[Intervention A] versus placebo for ADHD

Review information

Authors

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Citation example: [Empty name]. [Intervention A] versus placebo for ADHD. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Contact person

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Dates

Assessed as Up-to-date:	
Date of Search:	
Next Stage Expected:	
Protocol First Published:	Not specified
Review First Published:	Not specified
Last Citation Issue:	Not specified

What's new

Date / Event	Description

History

Date / Event	Description

Characteristics of studies

Characteristics of included studies

Adler 2009 Ref ID 1615

Methods	Randomized, double-blinded, placebo-controlled, multi-site trial.
Participants	Adult patients, 18–65-years old, meeting the DSM-IV-TR diagnoses for both ADHD and social anxiety disorder, were enrolled. The diagnostic criteria for ADHD were assessed with the Conners' Adult ADHD Diagnostic Interview for DSM-IV and for social anxiety disorder by the Structured Clinical Interview for DSM-IVTR Axis I Disorders-Research Version. Additionally, patients had an LSAS Total score of at least 50 at Visit 1, no more than a 30% decrease in LSAS Total score at Visit 2, and a Clinical Global Impression-Overall-Severity (CGI-O-S) score of 4 or greater at Visits 1 and 2. Concomitant Axis I diagnoses (current or lifetime)-specific phobias, Generalized

	Anxiety Disorder (GAD), and dysthymia were allowed. Current diagnosis of major depressive disorder was allowed only if diagnosed more than 6 months before Visit 1. Exclusionary criteria included current or lifetime diagnosis of obsessive–compulsive disorder, bipolar affective disorder, psychosis, factitious disorder, or somatoform disorders, and/or current diagnosis of panic disorder, posttraumatic stress disorder, or an eating alcohol, drugs of abuse, or prescription medication abuse meeting DSM-IV-TR criteria were also excluded.
Interventions	PBO 2 weeks and then ATX 14 weeks
Outcomes	ADHD symptoms, social anxiety, function,QoL, adverse events
Notes	Ref ID 1615

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Computer algorithm that blindly assigned patients to ATX or PBO 1:1
Allocation concealment (selection bias)	Low risk	locked database
Blinding of participants and personnel (performance bias)	Low risk	Double-blinded
Blinding of outcome assessment (detection bias)	Low risk	Double-blinded
Incomplete outcome data (attrition bias)	Low risk	Drop out high but are described
Selective reporting (reporting bias)	Low risk	None detected
Other bias	Low risk	None detected

Footnotes

Characteristics of excluded studies

Footnotes

Characteristics of studies awaiting classification

Footnotes

Characteristics of ongoing studies

Footnotes

Summary of findings tables

Additional tables

References to studies

Included studies

Adler 2009 Ref ID 1615

[Other: Ref ID 1615]

[Empty]

Excluded studies

Studies awaiting classification

Ongoing studies

Other references

Additional references

Other published versions of this review

Data and analyses

Figures

Sources of support

Internal sources

- No sources of support provided

External sources

- No sources of support provided

Feedback

Appendices