

## P01-234 - ADDITIONAL TREATMENT OPTIONS FOR ADHD

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D-amphetamine, the mixed preparation of d, l-amphetamine, and methylphenidate are first line agents for the treatment of attention deficit disorder (ADHD). Despite the impressive track record for the stimulants in the treatment of ADHD, they fail in 25% of patients due to lack of efficacy or the emergence of unwanted side effects. With respect to Atomoxetine and other nonstimulants in treatment of ADHD, the Alpha2-receptor agonist clonidine has been used for more than 20 years. The findings from controlled studies, however, have been somewhat inconsistent, showing benefit and negative results. The noradrenaline reuptake inhibitor Desipramine has also shown some benefit. The novel antidepressant bupropion was found to be superior to placebo. Niederhofer could demonstrate, that also drugs, affecting the serotonin system (Tianeptine), may improve some symptoms associated with ADHD.

Data about additional biological treatment options for ADHD are very scarce. This talk gives an overview of actual results.

- bright light therapy has been proven to be effective
- also rTMS seems to improve especially the hyperactivity-related symptoms
- there are some herbals with proven norepinephrinergic, noradrenergic and serotonergic effects.

We present a comparison of these data. The observed improvement is lower than the 50%-60% improvement reported in stimulant trials, but is similar than the level of improvement observed in other nonstimulant studies.

These finding also raises questions about the utility of combining those therapeutic options with stimulants. In patients with ADHD, this combination might permit lower doses of the stimulant.