent drop-outs due to adverse events call for alternative therapeutic modalities[1].

Aim

Long-term follow-up (10 years) assessment of different therapeutic approaches in children and adolescents with ADD/ADHD.

Method

Thirty-nine (39) patients not included in the cross-over phase of the Bern ADHD study (Group A, n=62[2].) were classified into three diagnostic and therapeutic groups: (B) ADD/ADHD diagnosis and individual homeopathic treatment with Conners' Global Index (CGI) improvement > 50% (n=12), (C) ADD/ADHD diagnosis and homeopathic treatment with CGI improvement < 50% (n=13), (D) not all ADD/ADHD criteria fulfilled according to DSM-IV[3] and various treatments (n=14). Clinical results were monitored with Conners' Global Index Questionnaire (CGI), and open questions of a self-designed questionnaire or telephone interviews. They are analyzed by descriptive methods.

Recruitment, Group Allocation (Fig.1)

140 families took interest due to lectures
39 kids don't fulfill AD(H)D dx at all
14 don't fulfill all of DSM[3] criteria (grp D)
87 fulfill ADD/ADHD criteria completely
4 pilot study participants (part of grp B)
13 with CGI improvement < 50% (grp C)
70 (84%) with CGI improvement > 50%
5 refuse RCT participation (part of grp B)
3 fulfill RCT criteria too late (part of B)
62 begin, 58 finish RCT; 4 drop-outs[2]
56 with 10-years follow-up (6 drop-outs)[4]

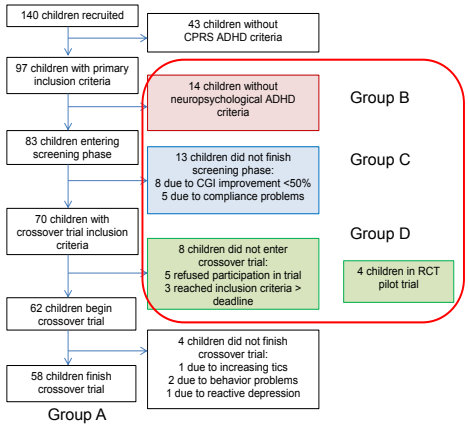

Fig. 1
Recruitment, patient flow and group B-D allocation (marked in red, adapted from[2])

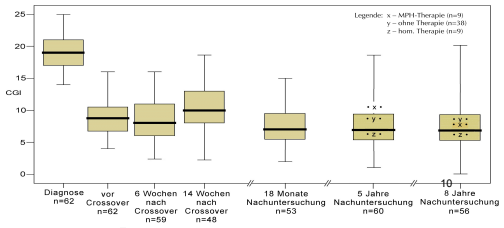

Fig. 2
CGI development (Group A) before treatment start and during follow-up

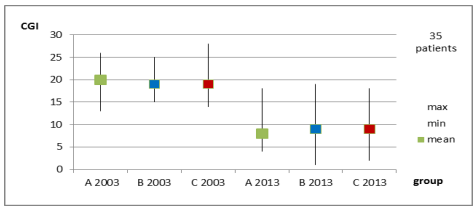

Fig. 3
CGI development (Groups B-D) before treatment start and during follow-up

Acknowledgements:
Sincere thanks to all children and families, who were able to tolerate up to 12 weeks of re-aggravation in RCT crossover phases, **and donators:** Gertrude von Meissner Foundation, Basel; software AG, Darmstadt; Hans Eggenberger Foundation, Zürich; SNE-Foundation (Promotion Award 2001), Solothurn, Foundation Homéopathique Pierre Schmidt, Genève; PanMedion Foundation, Zürich; 5x1 Promotion Award for Complementary Medicine (2011), Bern; Max Thiedemann Award (Heiner Frei, 2009) Koblenz; Karl und Hilde Holzschuh Foundation (Promotion Award 2008), Karlsbad; Spagyros, Gümligen; IHAMB Research Award (Sandoz, 2013), Basel; Gudjons Laboratories, Stadtbergen; Swiss Federal Railways (SBB), Head Office, Bern.

Results (Figs. 2,3):

After 10 years, in 56/62 (90%) individuals of Group A, mean CGI difference between diagnosis and last follow-up was 11 points (56%): 19 (range 15-25) vs. 8 (2-17) points. Actually, 9 (14%) patients each have homeopathic or methylphenidate (MPH) treatment, 2/11 patients (11%) with primary stimulant medication have still MPH treatment. In 38 (62%) individuals, treatment is finished. – In 35/39 individuals (90%) of groups B-D, the respective mean CGI difference was 11 points, too: 20 (range 14-28) vs. 9 (1-19) points (group B: 61%, groups C and D: 53% each). With MPH treatment (n=22, 63%), 18 patients (82%), with individual homeopathy (n=29, 83%) improved 17 patients (59%) more than 50% in CGI score; 7 of these patients each were treated with both therapies. In 23/35 individuals (60%), treatment is finished, 12 patients are still on medication: 9 with MPH, 2 with homeopathy and 1 patient with both therapies. In three patients each with MPH or homeopathic treatment, medicaments were not successful enough, one patient has to take antidepressants. Three patients each had and still have MPH medicines with improvement of 40%. – In concordance with CGI values, 25/35 probands (80%) rated their condition as better. Seven (7) probands rated themselves as equal, despite actual CGI values higher than 14 points and CGI difference to base line values is more than 9 (10-14) points, indicating approximately 50% improvement.

Conclusion

Individual homeopathic therapy seems to have similar results compared to MPH therapy, and avoids adverse events of stimulant therapies. Subjective symptoms' perception is different from external evaluation in 20% of patients. In 23 young adults (66%), treatment is finished successfully.

References:
1. Frei H, Thurneysen A: Treatment for hyperactive children: homeopathy and methylphenidate compared ... Brit J Homeop (2001) 90: 183-8
2. Frei H et al: Homeopathic treatment of children with attention deficit hyperactivity disorder: … Eur J Pediatr (2005) 164: 758-67
3. American Psychiatric Association (APA). Diagnostic and Statistical Manual of Mental Disorders, 4th ed. (DSM-IV), Washington (DC), APA, 1994
4. von Ammon K, et al.: Long-term follow-up and costs in classical homeopathic treatment of children with ADHD … (prepared for publication)

klaus.vonammon@ikom.unibe.ch