Parliamentary Assembly
Assemblée parlementaire
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COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Resolution 2042 (2015)[1]
Final version

Ensuring comprehensive treatment for children with attention disorders

Parliamentary Assembly

1. In 2000, concerned about the increasing numbers of children being diagnosed with attention deficit hyperactivity disorder (ADHD) and treated with psychostimulant drugs, the Parliamentary Assembly adopted Recommendation 1562 (2002) on controlling the diagnosis and treatment of hyperactive children in Europe. Today, ADHD is one of the most commonly diagnosed childhood disorders worldwide, affecting 3.3 million children and adolescents in the European Union alone.

2. The last decade was marked by a significant increase both in the incidence of ADHD and the use of psychostimulants to treat it. While there are different scenarios explaining this increase, including possible over-diagnosis, changing environmental factors, growing awareness of ADHD and over-reliance on medication, attention is also drawn to possible under-diagnosis and under-treatment due to the inadequate training of care providers, inequalities in access to care as well as the stigma and misconceptions surrounding ADHD.

3. ADHD is a complex disorder, which makes its assessment equally complex, thereby increasing the risk of misdiagnosis. In addition, two different sets of criteria continue to be applied for its diagnosis, one adopted by the American Psychiatric Association, the other, more stringent, by the World Health Organization (WHO), with the gap between the two sets of criteria still growing.

4. Research on the treatment of ADHD has mostly focused on pharmacological interventions, without enough consideration of other treatment options, in particular psychosocial/behavioural interventions aimed at teaching skills that improve the behaviour of children with ADHD. Moreover, research on long-term outcomes associated with different treatment options, including adverse effects of long-term stimulant use on children, is almost non-existent. Similarly, compared to research on genetic and biological factors in the aetiology of ADHD, research on environmental aspects is less robust.

5. Today, there is an increasing recognition that ADHD requires a comprehensive multimodal treatment approach combining medical, behavioural and educational interventions, including parent and teacher education about diagnosis and treatment; behaviour management techniques for the child, the family and teachers; medication and school programming and support. Multimodal interventions not only focus on ADHD symptoms but also target the associated conditions, such as school difficulties, family dysfunction and low self-esteem as well as co-morbid disorders.

6. The Assembly therefore calls on the Council of Europe member States to:

6.1. address the risk factors for misdiagnosis of ADHD, in particular by ensuring:

6.1.1. adequate training of health-care professionals on the diagnosis and appropriate management of ADHD based on the principle of the best interests of the child;

6.1.2. full compliance with diagnostic procedures provided for in national and international guidelines;

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1. *Text adopted by the Standing Committee*, acting on behalf of the Assembly, on 6 March 2015 (see Doc. 13712, report of the Committee on Social Affairs, Health and Sustainable Development, rapporteur: Ms Sílvia Eloïsa Bonet Perot).

6.2. follow a comprehensive approach for the treatment of ADHD and ensure that psychostimulant drugs are used as a measure of last resort – and always in combination with other treatments – with priority given to behavioural interventions and academic support;

6.3. carry out and/or finance research on environmental factors involved with ADHD and promote the introduction of early identification and intervention programmes, as well as independent and well-designed studies on ADHD treatment, with a focus on the following priority areas:

6.3.1. short- and long-term outcomes of psychosocial treatments, as well as of other non-pharmacological treatments;

6.3.2. long-term outcomes associated with psychostimulant medication, in particular long-term adverse effects of drugs on children;

6.4. identify the underlying reasons for discrepancies in ADHD prevalence and treatment, and where relevant, tackle possible over- and under-diagnosis and under-treatment in this context;

6.5. increase informed awareness and recognition of ADHD, in particular by educating parents and teachers about its diagnosis and treatment.

7. The Assembly also invites WHO to extensively disseminate the upcoming new edition of the International Classification of Diseases and use this as an opportunity to increase adherence to the proposed stricter criteria for the diagnosis of ADHD, based upon the latest scientific knowledge.