**Appendix Table F-2. Characteristics of included studies for KQ 2**

| **Study** | **Study Design**  **Geographic Location**  **N Completed** | **Percent ADHD Subtypea** | **Mean Age (Years unless specified)** | **Interventions** | **Outcomes (Subgroups analyzed)** | **Quality** |
| --- | --- | --- | --- | --- | --- | --- |
| Abikoff, 2013[22](#_ENREF_22) | RCT USA 151 | Inattentive: 49.4% Combined: 38.9% | Arm 1: 9.06 (SD: 0.91) Arm 2: 9.01 (SD: 0.79) Arm 3: 9.15 (SD: 0.76) | Organizational Skills Training (teaching children new organizational tools and routines)  vs.  Performance based intervention precluding skill without organizational skills training  vs.  Waitlist control | Academic performance | Good |
| Abikoff, 2015[23](#_ENREF_23) | RCT USA 164 | Inattentive: 15.3% Hyperactive: 33.7% Combined: 50.9% | Total: 3.57  (SD: 0.5) | New Forest Parenting Package (home-based intervention) vs. Helping the noncompliant child (clinic-based parenting intervention)  vs. Waitlist control | Behavior changes | Good |
| Anand, 2016[24](#_ENREF_24) | RCT  Asia  50 | Unclear/NR | Unclear/NR | Dietary supplements  vs.  Atomoxetine | Changes in standardized symptom scores | Good |
| Arcieri, 2012[25](#_ENREF_25) | Observational UK/Europe 751 | Inattentive: 6% Hyperactive: 4% Combined: 90% | Arm 1: 10.41 (SD: 2.62) Arm 2: 10.82 (SD: 2.81) Arm 3: 10.56 (SD: 2.55) | Registry with patients on methylphenidate vs. Registry with patients on strattera vs. In registry taking both methylphenidate and strattera | Cardiac arrhythmias; Elevated blood pressure | Poor |
| Arnold, 2011[26](#_ENREF_26) | RCT USA 52 | Inattentive: 29.1%, 15%, 50% Combined: 70.8%, 85% | Arm 1: 10.24 (SD: 2.69) Arm 2: 9.61  (SD: 3.36) Arm 3: 8.89  (SD: 2.31) | Zinc 15mg once daily  vs. Zinc 15mg twice daily  vs. Placebo | Changes in standardized symptom scores; Behavior changes; Changes in appetite; Suicide ideation; Sleep disturbance; Tics or other movement disorders; Gastrointestinal symptoms | Fair |
| Bai, 2015[27](#_ENREF_27) | RCT Asia 89 | Unclear/NR | Arm 1: 9.3  (SD: 2.8) Arm 2: 9.6  (SD: 2.9) | Planned behavior psychoeducation program for parents  vs. General clinical counseling for parents, without psychoeducation | Changes in standardized symptom scores; Acceptability of treatment | Good |
| Banaschewski, 2014[28](#_ENREF_28) | RCT USA, UK/Europe 73 | Unclear/NR | Total: 11.1  (SD: 2.59) | Randomized to Lisdexamfetamine dimesylate (LDX) after 52 weeks of being on the drug (vs. withdrawal on placebo--see below) vs. Randomized to placebo after 52 weeks of being on LDX. | Quality of peer relationships; Risk-taking behaviors | Poor |
| Barragan, 2014[29](#_ENREF_29) | RCT Latin America 69 | Unclear/NR | Total: 8.27  (SD: 1.74) | Methylphenidate (maximum 1 mg/kg/day) vs. Methylphenidate (maximum 1 mg/kg/day and omega 3/6 fatty acid supplementation (6 capsules/day) vs. Omega 3/6 fatty acid supplementation (6 capsules/day) | Changes in appetite; Behavior changes; Sleep disturbance; Gastrointestinal symptoms; Changes in standardized symptom scores | Poor |
| Beck, 2010[30](#_ENREF_30) | Observational USA 51 | Inattentive: 71% Hyperactive: 0% Combined: 29% | Total: 11.75 | Computer-based working memory intervention vs. Waitlist control | Changes in standardized symptom scores | Fair |
| Bink, 2015[31](#_ENREF_31) | RCT UK/Europe 71 | Unclear/NR | Arm 1: 16.1  (SD: 3.3)  Arm 2: 16.2  (SD: 3.4) | Neurofeedback (NF) plus treatment as usual.  NF training over about 25 wks, with 2-3 training sessions/wk. Participants offered 40 training sessions of 30 minutes. Mean # of sessions was 37 (minimum 19). Theta/sensorimotor rhythm training was applied. vs. Treatment as usual | Changes in standardized symptom scores | Good |
| Boyer, 2015[32](#_ENREF_32) | RCT UK/Europe 136 | Inattentive: 74.7%, 65.8% Hyperactive: 7.2%, 2.6% Combined: 18.1%, 31.6% | Arm 1: 14.4  (SD: 1.2) Arm 2: 14.4 (SD: 1.3) | CBT with an aim to improve planning skills vs. Solution-focused CBT without an aim to improve planning skills | Depression or anxiety; Changes in standardized symptom scores | Fair |
| Çetin, 2015[33](#_ENREF_33) | RCT Middle East 120 | Inattentive: 12.5% Combined: 87.5% | Arm 1: 9.55 (SD: 2.71) Arm 2: 9.95 (SD: 2.02) | Atomoxetine (ATX) vs. Osmotic release oral system methylphenidate (OROS-MPH) | Changes in standardized symptom scores | Fair |
| Chacko, 2014[34](#_ENREF_34) | RCT USA 73 | Inattentive: 34%, 41% Combined: 66%, 59% | Arm 1: 8.4 (SD: 1.4) Arm 2: 8.4 (SD: 1.3) | Cogmed working memory training with difficulty titrated to a user’s ability  vs. “Placebo” cogmed working memory training with difficulty not titrated to a user’s ability | Changes in standardized symptom scores; Academic performance | Good |
| Chacko, 2009[35](#_ENREF_35) | RCT USA 118; 115 follow-up | Unclear/NR | Arm 1: 7.36 (SD: 1.86) Arm 2: 8.17 (SD: 2.42) Arm 3: 8.02 (SD: 2.15) | Strategies to Enhance Positive Parenting (STEPP) program (a manualized, behavioral parent training program for single mothers) with concurrent group social skills program for children vs. Behavioral parent training program with concurrent group social skills program for children vs. Waitlist control | Changes in standardized symptom scores; Acceptability of treatment | Good |
| Clemow, 2015[36](#_ENREF_36) | Observational USA 71 | Inattentive: 48.1%, 51.9% Combined: 26%, 38.9% | Arm 1: 24.0 (SD: 15.3)  Arm 2: 26.2 (SD: 15.2) | First prescribed atomoxetine (ATX) and not switched or the monotherapy portion of time spent by those prescribed ATX with another ADHD drug and then was switched to ATX only. vs. First prescribed ATX with another drug and did not switch or the combination portion of time spent by those who were first prescribed ATX and then had another ADHD prescribed. | Changes in standardized symptom scores | Poor |
| Cortese, 2015[37](#_ENREF_37) | Observational UK/Europe 2411 | Inattentive: 11.5%, 11.9% Hyperactive: 2.4%, 5.2% Combined: 85.9%, 82.7% | Arm 1: 10.55 (SD: 2.75) Arm 2: 10.87 (SD: 2.84) | Methylphenidate immediate release, at a dosage of 0.3-0.6 mg/kg/dose/day, in 2-3 doses/day vs. Atomoxetine, starting with 0.5mg/kg daily for at least 7 days, then increasing up to 1.2mg/kg/day | Cardiac arrhythmias | Good |
| Didoni, 2011[38](#_ENREF_38) | Observational UK/Europe 229 | Inattentive: 11.7%, 14.5% Hyperactive: 8.8%, 6.2% Combined: 79.4%, 70.1% | Arm 1: 10.7 (SD: 2.7) Arm 2: 11 (SD: 2.7) | Methylphenidate vs. Strattera | Acceptability of treatment; Changes in appetite; Behavior changes; Sleep disturbance; Increased heart rate; Gastrointestinal symptoms; Tics or other movement disorders | Fair |
| Dovis, 2015[39](#_ENREF_39) | RCT UK/Europe 89 | Combined: 0%, 100%, 100% | Arm 1: 10.6 (SD: 1.4) Arm 2: 10.3 (SD: 1.3) Arm 3: 10.5 (SD: 1.3) | "Braingame Brian" (computerized, home-based executive functioning training) vs. Braingame Brian in training mode and the working memory task in placebo mode vs. All tasks in training mode (overall easier) | Behavior changes | Good |
| Duric, 2012[40](#_ENREF_40) | RCT UK/Europe 91 | Inattentive: 5.4% Hyperactive: 15.4% Combined: 79.1% | Arm 1: 10.9 (SD: 2.4) Arm 2: 11.2 (SD: 2.8) Arm 3: 11.4 (SD: 3.1) | MPH (dose not reported) vs. MPH + Neurofeedback vs. Neurofeedback | Changes in standardized symptom scores | Poor |
| Dutta, 2012[41](#_ENREF_41) | RCT Asia 86 | Unclear/NR | Arm 1: 8 (SD: 1.12) Arm 2: 9.1 (SD: 1.1) | Memomet syrup (Bacopa monniera 125 mg, Convulvulus pleuricaulis 100 mg, Centella asiatica 100 mg) vs. Placebo | Changes in standardized symptom scores | Good |
| Egeland, 2013[42](#_ENREF_42) | RCT UK/Europe 67 | Unclear/NR | Arm 1: 10.5 (SD: 0.7) Arm 2: 10.3 (SD: 0.8) | Cogmed robomemo program vs. Waitlist control | Changes in standardized symptom scores | Good |
| Ercan, 2014[43](#_ENREF_43) | Observational UK/Europe 45 | Combined: 100% | Arm 1: 9.23 (SD: 2) Arm 2: 8.7 (SD: 1.7) | MPH+11 months of parent training vs. MPH (Usual care) | Changes in standardized symptom scores | Fair |
| Evans, 2016[44](#_ENREF_44) | RCT USA 312 | Combined: 49.1%, 50%, 47.1% | Arm 1: 12.1 (SD: 0.9) Arm 2: 12.1 (SD: 0.9) Arm 3: 12.2 (SD: 1.0) | Challenging Horizons Program-After School (CHP-AS) program (organization, social functioning, and academic study skills training) vs. Challenging Horizons Program Mentoring Version (students paired with a mentor who delivered a subset of the CHP-AS interventions during school) vs. Usual care | Functional impairment; Academic performance | Fair |
| Ferrin, 2014[45](#_ENREF_45) | RCT UK/Europe 76 | Combined: 72.1%, 81.1% | Arm 1: 11.25 (SD: 2.96) Arm 2: 9.94 (SD: 3.04) | Psychoeducational program  vs. Parent support group | Changes in standardized symptom scores | Good |
| Ferring, 2016[46](#_ENREF_46) | RCT  UK/Europe  62 | Combined: 60.0%, 79.41% | Arm 1: 10.86 (SD 3.04) Arm 2: 10.56 (SD 3.20) | Psychosocial interventions  vs.  Usual care | Changes in standardized symptom scores | Good |
| Findling, 2010[47](#_ENREF_47) | RCT USA 230 | Combined: 96% | Min. age: 8.7 Max. age: 9.4 | Lisdexamfetamine dimesylate (LDX) 30mg/day vs. Lisdexamfetamine dimesylate (LDX) 50mg/day vs. Lisdexamfetamine dimesylate (LDX) 70mg/day vs. Placebo | Changes in standardized symptom scores | Fair |
| Gelade, 2016[48](#_ENREF_48) | RCT  UK/Europe  103 | Unclear/NR | Unclear/NR | Biofeedback or neurofeedback  vs.  Methylphenidate  vs.  Exercise | Sleep disturbance; Behavior changes | Good |
| Gevensleben, 2009[49](#_ENREF_49) | RCT UK/Europe 94 | Inattentive: 33.8%, 22.8% Combined: 66.1%, 77.1% | Arm 1: 9.10 (SD: 1.3) Arm 2: 9.4 (SD: 1.2) | Neurofeedback  vs. Attention skills training | Changes in standardized symptom scores; Acceptability of treatment | Good |
| Gustafsson, 2010[50](#_ENREF_50) | RCT UK/Europe 82 | Unclear/NR | Min. age: 7 Max. age: 12 | Omega-3 fatty acid supplementation (eicosapentaenoic acid 500 mg daily)  vs. Placebo | Changes in standardized symptom scores | Good |
| Hahn-Markowitz, 2016[51](#_ENREF_51) | RCT  Middle East  99 | Inattentive: 43%, 55%  Hyperactive: 4%, 6%  Combined: 54%, 40% | Arm 1: 8.4 (SD 0.9)  Arm 2: 8.6 (SD 0.8) | Cognitive training therapies  vs.  Waitlist | Changes in standardized symptom scores | Good |
| Hammerness, 2012[52](#_ENREF_52) | Observational USA 115 | Unclear/NR | Arm 1: 15.5  (SD: 1.7) Arm 2: 14.9 (SD: 3.4 Arm 3: 15.7 (SD: 2.7) Arm 4: 14.8 (SD: 2.9) | Clinical Trial Participant on MPH vs. Non-clinical trial participants on medication vs. Non-clinical trial participants not on medication vs. Non ADHD Group | Substance abuse | Fair |
| Hariri, 2012[53](#_ENREF_53) | RCT Middle East 103 | Unclear/NR | Arm 1: 7.9 (SD: 1.53) Arm 2: 7.9 (SD: 1.45) | Omega-3 fatty acid supplementation (900 mg daily)  vs. Placebo | Changes in standardized symptom scores | Poor |
| Hiscock, 2015[54](#_ENREF_54) | RCT Australia/NZ 196 | Unclear/NR | Arm 1: 10.3 (SD: 1.8) Arm 2: 9.9 (SD: 2.1) Arm 3: 10.3 (SD: 1.7) Arm 4: 9.8 (SD: 2.0) | Sleep hygiene  vs. Usual care | Changes in standardized symptom scores; Depression or anxiety; Workforce participation; Sleep disturbance  (Comorbidity) | Good |
| Hong, 2015[55](#_ENREF_55) | RCT  Asia  48 | Unclear/NR | Arm 1: 10.87 (SD 2.86)  Arm 2: 11.11 (SD 2.79) | Acupuncture  vs.  Usual care | Changes in standardized symptom scores | Fair |
| Huang, 2015[56](#_ENREF_56) | RCT Asia 97 | Inattentive: 13.3%, 25% Combined: 86.7%, 75% | Arm 1: 8.2 (SD: 0.9) Arm 2: 8.5 (SD: 0.9) | Behavioral based social skill training for patients and parallel parent group sessions vs. Group therapy for motivation and treatment per their usual care | Changes in standardized symptom scores | Fair |
| Johnson, 2009[57](#_ENREF_57) | RCT UK/Europe 59 | Inattentive: 24%, 29% Hyperactive: 0%, 0% Combined: 25%, 21% | Arm 1: 11.8 (SD: 2.14) Arm 2: 12.2 (SD: 2.19) | Omega-3/6 fatty acid supplementation (792 mg daily)  vs. Placebo | Changes in standardized symptom scores; Functional impairment | Good |
| Katz, 2010[58](#_ENREF_58) | RCT Middle East 92 | Unclear/NR | Arm 1: 9.72 (SD: 1.58) Arm 2: 9.20 (SD: 1.82) | Patented herbal preparation vs. Placebo | Motor vehicle collisions; Changes in appetite; Gastrointestinal symptoms; Sleep disturbance; Mood disorders | Fair |
| Li, 2011[59](#_ENREF_59) | RCT Asia 69 | Unclear/NR | Arm 1: 9.3 (SD: 1.8) Arm 2: 9.2 (SD: 2.2) | Methylphenidate 1 mg/kg/day vs. Ningdong granule (a traditional Chinese medicine preparation) | Chemical leukoderma; Changes in standardized symptom scores; Gastrointestinal symptoms; Sleep disturbance; Behavior changes; Changes in appetite | Good |
| Manor , 2012[60](#_ENREF_60) | RCT Middle East 162 | Inattentive: 31%, 34% Hyperactive: 3%, 0% Combined: 66%, 65.9% | Arm 1: 9.2 (SD: 2.0) Arm 2: 9.2 (SD: 1.8) | PS-Omega 3 vs. Placebo | Chemical leukoderma; Changes in standardized symptom scores; Elevated blood pressure; Increased heart rate; Weight decrease; Growth suppression; Sleep disturbance; Behavior changes; Changes in appetite; Gastrointestinal symptoms; Tics or other movement disorders; Personality change | Good |
| Mautone, 2012[61](#_ENREF_61) | RCT USA 53 | Inattentive: 10.3%, 15.6% Hyperactive: 27.6%, 28.1% Combined: 62.1%, 56.3% | Unclear NR | Family-School Success—Early, Elementary (school-based intervention) vs. Parent support and education program | Academic performance | Fair |
| Milte, 2012[62](#_ENREF_62) | RCT Australia/NZ 70 | Unclear/NR | Arm 1: 8.77 (SD: 1.76) Arm 2: 8.89 (SD: 1.6) Arm 3: 9.14 (SD: 2.03) | Fish oil rich in the omega-3 fatty acid, eicosapentaenoic acid  vs.  Fish oil rich in the omega-3 fatty acid, docosahexaenoiacid vs. Safflower oil | Changes in standardized symptom scores | Good |
| Mohammadi, 2012[63](#_ENREF_63) | RCT Middle East 50 | Combined: 100% | Arm 1 Median: 9.57 (SD: 1.65) Arm 2 Median: 8.83 (SD: 1.82) | MPH + melatonin vs. MPH+placebo | Changes in standardized symptom scores; Sleep disturbance; Changes in appetite; Weight decrease; Gastrointestinal symptoms; Behavior changes; Tics or other movement disorders | Fair |
| Mohammadpour, 2016[64](#_ENREF_64) | RCT  Middle East  54 | Unclear/NR | Arm 1: 7.70 (SD 1.77) Arm 2: 8.03 (SD 1.44) | Dietary supplements  vs.  Placebo | Changes in standardized symptom scores, Behavior changes | Fair |
| Molina, 2009[65](#_ENREF_65) | RCT USA 346 at 10-year follow-up; 436 at 8-year follow-up | Unclear/NR | Total: 16.8  (SD: 1.0) | Medication Management  vs. Behavioral training(parent group, parent individual, classroom (student), and teacher sessions) vs. Combination: Medication management and Behavioral training vs. Usual care | Aggression; Incarceration; Depression or anxiety; Academic performance; Motor vehicle collisions; Elevated blood pressure; Increased heart rate | Fair |
| Moreno-García, 2015[66](#_ENREF_66) | RCT UK/Europe 57 | Inattentive: 42.1 %, 42.1%, 57.9%  Hyperactive: 21.05%, 15.78%, 15.78% Combined: 36.84%, 42.10%, 26.31% | Arm 1: 9.21 (SD: 1.9) Arm 2: 9.21 (SD: 2.2) Arm 3: 8.11 (SD: 1.3) | Neurofeedback  vs. Standard Pharmacological Treatment vs. Behavioral Treatment | Changes in standardized symptom scores | Fair |
| Myers, 2015[67](#_ENREF_67) | RCT USA NR | Inattentive: 82.8%, 82.1% Hyperactive: 66.6%, 58% Combined: 60.3%, 51.8% | Arm 1: 9.2 (SD: 2) Arm 2: 9.3 (SD: 2) | 6 telehealth sessions using both synchronous and asynchronous technologies  vs. Single consultation with a tele-psychiatrist | Behavior changes | Fair |
| Newcorn, 2016[68](#_ENREF_68) | RCT  USA, Canada, UK/Europe  129 | Inattentive: 12.7%, 11.4%  Hyperactive: 2.5%, 5.1%  Combined: 84.7%, 83.5% | Arm 1: 10.7 (SD 2.64) Arm 2: 11.0 (SD 2.69) | Psychosocial interactions  vs.  Usual care | Changes in standardized symptom scores | Fair |
| Oberai, 2013[69](#_ENREF_69) | RCT Asia 54 | Unclear/NR | Arm 1: 8.6 (SD: 2.2) Arm 2: 9.9 (SD: 2.8) | Homeopathy vs. Placebo | Behavior changes | Fair |
| Ostberg, 2012[70](#_ENREF_70) | RCT UK/Europe 61 | Unclear/NR | Arm 1: 11.1 (SD: 2.1) Arm 2: 10.8 (SD: 1.8) | Barkley Parent + Teacher behavioral intervention vs. Waitlist control | Changes in standardized symptom scores | Good |
| Pane, 2010[71](#_ENREF_71) | Observational UK/Europe 1424 | Inattentive: 11.7% Hyperactive: 5% Combined: 83.3% | Median: 10.8 Min. age: 6 Max. age: 18 | Atomoxetine vs. Methylphenidate | Suicide ideation; Conduction abnormalities; Tics or other movement disorders; Changes in appetite; Gastrointestinal symptoms; Elevated blood pressure | Fair |
| Pelsser, 2011[72](#_ENREF_72) | RCT UK/Europe 100 analyzed in first phase | Inattentive: 6%, 6% Hyperactive: 12%, 6% Combined: 82%, 88% | Arm 1: 6.8 (SD: 1.3) Arm 2: 7.0 (SD: 1.3) | Restricted elimination diet vs. No elimination diet | Changes in standardized symptom scores  (ADHD Presentation) | Good |
| Pfiffner, 2014[73](#_ENREF_73) | RCT USA 195 | Inattentive: 100% | Arm 1: 8.8 (SD: 1.2) Arm 2: 8.7 (SD: 1.2) Arm 3: 8.4 (SD: 1.1) | Child Life and Attention Skills Treatment for children and parents vs. Child Life and Attention Skills Treatment—parents group component only  vs. Usual care | Changes in standardized symptom scores; Functional impairment | Good |
| Power, 2012[74](#_ENREF_74) | RCT USA 181 | Inattentive: 55%, 48.5% Combined: 45%, 51.5% | Unclear NR | Family-School Success—Early, Elementary (school-based intervention) vs. Parent support and education program | Changes in standardized symptom scores; Academic performance | Fair |
| Raz, 2009[75](#_ENREF_75) | RCT Middle East 63 | Inattentive: 94%, 94% Hyperactive: 44%, 47% | Arm 1: 10.46 (SD: 1.42) Arm 2: 10.51 (SD: 1.47) | Omega-3 fatty acid supplementation vs. Placebo | Changes in standardized symptom scores | Fair |
| Salehi, 2010[76](#_ENREF_76) | RCT Middle East 46 | Unclear/NR | Arm 1: 9.12 (SD: 1.61) Arm 2: 9.61 (SD: 2.26) | Ginkgo biloba  vs. MPH (up to 30 mg/day) | Changes in standardized symptom scores; Changes in appetite; Depression or anxiety; Sleep disturbance; Weight decrease | Good |
| Sallee, 2009[77](#_ENREF_77) | RCT Unclear/NR 60 | Inattentive: 23.9% Hyperactive: 3.1% Combined: 73% | Total: 10.7 (SD: 2.6) | Guanfacine XR 1 mg/day with or without amphetamine or MPH vs. Guanfacine XR 2 mg/day with or without amphetamine or MPH vs. Guanfacine XR 3 mg/day with or without amphetamine or MPH vs. Guanfacine XR 4 mg/day with or without amphetamine or MPH | Changes in standardized symptom scores | Poor |
| Sayer, 2016[78](#_ENREF_78) | RCT  USA  NR | Unclear/NR | Total: 10.2 (SD 2.1) | Guanfacine immediate release  Vs.  Dexmethylphenidate  Vs.  Dexmethylphenidate, guanfacine immediate release | Increased heart rate | Good |
| Shakibaei, 2015[79](#_ENREF_79) | RCT Middle East 60 | Unclear/NR | Arm 1: 7.83 (SD: 1.12) Arm 2: 8.41 (SD: 1.40) | Methylphenidate and Ginkgo Biloba vs. Methylphenidate and placebo | Behavior changes | Good |
| Sibley, 2016[80](#_ENREF_80) | RCT  USA  109 | Unclear/NR | Arm 1: 12.65 (SD: 0.85)  Arm 2: 12.85 (SD 0.87) | Behavioral interventions, mindfulness-based therapies, and parent behavior training  vs.  Usual care | Changes in standardized symptom scores; Academic performance | Fair |
| Steiner, 2014[81](#_ENREF_81) | RCT USA 98 | Unclear/NR | Arm 1: 8.4 (SD: 1.1) Arm 2: 8.9 (SD: 1.0) Arm 3: 8.4 (SD: 1.1) | Neurofeedback vs. Cognitive Training vs. Waitlist control | Changes in standardized symptom scores | Good |
| Storebo, 2012[82](#_ENREF_82) | RCT UK/Europe 55 | Inattentive: 35.7%, 22.2% Hyperactive: 0%, 7.4% Combined: 31.4%, 59.2% | Arm 1: 10.6 (SD: 1.29) Arm 2: 10.2 (SD: 1.34) | Social Skills Group vs. Usual care | Academic performance | Good |
| Tobaiqy, 2011[83](#_ENREF_83) | Observational UK/Europe 200 | Unclear/NR | Max. age: 16 | No arms. Questionnaire administered to elicit retrospective data to assess self-reported AEs for many different drugs used for ADHD. | Changes in standardized symptom scores | Fair |
| Trzepacz, 2011[84](#_ENREF_84) | RCT UK/Europe, Australia/NZ 394 | Inattentive: 23.1%, 19.4% Hyperactive: 4.6%, 5.3% Combined: 7.1%, 75.2% | Arm 1 Median: 10.6 (SD: 2.3) Arm 2 Median: 10.2 (SD: 2.2) | 12 month follow up on atomoxetine after 3 month initial trial vs. 12 month follow up on placebo after 3 month initial trial | Growth suppression; Changes in appetite; Gastrointestinal symptoms | Fair |
| van der Donk, 2015[85](#_ENREF_85) | RCT UK/Europe 100 | Inattentive: 30%, 20% Combined: 58%, 70% | Arm 1: 9.8 (SD: 1.3) Arm 2: 10.0 (SD: 1.3) | Cogmed Working Memory Training  vs. Paying Attention in Class (experimental, combined working memory and compensatory training) | Changes in standardized symptom scores | Fair |
| van Dongen-Boomsma, 2014[86](#_ENREF_86) | RCT UK/Europe 47 | Inattentive: 7.7%, 9.5% Hyperactive: 11.5%, 33.3% Combined: 80.8%, 57.1% | Arm 1: 6.5 (SD: 0.6) Arm 2: 6.6 (SD: 0.7) | Cogmed training program  vs. Cogmed training program without adjustment to patient skill level (control group) | Changes in standardized symptom scores | Good |
| Vidal, 2015[87](#_ENREF_87) | RCT UK/Europe 89 | Inattentive: 35.6%, 0% Hyperactive: 1.7%, 41.6% Combined: 62.7%, 58.3% | Arm 1: 17.47 (SD: 1.88) Arm 2: 16.9 (SD: 1.75) | CBT vs. Usual care | Behavior changes | Good |
| Webster-Stratton, 2011[88](#_ENREF_88) | RCT USA 94 | Unclear/NR | Arm 1: 64.1 months (SD: 11.3) Arm 2: 64.4 months (SD: 10.6) | Increadible Years Program (a parent training intervention) vs. Waitlist control | Changes in standardized symptom scores | Fair |
| Widenhorn-Muller, 2014[89](#_ENREF_89) | RCT UK/Europe 95 | Inattentive: 54.7% Hyperactive: 2.1% Combined: 43.2% | Arm 1: 8.90 (SD: 1.48) Arm 2: 8.92 (SD: 1.24) | Omega-3 fatty acid supplementation (720 mg daily) plus 15 mg vitamin E  vs. Placebo | Changes in standardized symptom scores | Fair |
| Zhang, 2010[90](#_ENREF_90) | Observational Asia 175 | Inattentive: 16.4%, 24.1% Hyperactive: 8.9%, 27.6% Combined: 74.7%, 48.3% | Arm 1: 7.42 Min. age: 6.0 Max. age: 9.8 Arm 2: 8.35 Min. age: 6.0 Max. age: 12.5 | Methylphenidate, 10-20 mg/d, 0.27-0.64 mg/kg for about 40 wks/yr (they also took a drug holiday). vs. Control | Growth suppression | Poor |

aMultiple values are listed for percent female and age in instances where baseline data is reported by study arm rather than for the total population.

Abbreviations: ADHD=attention deficit hyperactivity disorder; AE=adverse events; ATX=atomoxetine; CBT=cognitive behavioral therapy; MPH=methylphenidate; NF=neurofeedback; NR=not reported; RCT=randomized controlled trial; SD=standard deviation; XR=extended release