

### Inside this Issue

Study Update I
Recent Findings
from the MTA
Study

Kat Belendiuk's
visit to 2
Antarctica

Sudoku Puzzle 4

ADHD: 5
The Positive Side

CHADD Chapter #477 Upcoming 5 Meetings

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# PALS NEWSLETTER

A newsletter of the Pittsburgh ADHD Longitudinal Study

Volume 5, Issue 2

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**Study Update** In November, we began our 10<sup>th</sup> wave of interviews. To date, we have completed 125 YA and 100 parent interviews. Letters have been sent out to everyone who is due for an interview on or before May 30<sup>th</sup>, 2009. If you have received your letter, and are ready to schedule your interview, please call us at 412-246-5656. In January, we began formal, interim phone contacts with all of the young adult participants who are not scheduled for an interview this year. We have completed approximately 100 of these phone calls, and are finding them a helpful way of maintaining up to date contact information for our young adults, particularly those who move or change phone numbers frequently. As a reminder, if you are moving, or changing phone numbers, please call us at 412-246-5656 and let us know!

Recent Findings from the MTA: Another Long-term Study of ADHD from the Youth and Family Research Program. Here at the Youth and Family Research Program, we conduct a number of studies on the healthy fine stepsing of youth and yours adults. The BALS are yourself.

healthy functioning of youth and young adults. The PALS, as you are aware, is a long-term follow-up study of individuals who were (or were not) diagnosed with ADHD in childhood. We have another similar study titled "The MTA" that is also a long-term follow-up study of ADHD diagnosed in childhood. In that study, "MTA" stands for "Multimodal Treatment of ADHD."

The children were 7.0 to 9.9 years old when they were treated, but now they are in their early 20s. We have been following them since they joined the study – very similar to the PALS. Dr. William Pelham was the lead researcher at Pitt when the study started and Dr. Brooke Molina took over after Dr. Pelham moved to the University at Buffalo.

The goal of the MTA was originally to compare response to the different treatment options. The goal of the study *now* is to understand how everyone is doing years after that treatment was delivered, and to study whether treatment subsequently received in the community, was helpful in the long-run. For example, did children who stayed on medication for years after the study, end up doing better in the long-run? We also wanted to know, in general, how well the children are doing in their day-to-day functioning compared to their classmates from elementary school who did not have ADHD.

Recently we reported the findings from the 8 year follow-up of the children when they were high school aged. The findings, published in the <u>Journal of the American</u> <u>Academy of Child and Adolescent Psychiatry</u>, generated media interest due to the large size of the study and importance of the findings. Of particular interest was the finding that children who stayed medicated during the follow-up period were not functioning any differently from the children who stopped taking medication or who never took medication. The NIMH (National Institute of Mental Health), which principally funded the MTA until this year, posted a summary of the findings on their website under the "Science News Tab" <a href="http://www.nimh.nih.gov/science-news/index.shtml">http://www.nimh.nih.gov/science-news/index.shtml</a>.



### Graduate Student Goes to ANTARCTICA

In March, I went to Antarctica to run the Antarctica marathon, a 26.2 mile race. To get to Antarctica, I spent three nights in Buenos

Aires, Argentina, then took a flight to Ushuaia, Argentina, the southernmost city in the world. From "El Fin del Mundo," ("The End of the World") we boarded a former Russian spy ship turned research vessel to sail across the Drake Passage (one of the most turbulent bodies of water in the world) to King George Island, the site of the marathon.

Training for the marathon in Pittsburgh prepared me more than adequately for the mild conditions we had on race day - 35 degrees Fahrenheit with winds that would later gust up to 40 mph. Although these are not ideal running conditions, the only "gear" I needed to battle the mud, hills, glacial stream crossings and a climb up the Collins Glacier was a pair of Gore-Tex trail running shoes and a good shell to block the wind. The race ran through the Chinese, Uruguayan, Argentine and Russian research stations. The scientists were wonderful spectators and the Chinese were kind enough to host an aid station for the runners with water, soda, orange juice and beer. I even had the unique experience of encountering a chinstrap penguin on the marathon course. I've never before had tiny tuxedoed competition during a race, but now know that if I ever need to, I can outrun a penguin!

The marathon was a unique experience if only because I was able to spend half a day exploring Antarctica. In the days that followed, we would explore the continent using zodiac boats, small boats that hold about 12 people. The zodiacs allowed us to get very close to incredible icebergs and make landings on the continent. While traversing Antarctic bays and harbors, seals would approach the zodiacs because they loved the bubbles made by the propellers. In addition to different varieties of seals (leopard, fur and crab eater), we also saw penguins (gentoo, chinstrap, and adelie) and whales (humpback and minke); the animals were unafraid of humans and would come close enough to touch. It was incredible to be in contact with pristine nature.

I was able to see and experience so much during my two weeks in Antarctica and through that I came back a different person. The brutal marathon course tested my physical and mental limits and I learned that in both areas I am much stronger than I realized. The whale bones left behind by whalers elucidated the importance of preserving our wildlife and wilderness. Through fundraising for the Injured Marine Semper Fi Fund, I witnessed extraordinary generosity and was humbled by stories of our heroes. Last, but certainly

not least, I learned that even though some may view this trip as the "ultimate" adventure, that there are so many adventures to be experienced in the world. I hope that you find your own adventure to excite and inspire.

Kat Belendiuk Graduate Student Clinical/Developmental Psychology University of Pittsburgh

#### Did you know?

- Fewer people have ever been to Antarctica than go to Disney World daily
- Over time pressure compresses ice, removing air bubbles. Very old ice (~20,000 years) looks like crystal in its clarity.
- Icebergs can flip and roll. Iceberg textures are formed while submerged: A dimpled golf-ball effect results from ocean currents. A grooved appearance results from air bubbles rising to the surface
- If a seal becomes aggressive towards you, stand your ground and try to make yourself look as big and threatening as possible.
- An albatross can circumnavigate the globe without landing. They rarely flap their wings, instead using air currents to glide.

Pictures and videos from my adventure can be found here: <a href="http://www.facebook.com/pages/Kats-Antarctica-Marathon/61026477676?ref=mf">http://www.facebook.com/pages/Kats-Antarctica-Marathon/61026477676?ref=mf</a>



## Recent Findings from the MTA: Continued from Page 1

Science Update March 26, 2009

Short-term Intensive Treatment Not Likely to Improve Long-term Outcomes for Children with ADHD. Initial positive results gleaned from intensive treatment of childhood attention deficit hyperactivity disorder (ADHD) are unlikely to be sustained over the long term, according to a recent analysis of data from the NIMH-funded Multimodal Treatment Study of Children with ADHD (MTA). The study was published online ahead of print March 2009 in the Journal of the American Academy of Child and Adolescent Psychiatry.

Background The MTA was the first major multi-site trial comparing different treatments for ADHD in childhood. The initial results of the 14-month study, in which 579 children were randomly assigned to one of three intensive treatment groups (medication alone, psychosocial/ behavioral treatment alone, a combination of both) or to routine community care were published in 1999. The researchers found that the intensive medication management alone or in combination with the behavioral therapy produced better symptomatic relief for children with ADHD than just behavioral therapy or usual community care. Children who received the combination treatment fared best in other areas of functioning such as social skills and parent-child relations. About half of the initial benefits of the intensive medication management and combination treatments dissipated by the first follow-up, which was two years after the trial began.

A follow up study published in August 2007 found that, although most children had maintained improvement three years after the trial began, the initial advantages of intensive medication management alone or in combination with behavioral treatment had waned. The most recent analysis by Brooke Molina Ph.D., of the University of Pittsburgh, and colleagues aimed to characterize the long-term functioning of the children eight years after they were enrolled in the trial.

Results of the Study Using reports from parents and teachers as well as self-reports from the children, now high school-aged, the researchers found that the youth's functioning remained improved overall compared to their functioning at the beginning of the study, suggesting that available treatments can still be effective. However, they also found the following:

- The eight-year follow-up revealed no differences in symptoms or functioning among the youths assigned to the different treatment groups as children. This result suggests that the type or intensity of a one-year treatment for ADHD in childhood does not predict future functioning.
- Youths with ADHD still had significantly more academic and social problems compared with peers who

did not have ADHD. They also had more conduct problems including run-ins with police, as well as more depression, and psychiatric hospitalizations.

- Some differences emerged among the youths with ADHD. For example, youths who had responded well to treatment and maintained their gains for two more years after the end of the trial tended to be functioning the best at eight years.
- A majority (61.5 percent) of the children who were medicated at the end of the 14-month trial had stopped taking medication by the eight-year follow-up, suggesting that medication treatment may lose appeal with families over time. The reasons for this decline are under investigation, but they nevertheless signal the need for alternative treatments.
- Children who were no longer taking medication at the eight-year follow-up were generally functioning as well as children who were still medicated, raising questions about whether medication treatment beyond two years continues to be beneficial or needed by all.

Significance The researchers suggest that maintaining a good treatment response probably requires a sustained effort that takes into account long-term academic and behavioral problems commonly associated with ADHD and adapts to the demands of adolescence. Medication may continue to be helpful for some teenagers, but their needs should be re-evaluated periodically. The researchers also speculate that a child's initial clinical presentation, including ADHD symptom severity, behavior problems, social skills and family resources, may predict how they will function as teens more so than the type of treatment they received.

<u>What's Next</u> The researchers acknowledge a crucial need for treatments that are more sustainable over the long run and accessible and effective among adolescents. Future studies could test the benefits of periodic treatments throughout a child's development that adapt to the changing needs of teens with ADHD.

Reference Molina B, Hinshaw SP, Swanson JM, Arnold LE, Vitiello B, Jensen PS, Epstein JN, Hoza B, Hechtman L, Abikoff HB, Elliott GR, Greenhill LL, Newcorn JH, Wells KC, Wigal T, Severe JB, Gibbons RD, Hur K, Houck PR, and the MTA Cooperative Group. The MTA at 8 years: Prospective follow-up of children treated for combined type ADHD in the multisite study. Journal of the American Academy of Child and Adolescent Psychiatry. Online ahead of print March 2009.



### Sudoku Classic

	2	3	6		1	8	7	
6					8			2
			9			1	6	
	8	9			6			1
			5					8
5		7		8		6		3
1			8	9				6
	9				5	4		7
3		5		7		2	8	

**GAMEPLAY:** The object of the game is to fill all the blank squares with the correct numbers. Several of the 9 x 9 grid squares already contain numbers -- you cannot change these. To work the puzzle, fill in the empty squares of the grid with the numerals 1, 2, 3, 4, 5, 6, 7, 8, and 9. The puzzle is solved when each **ROW** and each **COLUMN**, and each **3** x **3** square within the puzzle contain the numerals 1— 9 with each numeral appearing only <u>once</u>. **SOLUTION:** An answer key is available on our website at <u>www.youthandfamilyresearch.com</u>. From our home page on the website, select *Studies*, click on *PALS*, click on *Newsletters* and on the center of the page see *Sudoku Puzzle Answer Key*.

#### SPRING, TIME FOR A CLEAN SWEEP

**Spring is here!** With it comes sunny days and that dreaded household chore -- spring cleaning. Spring cleaning actually dates back to pioneer days when folks could finally open windows and sweep out the accumulated dirt of winter. It's a chore that can be very time consuming and slow to get started. Here is a list of tips you may find helpful

- 1. Make a list of everything you'd like to have done around the house. Organize the tasks as hard, easy and moderate. Start by completing the easy tasks first.
- 2. Set aside twenty minutes per day for spring cleaning. A little bit of cleaning every day and your home will be completely clean and organized before summer is here.
- 3. Pick one room or closet to start with. Even if you don't end up getting around to a full spring cleaning this year, you've completed one area.

4. Use the "love it", "hate it",

and what should be tossed out.

"like it" system for getting rid of things. With this system, you go through whatever room or closet you're cleaning and separate everything into the above three piles. Anything in the "hate it" pile gets put in the donation bin without a second thought. Anything that you love gets put back in an organized fashion. The rest can then be sorted through more carefully as to what you want to keep

Continued on Page 5

Continued from Page 4

#### SPRING, TIME FOR A CLEAN SWEEP

- 5. Take this opportunity to put winter clothes and sports equipment away neatly. You're not going to need that stuff for another year but you'll be glad next year that you took the time to organize it. Whether you're putting it in a shed, a garage or a top shelf in the closet, do it in a way that makes organized sense for your home.
- **6. Go green with your cleaning supplies**. Make this year the year that you use natural products and green products so that your spring home truly is healthy.
- 7. Organize your income information. One of the things that we should do during the spring is to get our financial stuff in order. It's a great time to organize tax information so that next year's taxes are easier to do. Work with financial software such as Quicken to make this easier.





Adults with ADD for Pittsburgh &
Tri State Area CHADD International
Chapter #477
Upcoming Meeting

May 28, 2009

Shelly Whittier, Professional Organizer "Clear the Chaos" Organizational Strategies

Regular Monthly Meetings are held the 4th Thursday of each month at WPIC, Room 292, 3811 O'Hara at DeSoto St in Oakland from 7:00 to 9:30 pm.

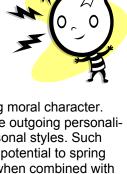
Parking is available in the Soldiers & Sailors Parking Garage (Corner of O'Hara St & Bigelow)

For more information, please contact Leslie Stone at 412-682-6282 or visit www.pittsburghadd.org

### **ADHD: The Positive Side**

Research on ADHD has generally focused on the negative aspects of the syndrome because the field is only just now understanding the long-term course of difficulties into adulthood. However, as researchers, who also provide treatment to people seeking better outcomes in their lives, we realize that it is very easy to focus on the problems that Attention Deficit Disorder causes but it is not always easy to see the positive aspects that ADD may "add" to a person's life. Although research doesn't yet have evidence of these "positive" features and their impact on outcomes in adulthood, we do recognize the importance of learning to expect the best from our young adults with ADHD histories because they can have bright futures awaiting them just like anybody else. The popular literature on ADHD does indeed write often about such positive features. Many voung adults are resilient and CAN succeed in life. They may have turned their high activity levels into energy that fuels progress in a job requiring physical movement (for example, construction, landscaping,

real estate). Prior difficulties, for example, problems with making or keeping friends or behavior in school, may have helped a person have a stronger sense of self and



help them to develop a strong moral character. Many people with ADHD have outgoing personalities and charismatic interpersonal styles. Such characteristics may have the potential to spring people forward in their lives when combined with energy and vigor. Other characteristics that some young adults with Attention Deficit Disorder have been described as having are: being willing to take risks, spontaneous, energetic, athletic, less likely to get into a rut, intense, passionate, resilient, funny, open-minded, artistic, and creative. Research has yet to study these traits for their impact on long-term outcome, but we are optimistic that they help individuals find success and happiness in their adulthood lives.

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