Non pharmacological interventions for Attention-Deficit / Hyperactivity Disorder (ADHD) in school settings

Introduction

The aim of the HTA programme is to ensure that high quality research information on the effectiveness, costs and broader impact of health technologies is produced in the most efficient way for those who use, manage, provide care in or develop policy for the NHS. Topics for research are identified and prioritised to meet the needs of the NHS. Health technology assessment forms a substantial portfolio of work within the National Institute for Health Research and each year about fifty new studies are commissioned to help answer questions of direct importance to the NHS. The studies include both primary research and evidence synthesis.

Question

What non pharmacological interventions for children with or at risk of ADHD have been shown to be effective when delivered in school settings and how do schools best contribute to their effectiveness?

1 **Technology:** Interventions are varied and include (but are not limited to) psychological and behavioural therapies, staff training and other forms of child or institutional support.
2 **Patient group:** Children with or at risk of attention-deficit / hyperactivity disorder (i.e. include children with high levels of ADHD symptoms)
3 **Setting:** School settings
4 **Control or comparator treatment:** N/A
5 **Design:** A wide systematic review of qualitative and quantitative research to identify the clinical and cost effectiveness of interventions for children with ADHD. The review may extend to include the effect of the interventions on other aspects of social, family or institutional wellbeing and should account for severity of ADHD, co morbidities and age.
6 **Important outcomes:** Measures of the effects of interventions on ADHD behaviour. **Other outcomes:** Effects on social and academic functioning, measures of effects on parent, carer or teachers, assessment of the elements of interventions that appear to contribute to effectiveness.

Background to commissioning brief:

Attention deficit hyperactivity disorder (ADHD) is a developmental disorder usually diagnosed in childhood, and is one of the most common psychiatric disorders in childhood. There is increasing evidence of persistence in adulthood. Prevalence of ADHD is between 3-5% in childhood, with male to female ratio of approximately 4:1. It has been estimated (based on ONS data) that about 34,5000 6-16 years old in England and 21,000 in Wales meet the criteria for ADHD. ADHD also frequently occurs co-morbidly with other conditions such as oppositional defiant disorder, learning disabilities, conduct disorder, Tourette's syndrome, depression, autism spectrum disorders, anxiety disorders and bipolar disorders. Preschool children are often regarded as showing ADHD, but the grounds for medication are not clear. In addition, medication is not licensed for this age group. There is no cure for ADHD, so treatment is used to try and gain control of the symptoms. Treatment and management of ADHD is multi-faceted, often involving psychological/behavioural approaches alongside medication. Non pharmacological interventions have an important role to play both prior to diagnosis and following clinical diagnosis.

Research is required to identify and describe the effectiveness of interventions and non pharmacological treatments delivered in school settings, for children with ADHD.

Making an application

The NIHR Health Technology Assessment programme is funded by the NIHR, with contributions from the CSO in Scotland and WORD in Wales. Researchers from Northern Ireland should contact NETSCC to discuss their eligibility to apply.

If you wish to submit a proposal on this topic, complete the on-line application form at http://www.hta.ac.uk/funding/standardcalls/index.shtml and submit it on line by **7th April 2011.** You need to send a copy of the application form with original signatures, along with a detailed project description, to the HTA Commissioning Manager at the National Coordinating Centre for Health Technology Assessment, Alpha House, Enterprise Road, Southampton Science Park, Chilworth, Southampton, SO16 7NS.

Your full proposal will be assessed by designated board members, alongside other applications submitted in the same topic area. A maximum of three proposals will be taken forward for peer review by external referees, and subsequent consideration by the HTA Commissioning Board at its meeting in July 2011.

Applications received electronically after 1300 hours on the due date will not be considered.

Please see GUIDANCE ON APPLICATIONS overleaf.

Guidance on applications

Methods

Applicants should demonstrate knowledge of current research in the field and of systematic review methods and state how these would apply to the question posed. Valid and reliable methods should be proposed for identifying and selecting relevant material, assessing its quality and synthesising the results. Guidance on choice of appropriate methods is contained in NHS CRD Report *Systematic Reviews: CRD's guidance for undertaking reviews in health care (third edition)* (http://www.york.ac.uk/inst/crd/systematic_reviews_book.htm). Where policy implications are considered, the emphasis should be on assessing the likely effects of a range of policy options open to decision makers rather than a judgement on any single strategy. Where epidemiological modelling or economic evaluation is required, the range of uncertainty associated with the results should be assessed. In the assessment of cost-effectiveness, further data collection may be required to estimate resource use and costs. If there is evidence that the ratio of costs and benefits may differ between readily identifiable groups, applicants are encouraged to state how they will identify these differences.

Cochrane

Applicants wishing to produce and maintain a Cochrane systematic review from this HTA commissioned systematic review should make the case in their proposal. This will need to include the approval of the relevant Cochrane Review Group (www.cochrane.org). Any additional costs associated with the initial preparation of a Cochrane review should be included in your project proposal. Maintenance costs cannot be met.

Public involvement in research

The HTA programme recognises the benefit of increasing active involvement of members of the public in research and would like to support research projects appropriately. The HTA programme encourages applicants to consider *how* the scientific quality, feasibility or practicality of their proposal *could* be improved by involving members of the public. Examples of how this has been done for health technology assessment projects can be found at http://www.hta.ac.uk/PPIguidance/. Research teams wishing to involve members of the public should include in their application: the aims of active involvement in this project; a description of the members of the public (to be) involved; a description of the methods of involvement; and an appropriate budget. Applications that involve members of the public will not, for that reason alone, be favoured over proposals that do not but it is hoped that the involvement of members of the public will improve the quality of the application.

Updating

It is the policy of NETSCC, HTA that all search strategies undertaken as part of evidence synthesis/secondary research projects must not be more than 12 months out of date when the draft final report is submitted. We expect that most projects will manage to bring their searches up to date prior to analysis and writing up. As research funders we are aware that exceptional circumstances can apply that would not allow this to be case but this must be the exception rather than the rule and will be assessed on a case by case basis. The expectation is that projects funded by the HTA programme will deliver information that is both relevant and timely.

In addition, in order to inform decisions on whether and when to update the review, researchers will be expected to give some indication of how fast the evidence base is changing in the field concerned, based on the nature and volume of ongoing work known at the time the review is completed. Applicants should note that they will not be expected to carry out any future updating as part of the contract to complete the review.

Communication

Communication of the results of research to decision makers in the NHS is central to the HTA Programme. Successful applicants will be required to submit a single final report for publication by the HTA programme. They are also required to communicate their work through peer-reviewed

journals and may also be asked to support NETSCC, HTA in further efforts to ensure that results are readily available to all relevant parties in the NHS. Where findings demonstrate continuing uncertainty, these should be highlighted as areas for further research.

Timescale

There are no fixed limits on the duration of projects or funding. However, there is a pressing need within the NHS for the information and so the research would normally be expected to be completed as soon as possible – however it is for applicants to justify the duration and costs proposed.