Updated guidelines issued for attention deficit hyperactivity disorder (ADHD)

The American Academy of Pediatrics (AAP) has updated its guidelines for the diagnosis and management of attention deficit hyperactivity disorder (ADHD). Although much of the advice remains the same, the new guidelines offer several significant changes worth noting:

**Screening.** The AAP now recommends that any child or teenager, ages 4 to 18, be screened for ADHD if he or she develops academic or behavior problems in addition to symptoms suggesting ADHD, such as inattention, hyperactivity, or impulsive behavior. This represents an expansion of the previous recommendations, which were restricted to children ages 6 to 12.

**Diagnostic criteria.** The AAP recommends that diagnosis of ADHD be made on the basis of criteria published in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*. A key element of this recommendation is the reminder that symptoms such as inattention and hyperactive behavior should be observed in more than one setting. This means that a clinician should obtain information from parents, teachers, and other caregivers before making a diagnosis.

**Treatment.** For preschool children (ages 4 or 5), the AAP recommends that the first-line treatment offered for ADHD be in the form of behavioral therapy, with medication held in reserve for use only when behavior modification does not produce significant improvement. For older children and teenagers, the AAP recommends either medication or behavioral therapy for ADHD—but concludes that the combination of both is probably best.

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Mindfulness training helps people quit smoking

Multiple options exist to help people stop smoking, from nicotine replacement therapy to psychotherapy and self-help programs. But for the most part, the success rates of these programs are discouraging. Most people addicted to cigarettes have to make several quit attempts before they can finally kick the habit.

Even then, they may have trouble staying abstinent. Environmental cues and triggers—such as the smell of a cigarette or the pressures of a stressful day—can induce powerful cravings, including recollections of the pleasures of smoking, that a person may find hard to resist. That's why most tobacco cessation programs encourage people to avoid triggers, reduce stress, and find alternatives to cigarettes.

A new study suggests that a different approach—which involves learning to accept and tolerate the challenges of withdrawal from addiction, rather than finding ways to avoid these unpleasant experiences—might be a better way to quit cigarettes. The study is believed to be the first randomized controlled trial of mindfulness training as a stand-alone treatment for nicotine addiction. The results are promising.

Researchers at the Yale University School of Medicine recruited 88 smokers to participate in the trial. On average, participants were smoking 20 cigarettes a day and had made five previous attempts to quit. Half of the participants were assigned to the American Lung Association's Freedom From Smoking program. The program covered behavior modification, stress reduction techniques, and tips on how to avoid relapse. The remaining participants were assigned to mindfulness training, which focused on building awareness and acceptance of key components of addiction and withdrawal, such as intense cravings and fluctuations in mood. Participants in both arms of the study met for group therapy twice a week for four weeks.

Both immediately after the intervention ended and at a 17-week follow-up assessment, individuals assigned to mindfulness training were more likely to have quit smoking completely, with abstinence confirmed by breath tests measuring levels of cigarette byproducts. At the four-week mark, 36% of the people assigned to mindfulness training were abstinent from cigarettes, compared with 15% of those assigned to the Freedom From Smoking group. At the 17-week mark, the differences were even more pronounced: 31% of the people assigned to mindfulness training remained abstinent, compared with 6% of those assigned to Freedom From Smoking.

This is a small study, however, with relatively short-term results. That being said, the study is a reminder that mindfulness training—already used in conjunction with other stop-smoking techniques—might also be worth trying on its own.