



**UNIVERSITÄTS  
KLINIKUM** FREIBURG



# Dialectical Behavioural Therapy in Adult ADHD

**Alexandra Philipsen – UKAAN, LONDON 2014**



# Financial Disclosure

---

Advisory Boards, Phase III Studies, Research Report,  
Travel: Janssen-Cilag, Lilly, Medice, Novartis, Shire

CBT and DBT Supervisor and Teacher, Author of  
Articles and Books on Psychotherapy in adult ADHD  
and Borderline Personality Disorder

# Outline

---

- Introduction
- Development and evaluation of a DBT-based programme for adult ADHD ([COMPAS](#) Group)
- Summary
- Outlook

# Introduction

---

- Co-occurring Disorders and Psychosocial Consequences<sup>1</sup>
- Low Self Esteem<sup>2</sup>
- Persisting Symptoms after Medication<sup>3</sup>
- Patients demand for Additional Therapy
- Guidelines Recommendation: “Multimodal Treatment”

<sup>1</sup>Biederman 2005, Wilens et al. 2004, Rösler & Philipsen 2010, <sup>2</sup>Stevenson et al. 2002, Philipsen et al. 2007, Safren et al. 2005, <sup>3</sup>Ebert et al. 2003, NICE 2010, CADDRA 2008, Australian Guidelines 2009

# 1999: Staged Approach of a DBT-based treatment in Adult ADHD

---

Phase I: Conceptual Work

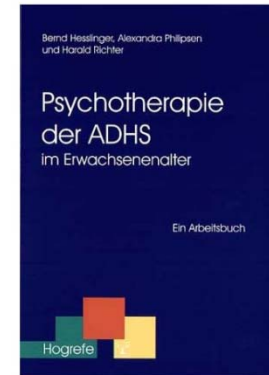
Phase II: Pilotstudy ( N = 15)

Feasibility Multicenter Study (N = 72)  
(4 University Sites)

**Phase III: Randomised Multicenter Study - COMPAS**

Funded by German Federal Ministry of  
Education and Research (01GV0606)

**RCT independent research group** (Hirivikoski et al.  
2011)

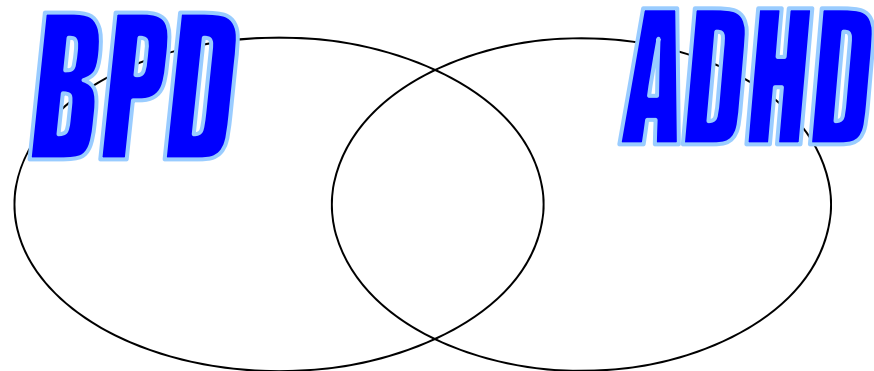


# Conceptual Work

---

## Common Features of Adult ADHD and Borderline Personality Disorder:

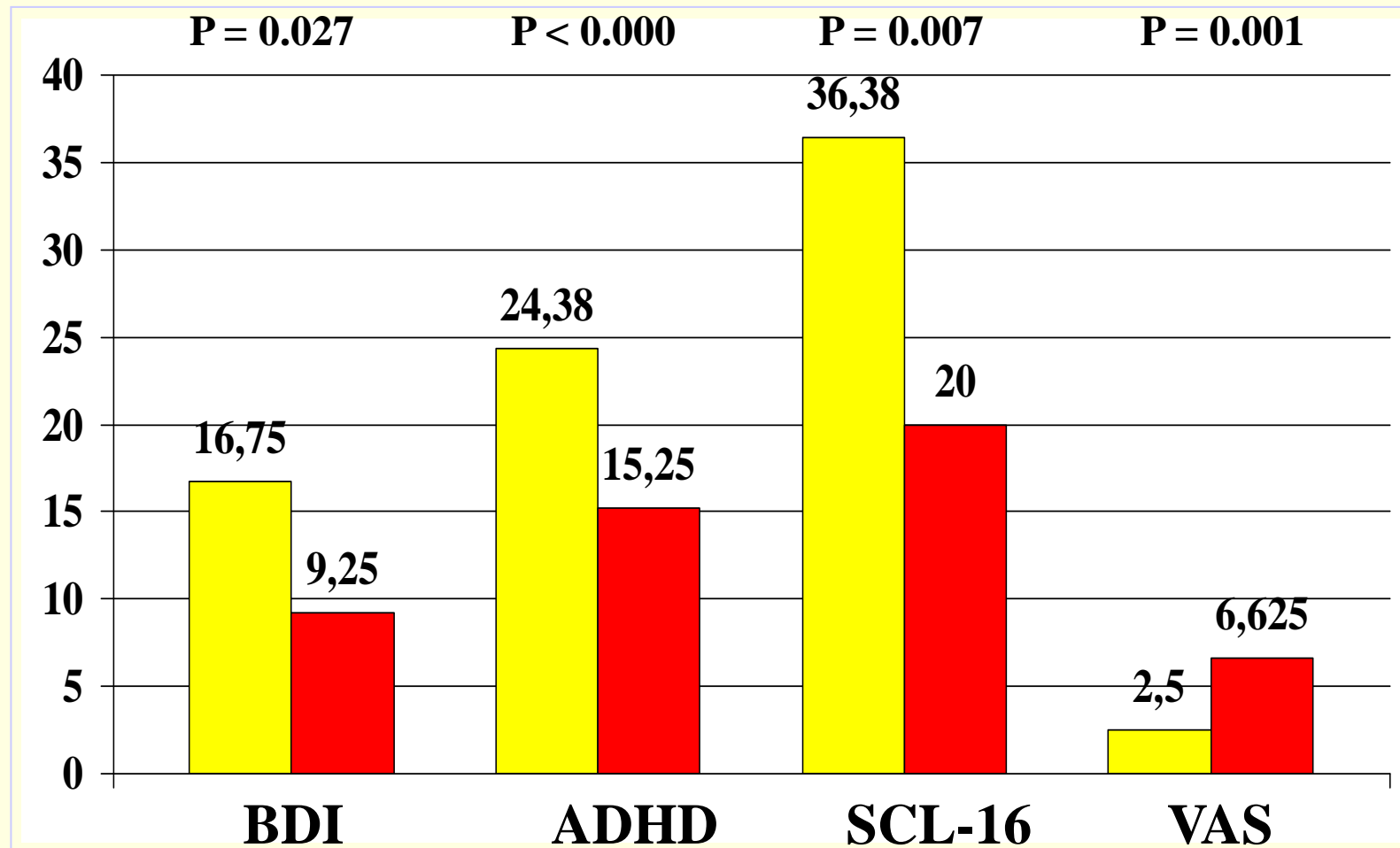
- Affective Instability
- Impulsive Behavior
- Disorganization
- Substance Dependence
- Relationship Problems
- Attention Deficits (Dissociation in BPD)
- Low Self-esteem



# Results of the Pilot DBT Study

Hesslinger et al. European Archives of Psychiatry and Clinical Neuroscience 2002

 = pre       = post

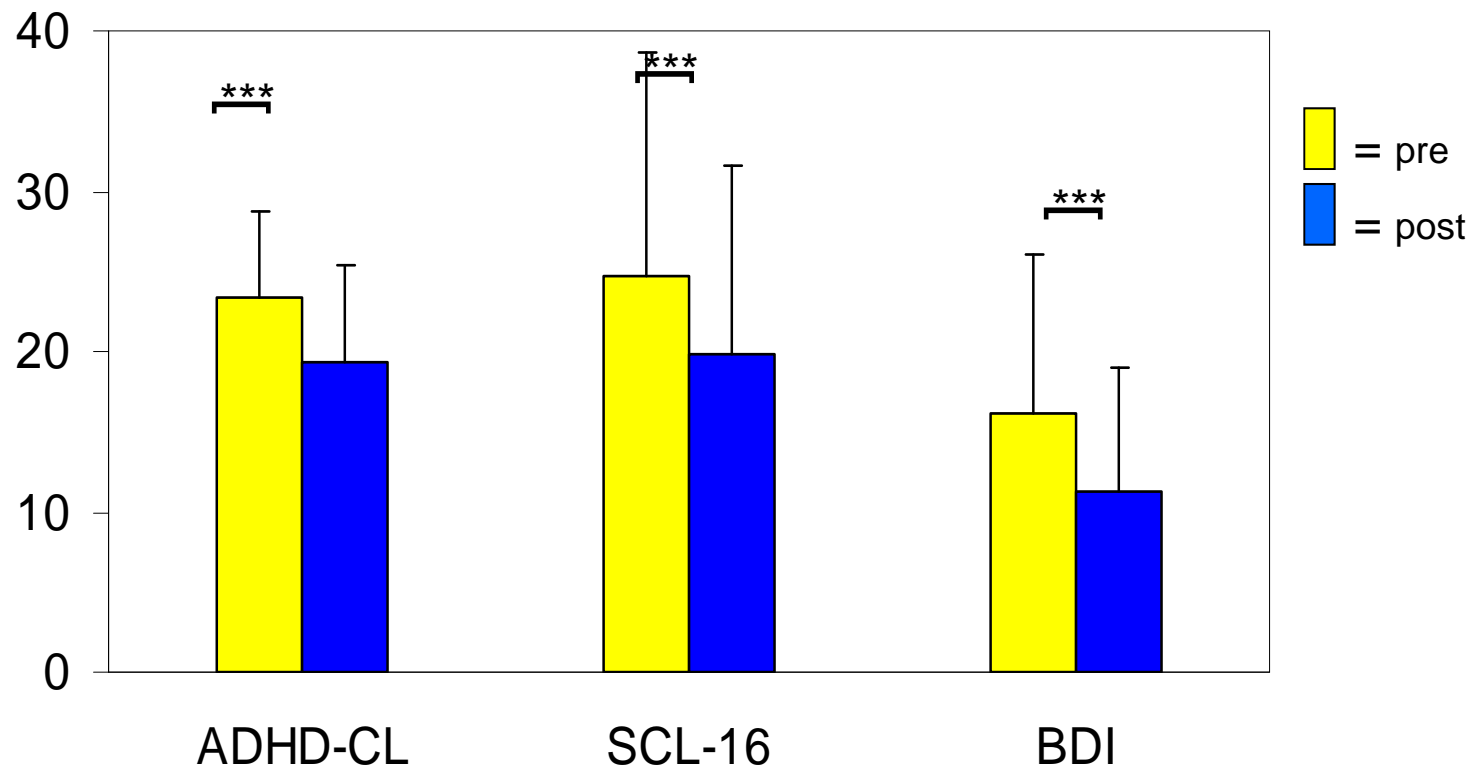


BDI: Beck Depression Inventory, ADHD-CL: ADHD-Checklist, SCL-16: Symptom Check List, VAS: Visual Analogue Scale

# Results of the Multicenter Feasibility Study (n=72)

Philipsen et al. Journal of Nervous and Mental Disease 2007

---



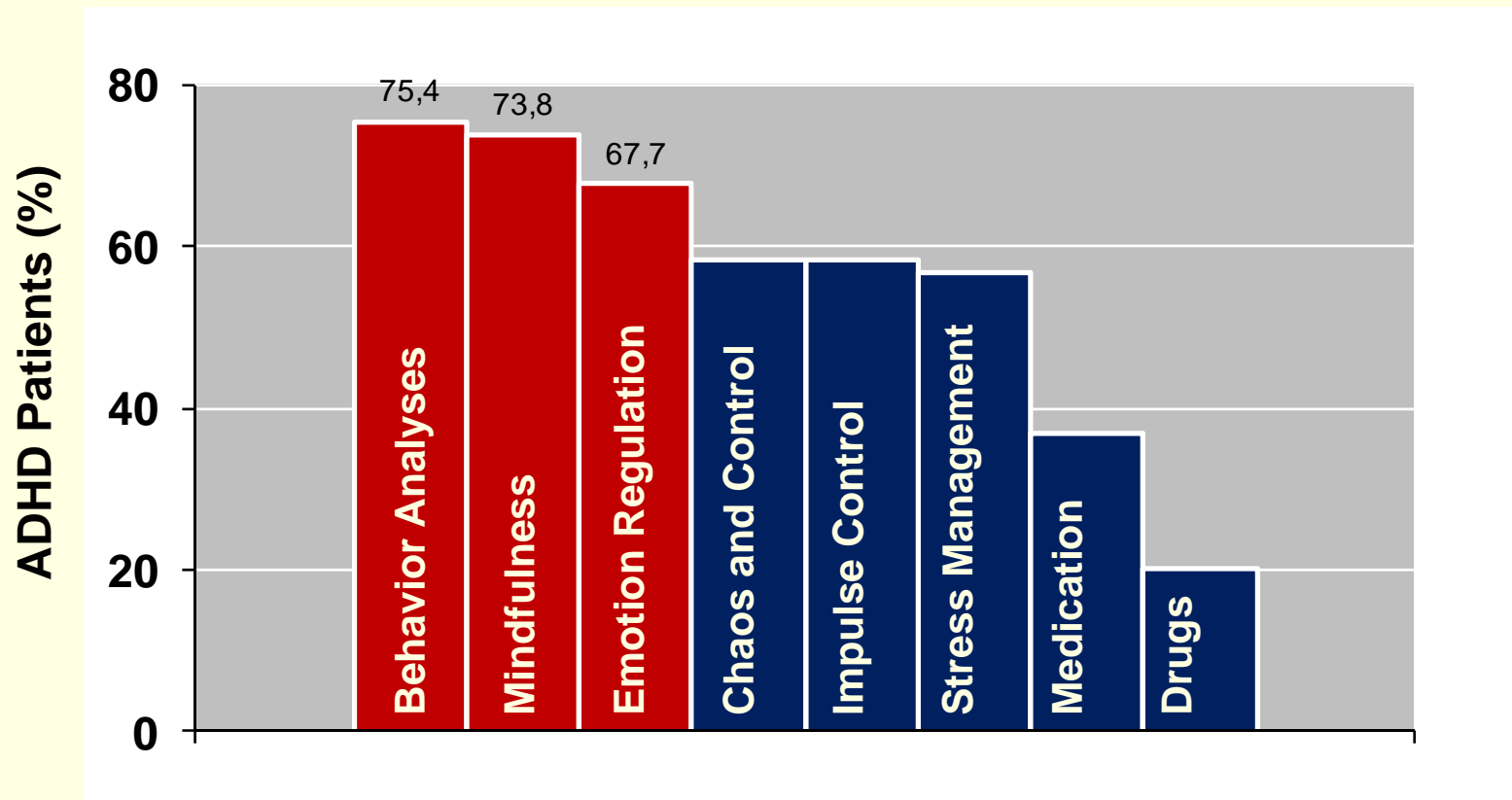
ADHD-CL: ADHD-Checklist, SCL-16: Symptom Check List-16 Items, BDI:  
Beck Depression Inventory


\*\*\* $p < 0.001$ , partial  $\eta^2$  0.672



# Most Effective Psychotherapeutic Topics as rated by Patients (n=72, %)

---



 = rated „most effective“ by more than 65 % of the patients

# Contents of the Programme

---

- Main Objective: **“to control ADHD rather than to be controlled by ADHD”**
- Psychoeducation (Neurobiological Model, Neuroplasticity)
- Mindfulness
- „Chaos and Control“ (Time Management, Organization)
- Analysis of Dysfunctional Behavior / Impulse Control
- Emotion Regulation
- Co-occurring Disorders
- Stress Management
- ADHD in Relationships / Self-respect



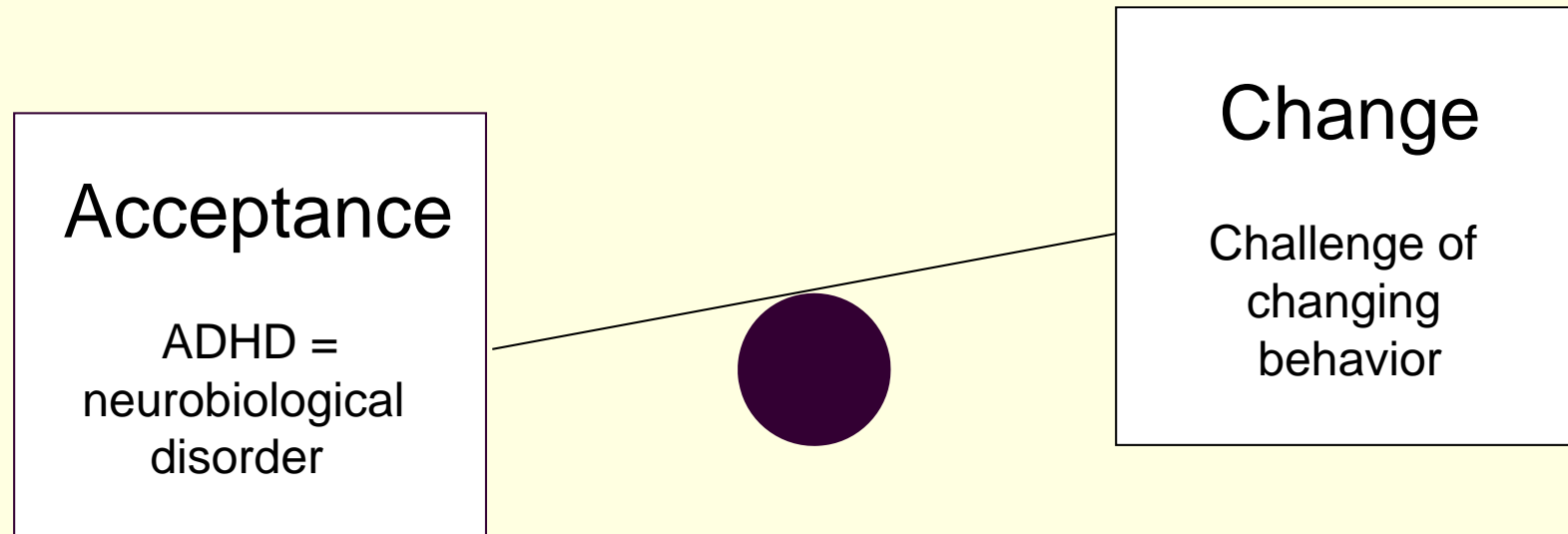
# Formal Procedure

---

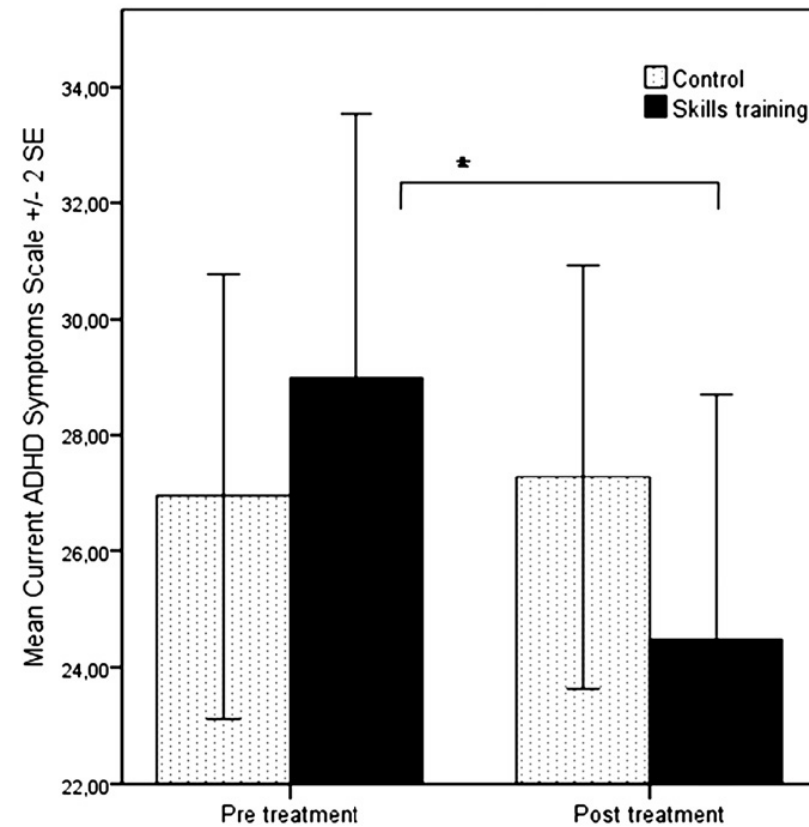
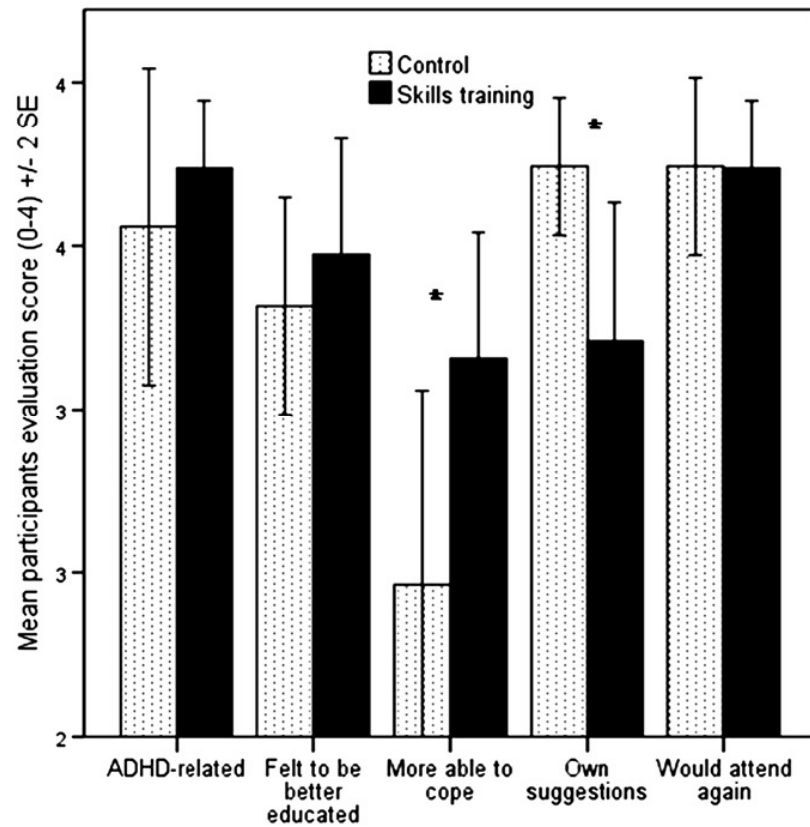
- Written Information, Commitment
- Weekly Group Meetings (Minimum of 13 two-hour Sessions)
- 6 - 9 Participants, 2 Therapists
- Workbook (Hesslinger, Philipsen, Richter 2004),
- Homework, Written Materials
- Individual Sessions (3 at most)
  - Individual
  - With Family Members or Partners

# Balance

---



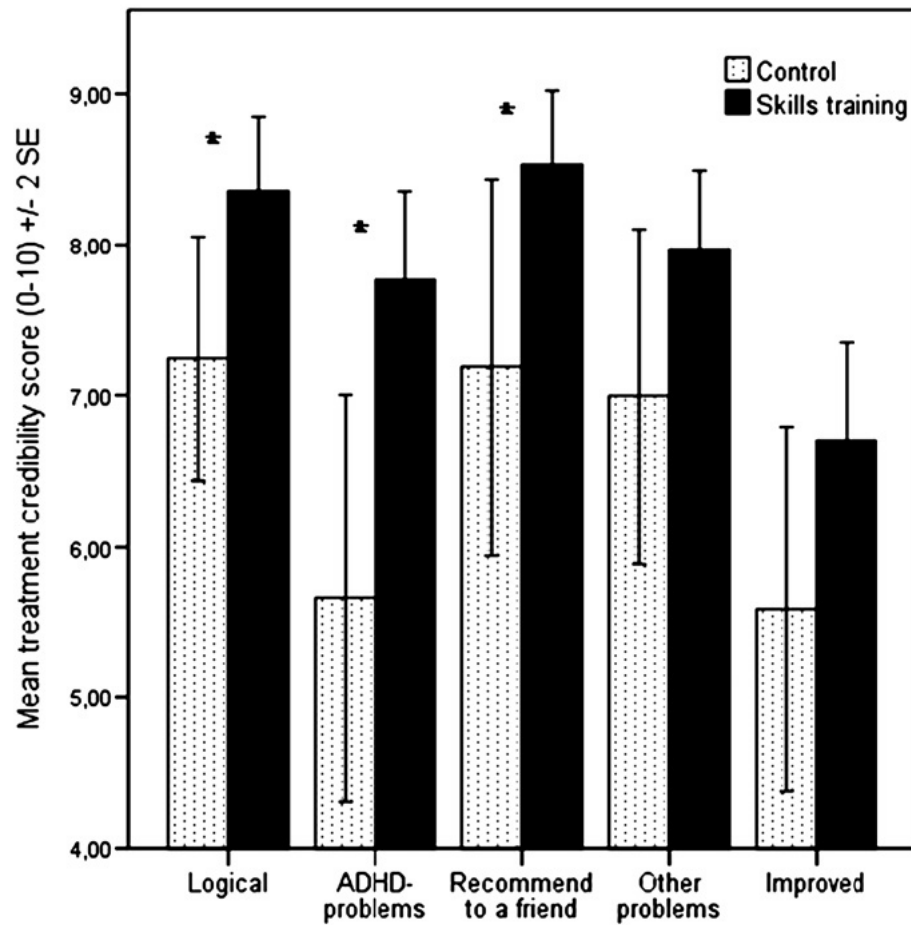
# Results DBT versus Discussion Group (n=51)



*T. Hirvikoski et al. / Behaviour Research and Therapy 49 (2011) 175–185*

# Treatment Credibility

## DBT versus Discussion



**DBT > Discussion**

# Principal Research Questions (COMPAS)

---

- Is disorder tailored psychotherapy more effective in reducing symptoms of adult ADHD than a control condition in terms of clinical management?
- Is the combination of disorder tailored psychotherapy and medication superior to medication and clinical management or psychotherapy and placebo?

# Study Design - COMPAS

## Design

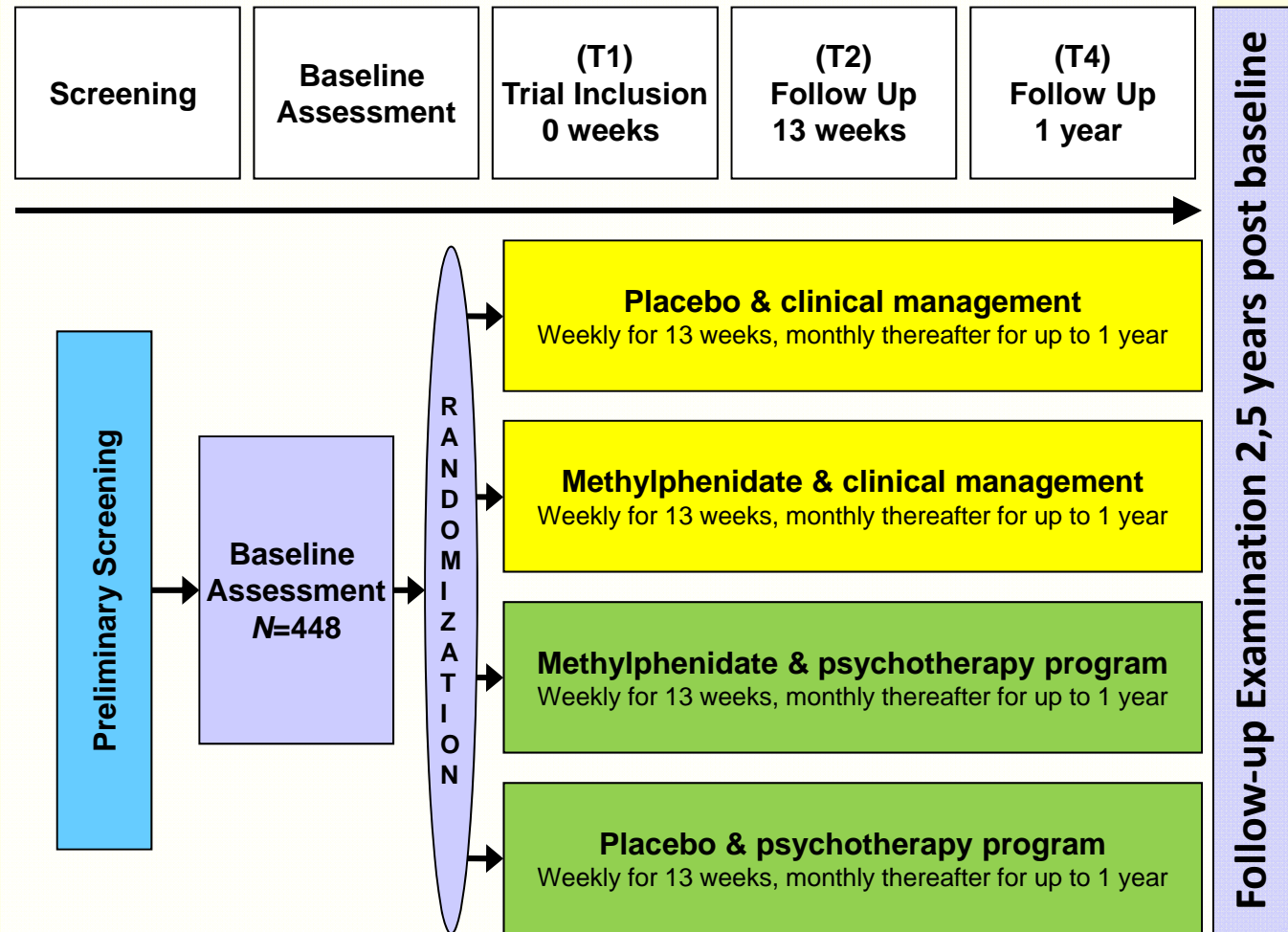
- randomised controlled
- multicentred
- placebo-controlled
- double blind

## Subjects

- N=433
- adult patients with ADHD

## Outcome Criteria

- Primary: ADHD-Index (12 Items of the Conners Adult Rating Scale, observer rated (T1/T2))





# Power Calculation

---

- 2x2 factorial design
- Assumptions with respect to the primary outcome:
  - 40% reduction for Psychotherapy and Methylphenidate (MPH)
  - 30% reduction for Psychotherapy and Placebo, 30% for Clinical Management (CM) and MPH, 20% Reduction for CM and Placebo
- 175 Patients per Treatment Group (MPH/Placebo, CM/Psychotherapy)

# COMPAS

## Main Secondary Endpoints

---

- **ADHD Severity:**
  - Therapy response
  - CAARS-S:L
  - ADHD-Checklist (ADHD-DC)
  
- **Associated Psychopathology**

Symptom Checklist (SCL-90-R), Beck Depression Inventory (BDI), Clinical Global Impression (CGI), Quality of Life Questionnaire (Q-LES-QSF)

# Trial Medication

---

## Methylphenidate\* **0.5mg bis 1.3 mg/kg body weight**

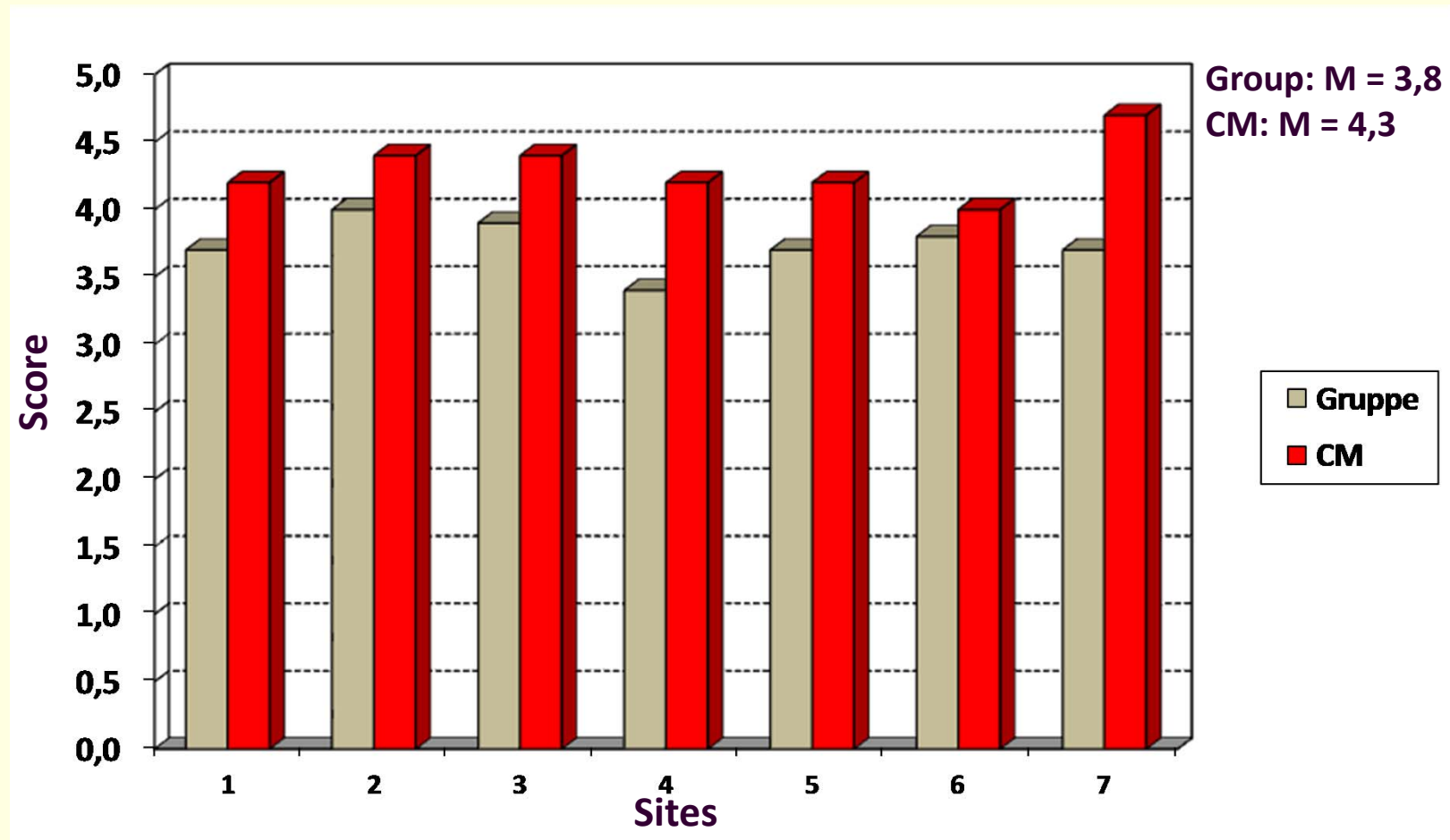
1. Week 10 mg Methylphenidate Extended Release 1-0-0 (10 mg/d)
2. Week 10 mg Methylphenidate Extended Release 1-1-0 (20 mg/d)
3. Week 10 mg Methylphenidate Extended Release 2-1-0 (30 mg/d)
4. Week 10 mg Methylphenidate Extended Release 2-2-0 (40 mg/d)
5. Week 10 mg Methylphenidate Extended Release 3-2-0 (50 mg/d)
6. Week 10 mg Methylphenidate Extended Release 3-3-0 (**60 mg/d**)

7th – 12 th Week Titration

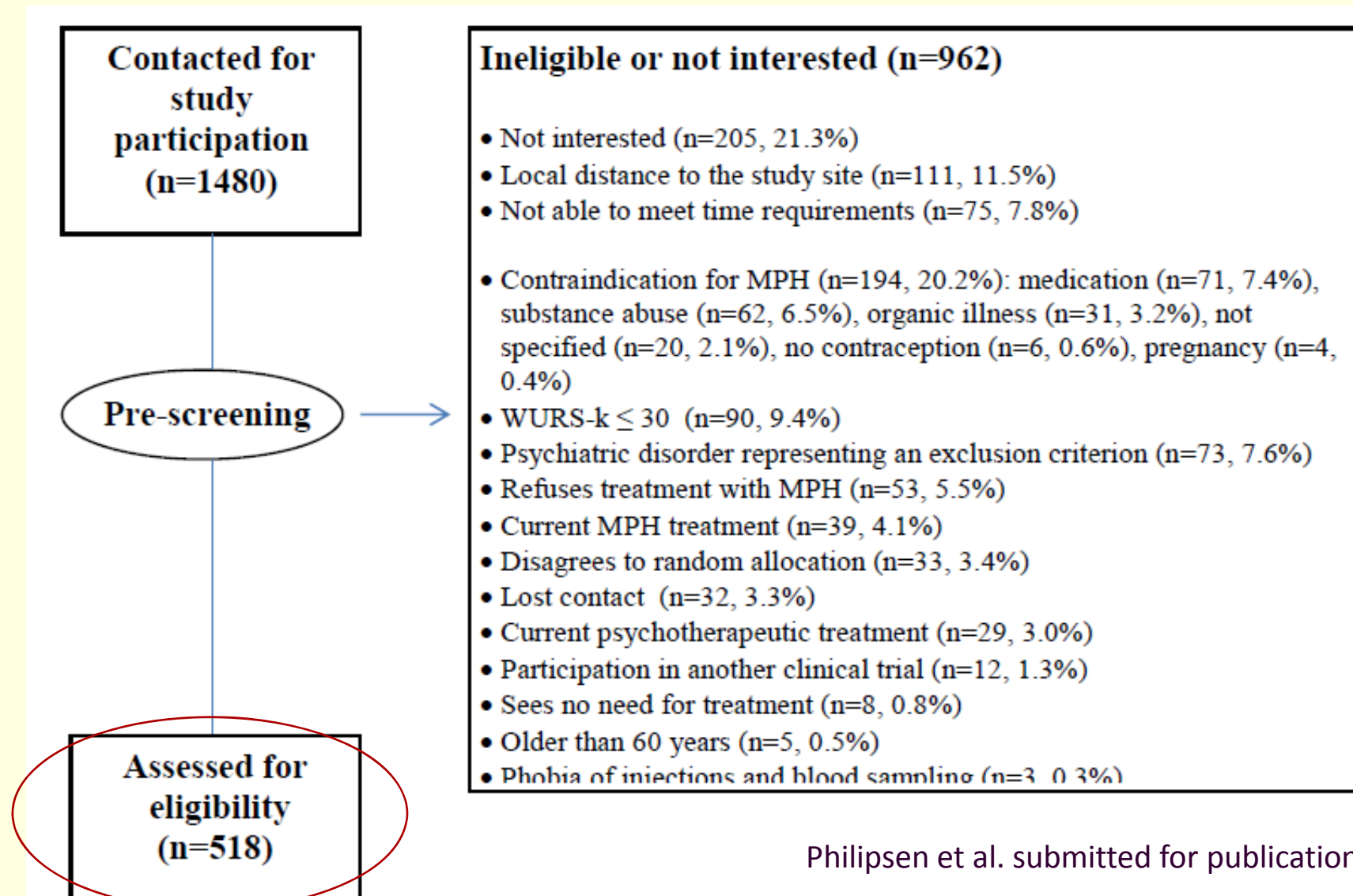
\*Medikinet retard= adult<sup>®</sup>, sponsored by Medice Arzneimittel Pütter GmbH & Co.KG

# Adherence Ratings

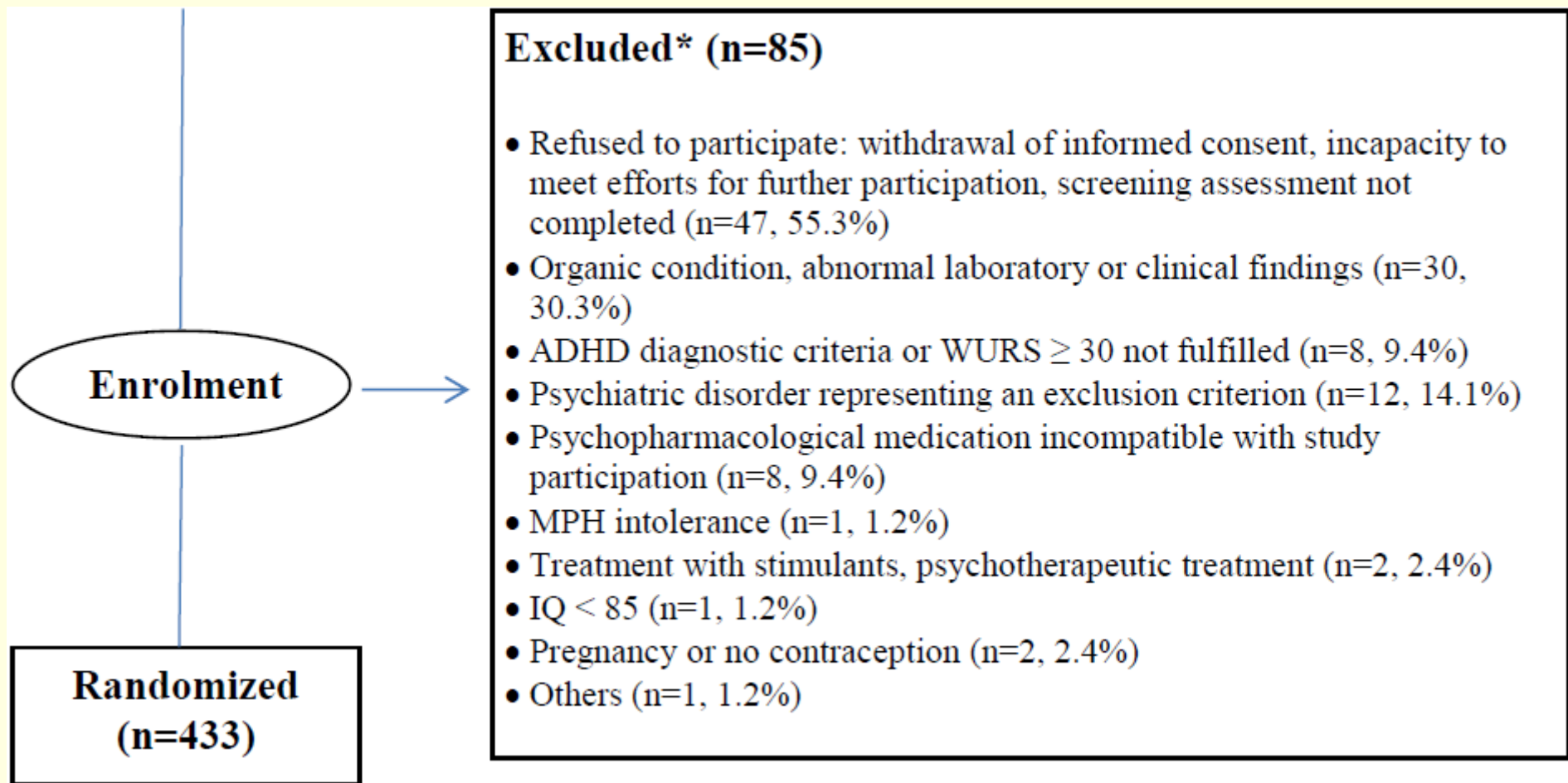
## Group Treatment and Clinical Management



# Enrolment: Pre-Screening Failures



# Enrolment: Screening Failures



# Sociodemographics

## Full analysis set (N=419)

Charakteristics	
Age	<i>M</i> = 35.2 years, <i>SD</i> = 10.0 (18-58 y.)
Gender	50.1% male, 49.9% female
IQ	<i>M</i> =111.3 ( <i>SD</i> =15.14)
Comorbidities	Axis I: 66.3% Axis II: 18.0% (antisocial, Borderline PS excluded)
WURS-k	<i>M</i> =41.6 ( <i>SD</i> =10.1)
ADHD-Subtype predominantly	Combined: 57.3%, Inattentive : 37.2% Hyperactive/impulsive: 5.3%
Single	55.4%
Profession	15.7% unemployed

# Compliance (Week 13)

---

## Trial Medication

Daily Dosage MPH (mg): Mean 53.3 SD 20.4  
Daily Dosage MPH (mg/kg): Mean 0.71 SD 0.27  
Compliance (80-125 %): 88.8%

	Group + MPH	Group + Placebo	CM + MPH	CM + Placebo
Dosage mg/d	<i>M=48.8 (SD=20.7)</i>	<i>M=58.6 (SD=19.1)</i>	<i>M=48.7 (SD=20.0)</i>	<i>M=58.4 (SD=19.6)</i>
Dosage mg/kg	<i>M= 0.66 (SD=0.27)</i>	<i>M=0.79 (SD=0.27)</i>	<i>M=0.66 (SD=0.27)</i>	<i>M=0.77 (SD=0.26)</i>
Compliance 80-125%	87.4%	87.7%	88.8%	91.3%

## Group and CM

Group at least 8/12: 69.4%  
CM at least 1/12: 98.6%



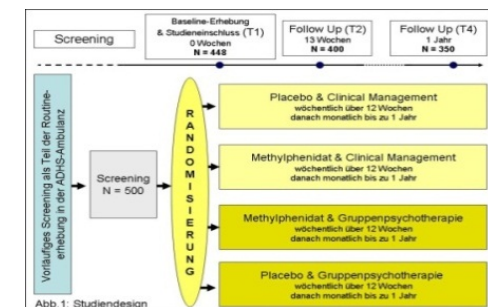
# Results of the COMPAS are submitted

---

- Sorry for not providing them for the website

# Summary

- DBT more effective than Discussion Group
- COMPAS = Large Multicenter RCT
- Primary Outcome (ADHD Index):
  - MPH significantly more effective than Placebo T1-T2
  - No significant difference between Group Treatment and CM
- DBT-based treatment most effective in
  - Emotional Instability
  - Hyperactivity
  - General Impression?
- Follow-up:
  - Essentially stable findings
  - Persisting benefit of medication



# Outlook

## Secondary Outcome Criteria:

- Moderators (subtype ADHD / ADD, gender, age, IQ, comorbidities,..)
- Mediators (adherence, homework, ...)
- Cost-effectiveness
- Functional outcome (absence from work, ...)



# Colleagues and Co-workers



P. Borel  
S. Matthies  
S. Bonfico  
M. Löwer  
E. Perlov  
M. Kamp  
M. Weber  
S. Zwernemann  
S. Breit  
C. Nober  
L. Krippeit  
M. Jooßens  
C. Sadoharu  
S. Breit  
J. Hofmann  
S. Hönle  
T. Dopatka

S. Maier  
B. Feige  
D. Ebert  
**Speaker:**  
A. Warnke  
A. Philippsen  
**Projects**  
A. Philippsen  
L. Tebartz van Elst  
A. Warnke T. Jans  
KP. Lesch  
**Supervision/Training**  
K. Schehr  
F. Mayer-Bruns  
U. Frank  
H. Richter

**Sites**  
M. Rösler  
W. Retz  
P. Retz-Junginger  
E. Sobanski  
B. Alm  
M. Colla  
L. Gentschow  
P. Kunze  
C. Jacob  
S. Groß-Lesch  
B. Kis  
Abdel-Hamid  
S. Doyran  
M. Huss  
R. D'Amelio  
M. Krämer

.....

S. Scharnholz  
M. Schulte-Altedorneburg

**Biostatistics**  
E. Graf

**Monitoring**  
LabConsult  
ZKS  
E. Tostmann and  
Colleagues

**Health Economy**  
M. Schlander

**Medication**  
Medice & Pütter GmbH

# Randomisation 2007-2010

