

To take care of children with ADHD

A therapeutic
diagnostic
pathway



International Congress

Milan, Thursday 23 November, 2017
9.00-18.00 - AULA A

IRCCS - Istituto di Ricerche Farmacologiche Mario Negri
Via G. La Masa 19 - 20156 Milano

**SCIENTIFIC
INFORMATIONS**

A FEW OUTPUTS FROM LOMBARDY ADHD PROJECT

Casadei G, Cartabia M, Reale L, Costantino M A, Bonati M, Lombardy ADHD Group.

ITALIAN REGIONAL HEALTH SERVICE COSTS FOR DIAGNOSIS AND 1-YEAR TREATMENT OF ADHD IN CHILDREN AND ADOLESCENT.

Int J Ment Health Syst 2017 ; 11 : 33

Reale L, Bartoli B, Cartabia M, Zanetti M, Costantino M A, Canevini M P, Termine C, Bonati M, Lombardy ADHD Group.

COMORBIDITY PREVALENCE AND TREATMENT OUTCOME IN CHILDREN AND ADOLESCENTS WITH ADHD.

Eur Child Adolesc Psychiatry 2017 ; E-pub

Zanetti M, Cartabia M, Didoni A, Fortinguerra F, Reale L, Mondini M, Bonati M.

THE IMPACT OF A MODEL-BASED CLINICAL REGIONAL REGISTRY FOR ATTENTION-DEFICIT/HYPERACTIVITY DISORDER.

Health Informatics J 2017 ; 23 : 159-169

Bonati M, Reale L, Zanetti M, Cartabia M, Fortinguerra F, Capovilla G, Chiappedi M, Costantino A, Effedri P, Luoni C, Martinelli O, Molteni M, Ottolini A, Saccani M, Lombardy ADHD Group.

A REGIONAL ADHD CENTER-BASED NETWORK PROJECT FOR THE DIAGNOSIS AND TREATMENT OF CHILDREN AND ADOLESCENTS WITH ADHD.

J Atten Disord 2015 ; E-pub

Didoni A, Sequi M, Panei P, Bonati M, Lombardy ADHD Registry Group.

ONE-YEAR PROSPECTIVE FOLLOW-UP OF PHARMACOLOGICAL TREATMENT IN CHILDREN WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER.

Eur J Clin Pharmacol 2011 ; 67 : 1061-1067



RegioneLombardia

Il Progetto: "Condivisione dei percorsi diagnostico-terapeutici per l'ADHD in Lombardia" è stato in parte finanziato dalla Regione Lombardia con DGR N. 1077 del 02 febbraio 2017. Il progetto coinvolge 18 Centri di Riferimento per l'ADHD e il Laboratorio per la Salute Materno Infantile dell'IRCCS - Istituto di Ricerche Farmacologiche Mario Negri. Coordinatore del Progetto è la UONPIA degli Spedali Civili di Brescia.

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CONGRESS OBJECTIVES

After a 7 year project involving all 18 ADHD centres of the Lombardy Region (norther Italy), the congress will discuss a few aspects of ADHD care that also characterised the project. The main objective of the project supported by the Regional Health Ministry was to harmonise the diagnosis and treatment for children and adolescents with ADHD, also through a shared organisation of mental health services for children and adolescents with ADHD.

A pathway of care has been defined to ensure appropriate interventions to all children and adolescents with ADHD in the Lombardy Region.

The project is almost unique, and not only for Italy. Although the results are relevant for the Lombardy Region, they should stimulate the other Italian regions to act to improve the situation, and can be a valid topic of discussion internationally as well.

THE PROJECT

THE LOMBARDY REGION'S ADHD REGISTER



The Lombardy Region's ADHD Register was launched in June 2011 within the project called "Sharing diagnostic-therapeutic approaches for ADHD in Lombardy" with the funding of the Lombardy Region.

The project involves 18 referral Centres and the coordinator is the UONPIA (Child and Adolescent Neuropsychiatric Unit) of the A.O. Spedali Civili of Brescia.

The project includes training initiatives for health care workers who provide assistance to ADHD patients and their families, initiatives to increase information on ADHD, and a regional register of the ADHD cases.

The register was designed as a disease register and therefore collected information not only on the patients diagnosed with ADHD under pharmacological treatment (as foreseen by the national register), but also on all patients who visited the referral Centres for a suspected ADHD.

The register then permits the:

- ✓ monitoring of diagnostic paths;
- ✓ defining of the prevalence of the disorder;
- ✓ monitoring of non pharmacological treatment programs as well;
- ✓ continuation of pharmacovigilance activity by extending the monitoring on the use of the drugs other than atomoxetine and methylphenidate;
- ✓ quantifying the workload for the referral Centres.



ADHD ASSESSMENT AND BRIEF INTERVENTION SERVICE: A MULTI-DISCIPLINARY PERS

09:30-10:30

Kapil Sayal

Discussants: **Antonella Costantino** (ADHD Services)
Massimo Molteni (ADHD assessment)

Lancet Psychiatry. 2017 Oct 9. pii: S2215-0366(17)30167-0. doi: 10.1016/S2215-0366(17)30167-0.
[Epub ahead of print]

ADHD IN CHILDREN AND YOUNG PEOPLE: PREVALENCE, CARE PATHWAYS, AND SERVICE PROVISION

Sayal K, Prasad V, Daley D, Ford T, Coghill D.

Attention-deficit hyperactivity disorder (ADHD) is a common childhood behavioural disorder. Systematic reviews indicate that the community prevalence globally is between 2% and 7%, with an average of around 5%. At least a further 5% of children have substantial difficulties with overactivity, inattention, and impulsivity that are just under the threshold to meet full diagnostic criteria for ADHD. Estimates of the administrative prevalence (clinically diagnosed or recorded) vary worldwide, and have been increasing over time. However, ADHD is still relatively under-recognised and underdiagnosed in most countries, particularly in girls and older children. ADHD often persists into adulthood and is a risk factor for other mental health disorders and negative outcomes, including educational underachievement, difficulties with employment and relationships, and criminality. The timely recognition and treatment of children with ADHD-type difficulties provides an opportunity to improve long-term outcomes. This Review includes a systematic review of the community and administrative prevalence of ADHD in children and adolescents, an overview of barriers to accessing care, a description of associated costs, and a discussion of evidence-based pathways for the delivery of clinical care, including a focus on key issues for two specific age groups-younger children (aged ≤ 6 years) and adolescents requiring transition of care from child to adult services.

BEHAVIOURAL THERAPY

10:30-11:15

David Daley

Discussant: Antonella Gagliano

J Child Psychol Psychiatry. 2017 Oct 30. doi: 10.1111/jcpp.12825. [Epub ahead of print]

PRACTITIONER REVIEW: CURRENT BEST PRACTICE IN THE USE OF PARENT TRAINING AND OTHER BEHAVIOURAL INTERVENTIONS IN THE TREATMENT OF CHILDREN AND ADOLESCENTS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER.

Daley D, Van Der Oord S, Ferrin M, et al.

BACKGROUND: Behavioural interventions are recommended for use with children and young people with attention deficit hyperactivity disorder (ADHD); however, specific guidance for their implementation based on the best available evidence is currently lacking.

METHODS: This review used an explicit question and answer format to address issues of clinical concern, based on expert interpretation of the evidence with precedence given to meta-analyses of randomised controlled trials.

RESULTS: On the basis of current evidence that takes into account whether outcomes are blinded, behavioural intervention cannot be supported as a front-line treatment for core ADHD symptoms. There is, however, evidence from measures that are probably blinded that these interventions benefit parenting practices and improve conduct problems which commonly co-occur with ADHD, and are often the main reason for referral. Initial positive results have also been found in relation to parental knowledge, children's emotional, social and academic functioning - although most studies have not used blinded outcomes. Generic and specialised ADHD parent training approaches - delivered either individually or in groups - have reported beneficial effects. High-quality training, supervision of therapists and practice with the child, may improve outcomes but further evidence is required. Evidence for who benefits the most from behavioural interventions is scant. There is no evidence to limit behavioural treatments to parents with parenting difficulties or children with conduct problems. There are positive effects of additive school-based intervention for the inattentive subtype. Targeting parental depression may enhance the effects of behavioural interventions.

CONCLUSIONS: Parent training is an important part of the multimodal treatment of children with ADHD, which improves parenting, reduces levels of oppositional and noncompliant behaviours and may improve other aspects of functioning. However, blinded evidence does not support it as a specific treatment for core ADHD symptoms. More research is required to understand how to optimise treatment effectiveness either in general or for individual patients and explore potential barriers to treatment uptake and engagement. In terms of selecting which intervention formats to use, it seems important to acknowledge and respond to parental treatment preferences.

MEDICATIONS TO TREAT ADHD

11:15-12:30

Paramala Santosh

Discussant: **Dino Maschietto**

BMJ. 2017 Jul 14;358:j2945. doi: 10.1136/bmj.j2945.

STIMULANT MEDICATION TO TREAT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER.

Santosh P

What you need to know

- In children and young people, stimulants should be the first choice in those with severe attention-deficit/hyperactivity disorder (ADHD), or when non-pharmacological approaches have failed
- Stimulants are effective in managing ADHD symptoms in adults and should be continued as long as ADHD symptoms have an adverse effect on quality of life
- Stimulants can be used in ADHD with most co-existing disorders such as anxiety, oppositional defiant disorder, conduct disorder, tic disorder, and autistic spectrum disorder

THE CLINICAL GLOBAL IMPRESSION (CGI): A WIDELY USED ASSESSMENT INSTRUMENT IN PSYCHIATRY

14:00-14:45

Benedetto Vitiello

Discussant: **Alessandro Zuddas**

J Child Adolesc Psychopharmacol. 2007 Oct;17(5):581-92.

METHYLPHENIDATE EFFECTS ON FUNCTIONAL OUTCOMES IN THE PRESCHOOLERS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER TREATMENT STUDY (PATS).

Abikoff HB, Vitiello B, Riddle MA, Cunningham C, Greenhill LL, Swanson JM, Chuang SZ, Davies M, Kastelic E, Wigal SB, Evans L, Ghuman JK, Kollins SH, McCracken JT, McGough JJ, Murray DW, Posner K, Skrobala AM, Wigal T.

OBJECTIVE: The purpose of this study was to examine the effects of methylphenidate (MPH) on functional outcomes, including children's social skills, classroom behavior, emotional status, and parenting stress, during the 4-week, double-blind placebo controlled phase of the Preschoolers with Attention Deficit/Hyperactivity Disorder (ADHD) Treatment Study (PATS).

METHODS: A total of 114 preschoolers who had improved with acute MPH treatment, were randomized to their best MPH dose (M = 14.22 mg/day; n = 63) or placebo (PL; n = 51). Assessments included the Clinical Global Impression-Severity (CGI-S), parent and teacher versions of the Strengths and Weaknesses of ADHD-Symptoms and Normal Behaviors (SWAN), Social Competence Scale (SCS), Social Skills Rating System (SSRS), and Early Childhood Inventory (ECI), and Parenting Stress Index (PSI).

RESULTS: Medication effects varied by informant and outcome measure. Parent measures and teacher SWAN scores did not differentially improve with MPH. Parent-rated depression ($p < 0.02$) and dysthymia ($p < 0.001$) on the ECI worsened with MPH, but scores were not in the clinical range. Significant medication effects were found on clinician CGI-S ($p < 0.0001$) and teacher social competence ratings (SCS, $p < 0.03$).

COMORBIDITY PREVALENCE AND TREATMENT OUTCOME IN CHILDREN AND ADOLESCENTS WITH ADHD

15:00-15:45

Tine Houmann

Discussant: **Luigi Mazzone**

Eur Child Adolesc Psychiatry. 2017 May 19. doi: 10.1007/s00787-017-1005-z.
[Epub ahead of print]

COMORBIDITY PREVALENCE AND TREATMENT OUTCOME IN CHILDREN AND ADOLESCENTS WITH ADHD.

Reale L, Bartoli B, Cartabia M, Zanetti M, Costantino MA, Canevini MP, Termine C, Bonati M; Lombardy ADHD Group.

Although ADHD comorbidity has been widely studied, some issues remain unsolved. This multicenter observational study aims to examine comorbid psychiatric disorders in a clinical sample of newly diagnosed, treatment naïve children and adolescents with and without ADHD and, to compare treatment efficacy based on the type of comorbidity. We performed an analysis of the medical records of patients identified from the Regional ADHD Registry database, enrolled in 18 ADHD centers in the 2011-2016 period. 1919 of 2861 subjects evaluated (67%) met the diagnostic criteria for ADHD: 650 (34%) had only ADHD, while 1269 (66%) had at least one comorbid psychiatric disorder (learning disorders, 56%; sleep disorders, 23%; oppositional defiant disorder, 20%; anxiety disorders, 12%). Patients with ADHD of combined type and with severe impairment (CGI-S ≥ 5) were more likely to present comorbidity. 382 of 724 (53%) followed up patients improved after 1 year of treatment. ADHD with comorbidity showed greater improvement when treated with combined interventions or methylphenidate alone. Specifically, combined treatment showed significant superiority for ADHD with learning disorders (ES 0.66) and ODD (ES 0.98), lower for ADHD with sleep or anxiety disorders. Training intervention alone showed only medium efficacy (ES 0.50) for ADHD and learning disorders. This study was the first describing comorbidity patterns of ADHD in Italy, confirming, in a multicenter clinical setting, that ADHD is more often a complex disorder. Findings highlight important diagnostic, therapeutic, and service organization aspects that should be broadly extended to ensure an appropriate and homogenous ADHD management.

GOALS OF ADHD CARE: PATIENT, FAMILY, PHYSICIAN EXPECTATIONS AND PRIORITIES

16:00-16:30

Gabriele Masi

J Atten Disord. 2015 Feb;19(2):99-117. doi: 10.1177/1087054712473835.
Epub 2013 Feb 19.

TOWARD QUALITY CARE IN ADHD: DEFINING THE GOALS OF TREATMENT.

Rostain A, Jensen PS, Connor DF, Miesle LM, Faraone SV.

OBJECTIVE: Therapeutic goals for chronic mental disorders like major depressive disorder (MDD) and schizophrenia have evolved in parallel with the growing medical knowledge about the course and treatment of these disorders. Although the knowledge base regarding the clinical course of ADHD, a chronic psychiatric disorder, has evolved beyond symptomatic improvement and short-term treatment response, long-term goals, such as functional remission, have not yet been clearly defined.

METHOD: A PubMed literature search was conducted to investigate the therapeutic goals of pharmacologic treatment referenced in the published literature from January 1998 through February 2010 using the following commonly used ADHD treatments as keywords: amphetamine, methylphenidate, atomoxetine, lisdexamfetamine, guanfacine, and clonidine. This search was then combined with an additional search that included the following outcome keywords: remission, relapse, remit, response, normal, normalization, recovery, and effectiveness.

RESULTS: Our search identified 102 publications. The majority (88.2% [90/102]) of these contained predefined criteria for treatment response. Predefined criteria for normalization and remission and/or relapse were presented in 4.9% (5/102), 12.7% (13/102), and 3.9% (4/102) of publications, respectively. There was a lack of consistency between the instruments used to measure outcomes as well as the criteria used to define treatment response, normalization, and remission as well as relapse.

CONCLUSION: The therapeutic goals in treating ADHD should address optimal treatment outcomes that go beyond modest reductions of ADHD symptoms to include syndromatic, symptomatic, and functional remission. Future work should focus on reliable and valid tools to measure these outcomes in the clinical trial setting.

SPEAKERS AND DISCUSSANTS

Antonella Costantino

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RECENT PUBLICATIONS

1. Reale L, Bartoli B, Cartabia M, Zanetti M, Costantino MA, Canevini MP, Termine C, Bonati M; Lombardy ADHD Group. Comorbidity prevalence and treatment outcome in children and adolescents with ADHD. *Eur Child Adolesc Psychiatry* 2017 [Epub ahead of print]
2. Casadei G, Cartabia M, Reale L, Costantino MA, Bonati M; Lombardy ADHD Group. Italian regional health service costs for diagnosis and 1-year treatment of ADHD in children and adolescents. *Int J Ment Health Syst*. 2017 eCollection 2017.
3. Giacobbe A, Ajmone PF, Milani D, Avignone S, Triulzi F, Gervasini C, Menni F, Monti F, Biffi D, Canavesi K, Costantino MA. Electroclinical phenotype in Rubinstein-Taybi syndrome. *Brain Dev*. 2016 Jun;38(6):563-70.
4. Milani D, Sabatini C, Manzoni FM, Ajmone PF, Rigamonti C, Malacarne M, Pierluigi M, Cavani S, Costantino MA. Microdeletion 2q23.3q24.1: exploring genotype-phenotype correlations. *Congenit Anom (Kyoto)*. 2015;55(2):107-11.
5. Reale L, Costantino MA, Sequi M, Bonati M. Transition to Adult Mental Health Services for Young People With ADHD. *J Atten Disord*. 2014 [Epub ahead of print]

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Professor of Psychological Intervention and Behaviour Change, Faculty of Medicine & Health Sciences

RECENT PUBLICATIONS

1. Lockwood J, Daley D, Townsend E, Sayal K. Impulsivity and self-harm in adolescence: A systematic review. *European Child and Adolescent Psychiatry*. (In Press.)
2. HALL CL, VALENTINE AZ, WALKER GM, BALL HM, COGGER H, DALEY D, SAYAL K, HOLLIS C. Study of user-experience of an objective test (QbTest) to aid ADHD assessment and medication management: a multi-methods approach. *BMC Psychiatry* 2017;17(66).
3. Sayal K, Prasad V, Daley D, Ford T, Coghill D. ADHD in children and young people: Prevalence, Care Pathways & Service Provision. *Lancet Psychiatry*. Published Online First: 9 October 2017, doi: 10.1016/S2215-0366(17)30167-0.
4. Thompson MJ, Au A, Laver-Bradbury C, Lange AM, Tripp G, Shimabukuro S, Zhang JS, Shuai L, Thompson CE, Daley D, Sonuga-Barke EJ. Adapting an attention-deficit hyperactivity disorder parent training intervention to different cultural contexts: The experience of implementing the New Forest Parenting Programme in China, Denmark, Hong Kong, Japan, and the United Kingdom *PSYCH JOURNAL* 2017;6(1), 83-97.
5. Daley D, Van Der Oord S, Ferrin M, Cortese S, Danckaerts M, Doepfner M, Van den Hoofdakker BJ, Coghill D, Thompson M, Asherson P, Banaschewski T, Brandeis D, Buitelaar J, Dittmann RW, Hollis C, Holtmann M, Konofal E, Lecendreux M, Rothenberger A, Santosh P, Simonoff E, Soutullo C, Steinhausen HC, Stringaris A, Taylor E, Wong ICK, Zuddas A, Sonuga-Barke EJ. Practitioner Review: Current best practice in the use of parent training and other behavioural interventions in the treatment of children and adolescents with attention deficit hyperactivity disorder. *J Child Psychol Psychiatry*. 2017 Oct 30.

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Research Assistant Professor of Child and Adolescent Psychiatry

RECENT PUBLICATIONS

1. Colombi C, Narzisi A, Ruta L, Cigala V, Gagliano A, Pioggia G, Siracusano R, Rogers SJ, Muratori F; Prima Pietra Team. Implementation of the Early Start Denver Model in an Italian community. *Autism*. 2016 Oct 1. doi: 10.1177/1362361316665792. [Epub ahead of print]
2. Lamberti M, Di Rosa G, Cucinotta F, Pironti E, Galati C, Gagliano A. Aripiprazole-induced Tardive Dyskinesia in 13 Years Old Girl Successfully Treated with Biperiden: A Case Report. *Clin Psychopharmacol Neurosci*. 2017 Aug 31;15(3):285-287.
3. Di Rosa G, Cavallaro T, Alibrandi A, Marseglia L, Lamberti M, Giaimo E, Nicotera A, Bonsignore M, Gagliano A. Predictive role of early milestones-related psychomotor profiles and long-term neurodevelopmental pitfalls in preterm infants. *Early Hum Dev*. 2016 Oct;101:49-55.
4. Lamberti M, Siracusano R, Italiano D, Alosi N, Cucinotta F, Di Rosa G, Germanò E, Spina E, Gagliano A. Head-to-Head Comparison of Aripiprazole and Risperidone in the Treatment of ADHD Symptoms in Children with Autistic Spectrum Disorder and ADHD: A Pilot, Open-Label, Randomized Controlled Study. *Paediatr Drugs*. 2016 Aug;18(4):319-29.
5. Billeci L, Narzisi A, Campatelli G, Crifaci G, Calderoni S, Gagliano A, Calzone C, Colombi C, Pioggia G, Muratori F; ALERT group. Disentangling the initiation from the response in joint attention: an eye-tracking study in toddlers with autism spectrum disorders. *Transl Psychiatry*. 2016 May 17;6:e808.

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UNIVERSITY OF COPENHAGEN



Department of Clinical Medicine

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LATEST RESEARCH OUTPUTS

1. Rasmussen HB, Bjerre D, Linnet K, Jürgens G, Dalhoff K, Stefansson H, Hankemeier T, Kaddurah-Daouk R, Taboureau O, Brunak S, Houmann T, Jeppesen P, Pagsberg AK, Plessen K, Dyrborg J, Hansen PR, Hansen PE, Hughes T, Werge T; INDICES Consortium. Individualization of treatments with drugs metabolized by CES1: combining genetics and metabolomics. *Pharmacogenomics*. 2015;16(6):649-65.
2. Thomsen PH, Plessen KJ, Houmann T. ADHD in children and adults. *Ugeskr Laeger*. 2014 Jul 7;176(28):V11120664. Review. Danish.
3. Heilskov Rytter MJ, Andersen LB, Houmann T, Bilenberg N, Hvolby A, Mølgaard C, Michaelsen KF, Lauritzen L. Diet in the treatment of ADHD in children - a systematic review of the literature. *Nord J Psychiatry*. 2015 Jan;69(1):1-18.
4. Elberling H, Linneberg A, Olsen EM, Houmann T, Rask CU, Goodman R, Skovgaard AM. Infancy predictors of hyperkinetic and pervasive developmental disorders at ages 5-7 years: results from the Copenhagen Child Cohort CCC2000. *J Child Psychol Psychiatry*. 2014 Dec;55(12):1328-35.
5. Bilenberg N, Gillberg C, Houmann T, Kadesjø B, Lensing MB, Plessen KJ, Strand G, Thomsen PH, Worning A. Prescription rates of ADHD medication in the Scandinavian countries and their national guidelines. *Nord J Psychiatry*. 2012 Feb;66(1):70-1.

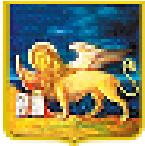
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DINO MASCHIETTO



REGIONE DEL VENETO



ULSS4
VENETO ORIENTALE

U.O. Neuropsichiatria infantile di San Donà di Piave

Director

RESEARCH OUTPUTS

1. Crippa A, Marzocchi GM, Piroddi C, Besana D, Giribone S, Vio C, Maschietto D, Fornaro E, Reposi S, Sora ML. An Integrated Model of Executive Functioning is Helpful for Understanding ADHD and Associated Disorders. *J Atten Disord* 2015 Jun;19(6):455-67.
2. Germinario EA, Arcieri R, Bonati M, Zuddas A, Masi G, Vella S, Chiarotti F, Panei P; Italian ADHD Regional Reference Centers. Attention-deficit/hyperactivity disorder drugs and growth: an Italian prospective observational study. *J Child Adolesc Psychopharmacol* 2013 Sep;23(7):440-7.
3. Dell'Agnello G, Maschietto D, Bravaccio C, Calamoneri F, Masi G, Curatolo P, Besana D, Mancini F, Rossi A, Poole L, Escobar R, Zuddas A; LYCY Study Group. Atomoxetine hydrochloride in the treatment of children and adolescents with attention-deficit/hyperactivity disorder and comorbid oppositional defiant disorder: A placebo-controlled Italian study. *Eur Neuropsychopharmacol* 2009 Nov;19(11):822-34.
4. Torresin M., Gatto C., Lia M.C., Tonetto A., Giuseppin I., Calabrese V., Guerrera T., Camolese A., Ranieri M., Maschietto D., Flora P.G. Matthew... is it us or as they say? *Medico e Bambino* 2014;33:2.
5. Maschietto D., Baioni E., Vio C., Novello F., Germinario E.A.P., Regini F.M., Panei P. Prevalence of ADHD in the Italian paediatric population and rate of exposition to pharmacological and behavioural treatment. *Medico e Bambino* 2012;31:10

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GABRIELE MASI



Dipartimento Clinico Neuroscienze dell'Età Evolutiva
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Director

LATEST RESEARCH OUTPUTS

1. Pisano S, Muratori P, Gorga C, Levantini V, Iuliano R, Catone G, Coppola G, Milone A, Masi G. Conduct disorders and psychopathy in children and adolescents: aetiology, clinical presentation and treatment strategies of callous-unemotional traits. *Ital J Pediatr* 2017 Sep 20;43(1):84.
2. Porfirio MC, Gomes de Almeida JP, Stornelli M, Giovinazzo S, Purper-Ouakil D, Masi G. Can melatonin prevent or improve metabolic side effects during antipsychotic treatments? *Neuropsychiatr Dis Treat* 2017 Aug 10;13:2167-2174.
3. Paciello M, Masi G, Clemente MG, Milone A, Muratori P. Moral disengagement and callous unemotional traits configurations in adolescents with disruptive behavior disorder: A person-oriented approach. *Psychiatry Res* 2017 Dec;258:591-593.
4. Lenzi F, Cortese S, Harris J, Masi G. Pharmacotherapy of emotional dysregulation in adults with ADHD: A systematic review and meta-analysis. *Neurosci Biobehav Rev* 2017 Aug 25. pii: S0149-7634(17)30443-8.
5. Masi G, Manfredi A, Nieri G, Muratori P, Pfanner C, Milone A. A Naturalistic Comparison of Methylphenidate and Risperidone Monotherapy in Drug-Naive Youth With Attention-Deficit/Hyperactivity Disorder Comorbid With Oppositional Defiant Disorder and Aggression. *J Clin Psychopharmacol* 2017 Oct;37(5):590-594.

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Research Assistant Professor of Child and Adolescent Psychiatry

RECENT PUBLICATIONS

1. Postorino V, Kerns CM, Vivanti G, Bradshaw J, Siracusano M, Mazzone L. Anxiety Disorders and Obsessive-Compulsive Disorder in Individuals with Autism Spectrum Disorder. *Curr Psychiatry Rep* 2017 Oct 30;19(12):92.
2. Di Cesare G, Sparaci L, Pelosi A, Mazzone L, Giovagnoli G, Menghini D, Ruffaldi E, Vicari S. Differences in Action Style Recognition in Children with Autism Spectrum Disorders. *Front Psychol* 2017 Sep 4;8:1456.
3. Ribolsi M, Lin A, Wardenaar KJ, Pontillo M, Mazzone L, Vicari S, Armando M. Clinical presentation of Attenuated Psychosis Syndrome in children and adolescents: Is there an age effect? *Psychiatry Res* 2017 Jun;252:169-174.
4. Vivanti G, Hocking DR, Fanning PA, Uljarevic M, Postorino V, Mazzone L, Dissanayake C. Attention to novelty versus repetition: Contrasting habituation profiles in Autism and Williams syndrome. *Dev Cogn Neurosci* 2017 Jan 19. pii: S1878-9293(16)30167-0.
5. Postorino V, Scahill L, De Peppo L, Fatta LM, Zanna V, Castiglioni MC, Gillespie S, Vicari S, Mazzone L. Investigation of Autism Spectrum Disorder and Autistic Traits in an Adolescent Sample with Anorexia Nervosa. *J Autism Dev Disord* 2017 Apr;47(4):1051-1061.

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MASSIMO MOLTENI



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RECENT PUBLICATIONS

1. Marini A, Ruffino M, Sali ME, Molteni M. The Role of Phonological Working Memory and Environmental Factors in Lexical Development in Italian-Speaking Late Talkers: A One-Year Follow-Up Study. *J Speech Lang Hear Res* 2017 Nov 9:1-12.
2. Campione GC, Mansi G, Fumagalli A, Fumagalli B, Sottocornola S, Molteni M, Micali N. Motor-based bodily self is selectively impaired in eating disorders. *PLoS One*. 2017 Nov 1;12(11):e0187342.
3. Trezzi V, Forni D, Giorda R, Villa M, Molteni M, Marino C, Mascheretti S. The role of READ1 and KIAA0319 genetic variations in developmental dyslexia: testing main and interactive effects. *J Hum Genet* 2017 Nov;62(11):949-955.
4. Crippa A, Salvatore C, Molteni E, Mauri M, Salandi A, Trabattoni S, Agostoni C, Molteni M, Nobile M, Castiglioni I. The Utility of a Computerized Algorithm Based on a Multi-Domain Profile of Measures for the Diagnosis of Attention Deficit/Hyperactivity Disorder. *Front Psychiatry*. 2017 Oct 3;8:189.
5. De Santis B, Brera C, Mezzelani A, Soricelli S, Ciceri F, Moretti G, Debegnach F, Bonaglia MC, Villa L, Molteni M, Raggi ME. Role of mycotoxins in the pathobiology of autism: A first evidence. *Nutr Neurosci* 2017 Aug 10:1-13.

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PARAMALA SANTOSH



Clinical Academic Group

Child and Adolescent Mental Health Clinical Academic Group

Consultant Child & Adolescent Psychiatrist

LATEST RESEARCH OUTPUTS

1. Daley, D., Van Der Oord, S., Ferrin, M., Cortese, S., Danckaerts, M., Doepfner, M., Van den Hoofdakker, B. J., Coghill, D., Thompson, M., Asherson, P., Banaschewski, T., Brandeis, D., Buitelaar, J., Dittmann, R. W., Hollis, C., Holtmann, M., Konofal, E., Lecendreux, M., Rothenberger, A., Santosh, P. & 8 others. Practitioner Review: Current best practice in the use of parent training and other behavioural interventions in the treatment of children and adolescents with attention deficit hyperactivity disorder. *J Child Psychol Psychiatry*. 2017 Oct 30. doi: 10.1111/jcpp.12825.
2. Santosh, P., Lievesley, K., Fiori, F. & Ahluwalia, J. S. Development of the Tailored Rett Intervention and Assessment Longitudinal (TRIAL) database and the Rett Evaluation of Symptoms and Treatments (REST) Questionnaire. *BMJ Open* 2017;e015342.
3. Gettings, S., Franco, F. & Santosh, P. J. Sibling's Views Questionnaire. 13 Feb 2017
4. Flamarique, I., Santosh, P., Zuddas, A., Arango, C., Purper-Ouakil, D., Hoekstra, P. J., Coghill, D., Schulze, U., Dittmann, R. W., Buitelaar, J. K., Lievesley, K., Frongia, R., Llorente, C., Méndez, I., Sala, R., Fiori, F. & Castro-Fornieles, J. Development and psychometric properties of the Suicidality: Treatment Occurring in Paediatrics (STOP) Suicidality Assessment Scale (STOP-SAS) in children and adolescents. *BMC Pediatrics* 2016;16:213.
5. Santosh P. STIMULANT MEDICATION TO TREAT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER. *BMJ*. 2017 Jul 14;358:j2945. doi: 10.1136/bmj.j2945.

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KAPIL SAYAL



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SELECTED PUBLICATIONS

1. SAYAL K, CHUDAL R, HINKKA-YLI-SALOMÄKI S, JOELSSON P and SOURANDER A. Relative age within the school year and diagnosis of attention-deficit hyperactivity disorder: a nationwide population-based study. *Lancet Psychiatry*.2017; 4(11), 868-875
2. SAYAL, K., WASHBROOK, E. and PROPPER, C. Childhood behavior problems and academic outcomes in adolescence: longitudinal population-based study. *Journal of the American Academy of Child and Adolescent Psychiatry*.2015;54(5), 360-8.e2
3. SAYAL, K., YATES, N., SPEARS, M. and STALLARD, P. Service use in adolescents at risk of Depression and Self-harm: prospective longitudinal study *Social Psychiatry and Psychiatric Epidemiology*.2014;49(8), 1231-1240
4. D'AMICO F, KNAPP M, BEECHAM J, SANDBERG S, TAYLOR E and SAYAL K. Use of services and associated costs for young adults with childhood hyperactivity/conduct problems: 20-year follow-up. *British Journal of Psychiatry* 2014;204(6), 441-447
5. Sayal K, Prasad V, Daley D, Ford T, Coghill D. ADHD in children and young people: prevalence, care pathways, and service provision. *Lancet Psychiatry* 2017 Oct 9. pii: S2215-0366(17)30167-0

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LATEST RESEARCH OUTPUTS

1. Vitiello B, Perez Algorta G, Arnold LE, Howard AL, Stehli A, Molina BS. Psychotic Symptoms in Attention-Deficit/Hyperactivity Disorder: An Analysis of the MTA Database. *J Am Acad Child Adolesc Psychiatry*. 2017 Apr;56(4):336-343.
2. Criado KK, Sharp WG, McCracken CE, De Vinck-Baroody O, Dong L, Aman MG, McDougale CJ, McCracken JT, Eugene Arnold L, Weitzman C, Leventhal JM, Vitiello B, Scahill L. Overweight and obese status in children with autism spectrum disorder and disruptive behavior. *Autism*. 2017 Mar 1:1362361316683888. doi: 10.1177/1362361316683888. [Epub ahead of print]
3. Swanson JM, Arnold LE, Molina BSG, Sibley MH, Hechtman LT, Hinshaw SP, Abikoff HB, Stehli A, Owens EB, Mitchell JT, Nichols Q, Howard A, Greenhill LL, Hoza B, Newcorn JH, Jensen PS, Vitiello B, Wigal T, Epstein JN, Tamm L, Lakes KD, Waxmonsky J, Lerner M, Etcovitch J, Murray DW, Muenke M, Acosta MT, Arcos-Burgos M, Pelham WE, Kraemer HC; MTA Cooperative Group. Young adult outcomes in the follow-up of the multimodal treatment study of attention-deficit/hyperactivity disorder: symptom persistence, source discrepancy, and height suppression. *J Child Psychol Psychiatry*. 2017 Jun;58(6):663-678.
4. Cortese S, D'Acunto G, Konofal E, Masi G, Vitiello B. New Formulations of Methylphenidate for the Treatment of Attention-Deficit/Hyperactivity Disorder: Pharmacokinetics, Efficacy, and Tolerability. *CNS Drugs*. 2017 Feb;31(2):149-160.
5. Scahill L, Bearss K, Sarhangian R, McDougale CJ, Arnold LE, Aman MG, McCracken JT, Tierney E, Gillespie S, Postorino V, Vitiello B. Using a Patient-Centered Outcome Measure to Test Methylphenidate Versus Placebo in Children with Autism Spectrum Disorder. *J Child Adolesc Psychopharmacol*. 2017 Mar;27(2):125-131.

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LATEST RESEARCH OUTPUTS

1. Coghill DR, Banaschewski T, Nagy P, Otero IH, Soutullo C, Yan B, Caballero B, Zuddas A. Long-Term Safety and Efficacy of Lisdexamfetamine Dimesylate in Children and Adolescents with ADHD: A Phase IV, 2-Year, Open-Label Study in Europe. *CNS Drugs*. 2017 Jul;31(7):625-638.
2. Cianchetti C, Pasculli M, Pittau A, Campus MG, Carta V, Littarru R, Fancello GS, Zuddas A, Ledda MG. Child and Adolescent Behavior Inventory (CABI): Standardization for Age 6-17 Years and First Clinical Application. *Clin Pract Epidemiol Ment Health*. 2017 Mar 22;13:20-26.
3. Coghill DR, Banaschewski T, Soutullo C, Cottingham MG, Zuddas A. Systematic review of quality of life and functional outcomes in randomized placebo-controlled studies of medications for attention-deficit/hyperactivity disorder. *Eur Child Adolesc Psychiatry*. 2017 Nov;26(11):1283-1307.
4. Hennissen L, Bakker MJ, Banaschewski T, Carucci S, Coghill D, Danckaerts M, Dittmann RW, Hollis C, Kovshoff H, McCarthy S, Nagy P, Sonuga-Barke E, Wong IC, Zuddas A, Rosenthal E, Buitelaar JK; ADDUCE consortium. Cardiovascular Effects of Stimulant and Non-Stimulant Medication for Children and Adolescents with ADHD: A Systematic Review and Meta-Analysis of Trials of Methylphenidate, Amphetamines and Atomoxetine. *CNS Drugs*. 2017 Mar;31(3):199-215.
5. Balia C, Carucci S, Coghill D, Zuddas A. The pharmacological treatment of aggression in children and adolescents with conduct disorder. Do callous-unemotional traits modulate the efficacy of medication? *Neurosci Biobehav Rev*. 2017 Jan 27. pii: S0149-7634(16)30149-X.

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