Mo-S-198

Neuroimaging and psychotherapy of adult ADHD
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There is an increasing body of evidence pointing to cerebral alterations in patients with ADHD. However, while in childhood and adolescence ADHD there are several large studies pointing to structural as well as functional and neurochemical brain alterations in the striatum, the prefrontal brain, parietal brain and the cerebellum in adult ADHD the evidence is less clear. Some authors found visual cortex abnormalities as the only findings whereas others also reported abnormalities of prefrontal, striatal and cerebellar brain areas. In this presentation, we will present the baseline data of a large adult sample of more than 150 patients and 100 control subjects that took part in a large multi-centre-controlled study comparing the effects of psychotherapy and psychostimulant medication in adult patients. We will present the baseline data with respect to brain volumes as measured with quantitative T1-weighted MRI, brain connectivity and white matter integrity as measured with DTI imaging and brain neurochemistry as measured with MRI spectroscopy.

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Mo-S-199

Molecular genetics and psychotherapy of adult ADHD
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ADHD affects not only children and adolescents but persists into adulthood in about half of the patients. This implies potential impact on all domains in life, including social, academic and personal development. Thus, optimization of treatment in ADHD and insight into neurobiological aspects of response to therapy are tasks in current research efforts. Genetic approaches are combined with imaging techniques and potential impact of genetic variants on therapeutic response is widely discussed. In a German multicenter network on adult ADHD these topics, including interplay between candidate genes, neurophysiological activation and therapeutic outcome are currently addressed. Data still are processed and first results of this multilevel study are presented.

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Mo-S-200

Treatment outcome of behavioral parent-child training in childhood ADHD as a function of the treatment of maternal ADHD

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After pre-screening out of 444 mother-child pairs, 206 were evaluated for trial participation and 144 were randomized. 52.8% of the children and 65.3% of the mothers had combined ADHD subtype. Current axis-I comorbidity rates were 47.2% in children (Kiddie-SADS) and 31.3% in mothers (maternal axis-II comorbidity was 20.1%; SCID-I/II). At baseline, 74.3% of the children received treatment or to control treatment (supportive counselling). After 13 weeks of treatment of maternal ADHD, a behavioural parent training was administered to all mother-child-pairs on a weekly basis for 12 weeks. The primary endpoint referred to the change in the children’s externalizing symptoms from baseline to week 26 (after parent training). Maintenance therapy was administered for the following 6 months. A follow-up two years from baseline was carried out. Therapists were trained graduated psychologists or physicians. Treatment integrity was established by independent supervision and the use of adherence scales. Intention-to-treat analysis will be performed within a linear regression model. After pre-screening out of 444 mother-child pairs, 206 were evaluated for trial participation and 144 were randomized. 52.8% of the children and 65.3% of the mothers had combined ADHD subtype. Current axis-I comorbidity rates were 47.2% in children (Kiddie-SADS) and 31.3% in mothers (maternal axis-II comorbidity was 20.1%; SCID-I/II). At baseline, 74.3% of the children received psychostimulant medication. At the time of abstract submission data clearing was still under progress. Outcome data will be presented at the congress. To our knowledge, our study is the first randomized controlled trial on a combined treatment of ADHD in affected mothers and children (CCT: ISRCTN73911400, source of funding: BMBF 01GV0605).

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Après le traumatisme psychologique : narration, silence, secrets et mensonges