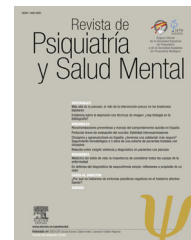




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EDITORIAL

A integral treatment for attention deficit hyperactivity disorder in Europe[☆]



Un tratamiento integral para el trastorno por déficit de atención e hiperactividad en toda Europa

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Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder that affects approximately 5% of children and that can become chronic during adolescence and adulthood.¹ Not only does the absence of treatment favour the disorder to become chronic, but it also favours the development of comorbidity and criminality, resulting in a worse prognosis.² In recent years, there has been a growing interest in this disorder in Europe, with an increase in the number of identified cases and in the use of drugs as stimulants for minors, our country included (Spain).³

The Parliamentary Assembly of the Council of Europe has just unanimously approved a resolution requesting its member states to ensure comprehensive treatment for children with ADHD.⁴ The resolution document, promoted by Silvia Bonet of the Andorra Health Department, and drafted in collaboration with the Mental Health Biomedical Research Networking Centre (Centro de Investigación Biomédica en Red de Salud Mental, CIBERSAM) of Instituto de Salud Carlos III as an advisor, calls for stricter classification criteria of this disorder in order to avoid over-diagnosis. A better training of professionals is also requested to tackle under-diagnosis. Both requests shall decrease diagnostic errors that are common with complex pathologies such as ADHD,

especially when there is no specific training among the many professionals of various areas of knowledge that provide care to these people (e.g., paediatrics or family medicine). Said resolution advises that drug treatment should not be the first resource in mild cases and that it should always be in combination with other assessments for psychoeducational and behavioural improvement. Although drug treatment has proven to be not only effective in the short-term, but also cost-effective,⁵ it should not be the prescribed treatment for mild cases of the disorder, nor should it be administered as the only therapeutic intervention in any case, regardless of the severity of ADHD.

This resolution also requests that the member states of the Council of Europe promote research on the risk factors of ADHD, the empirical assessment of psychosocial interventions including educational aspects, and long-term studies on security and tolerability of the drugs used for the treatment of this disorder. On the other hand, the member states are asked to promote multimodal interventions that are not only focused on ADHD symptoms, but also on the difficulties associated with school problems, family dysfunction, low self-esteem, and other comorbid pathologies. This pathology, which affects more than three million children in Europe, requires a coordinated effort by the different States, which is why this resolution will undoubtedly be a tremendous help for those people with ADHD and their families in Europe.

The fact that this resolution now translates into an improved diagnosis and treatment in Europe of this prevalent and disabling pathology will depend on the adoption and

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development of said recommendations by each of the countries, especially if action is not taken promptly and properly. Our mental health depends on it.

Conflict of interest

Dr. Arango has been a consultant to or has received honoraria or grants from Abbot, AMGEN, AstraZeneca, Bristol-Myers Squibb, Caja Navarra, CIBERSAM, Fundación Alicia Koplowitz, Instituto de Salud Carlos III, Janssen Cilag, Lundbeck, Merck, Ministerio de Ciencia e Innovación, Ministerio de Sanidad, Ministerio de Economía y Competitividad, Mutua Madrileña, Otsuka, Pfizer, Roche, Servier, Shire, Schering Plough and Takeda.

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