**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) | RCTUSA151 | 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 trainingvs.Waitlist control  | Academic performance | Good |
| Abikoff, 2015[23](#_ENREF_23) | RCTUSA164 | 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) | RCTAsia50 | Unclear/NR | Unclear/NR | Dietary supplementsvs.Atomoxetine | Changes in standardized symptom scores | Good |
| Arcieri, 2012[25](#_ENREF_25) | ObservationalUK/Europe751 | 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 methylphenidatevs.Registry with patients on stratteravs.In registry taking both methylphenidate and strattera | Cardiac arrhythmias;Elevated blood pressure | Poor |
| Arnold, 2011[26](#_ENREF_26) | RCTUSA52 | 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) | RCTAsia89 | 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) | RCTUSA, UK/Europe73 | 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) | RCTLatin America69 | 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 USA51 | Inattentive: 71%Hyperactive: 0%Combined: 29% | Total: 11.75 | Computer-based working memory interventionvs.Waitlist control | Changes in standardized symptom scores | Fair |
| Bink, 2015[31](#_ENREF_31) | RCTUK/Europe71 | 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) | RCTUK/Europe136 | 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 skillsvs.Solution-focused CBT without an aim to improve planning skills | Depression or anxiety;Changes in standardized symptom scores | Fair |
| Çetin, 2015[33](#_ENREF_33) | RCTMiddle East120 | 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) | RCTUSA73 | 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) | RCTUSA118; 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 childrenvs.Behavioral parent training program with concurrent group social skills program for childrenvs.Waitlist control | Changes in standardized symptom scores;Acceptability of treatment | Good |
| Clemow, 2015[36](#_ENREF_36) | ObservationalUSA71 | 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) | ObservationalUK/Europe2411 | 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/dayvs.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) | ObservationalUK/Europe229 | 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) | Methylphenidatevs.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) | RCTUK/Europe89 | 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 modevs.All tasks in training mode (overall easier) | Behavior changes | Good |
| Duric, 2012[40](#_ENREF_40) | RCTUK/Europe91 | 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 + Neurofeedbackvs.Neurofeedback | Changes in standardized symptom scores | Poor |
| Dutta, 2012[41](#_ENREF_41) | RCTAsia86 | 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) | RCTUK/Europe67 | Unclear/NR | Arm 1: 10.5(SD: 0.7)Arm 2: 10.3(SD: 0.8) | Cogmed robomemo programvs.Waitlist control | Changes in standardized symptom scores | Good |
| Ercan, 2014[43](#_ENREF_43) | ObservationalUK/Europe45 | Combined: 100% | Arm 1: 9.23(SD: 2)Arm 2: 8.7(SD: 1.7) | MPH+11 months of parent trainingvs.MPH (Usual care) | Changes in standardized symptom scores | Fair |
| Evans, 2016[44](#_ENREF_44) | RCTUSA312 | 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) | RCTUK/Europe76 | 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) | RCTUK/Europe62 | Combined: 60.0%, 79.41% | Arm 1: 10.86 (SD 3.04)Arm 2: 10.56 (SD 3.20) | Psychosocial interventionsvs.Usual care | Changes in standardized symptom scores | Good |
| Findling, 2010[47](#_ENREF_47) | RCTUSA230 | Combined: 96% | Min. age: 8.7Max. age: 9.4 | Lisdexamfetamine dimesylate (LDX) 30mg/dayvs.Lisdexamfetamine dimesylate (LDX) 50mg/dayvs.Lisdexamfetamine dimesylate (LDX) 70mg/dayvs.Placebo | Changes in standardized symptom scores | Fair |
| Gelade, 2016[48](#_ENREF_48) | RCTUK/Europe103 | Unclear/NR | Unclear/NR | Biofeedback or neurofeedbackvs.Methylphenidatevs.Exercise | Sleep disturbance; Behavior changes | Good |
| Gevensleben, 2009[49](#_ENREF_49) | RCTUK/Europe94 | 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) | RCTUK/Europe82 | Unclear/NR | Min. age: 7Max. 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) | RCTMiddle East99 | 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 therapiesvs.Waitlist | Changes in standardized symptom scores | Good |
| Hammerness, 2012[52](#_ENREF_52) | ObservationalUSA115 | Unclear/NR | Arm 1: 15.5 (SD: 1.7)Arm 2: 14.9(SD: 3.4Arm 3: 15.7(SD: 2.7)Arm 4: 14.8(SD: 2.9) | Clinical Trial Participant on MPHvs.Non-clinical trial participants on medicationvs.Non-clinical trial participants not on medicationvs.Non ADHD Group | Substance abuse | Fair |
| Hariri, 2012[53](#_ENREF_53) | RCTMiddle East103 | 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) | RCTAustralia/NZ196 | 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) | RCTAsia48 | Unclear/NR | Arm 1: 10.87 (SD 2.86)Arm 2: 11.11 (SD 2.79) | Acupuncturevs.Usual care | Changes in standardized symptom scores | Fair |
| Huang, 2015[56](#_ENREF_56) | RCTAsia97 | 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 sessionsvs.Group therapy for motivation and treatment per their usual care | Changes in standardized symptom scores | Fair |
| Johnson, 2009[57](#_ENREF_57) | RCTUK/Europe59 | 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) | RCTMiddle East92 | Unclear/NR | Arm 1: 9.72(SD: 1.58)Arm 2: 9.20(SD: 1.82) | Patented herbal preparationvs.Placebo | Motor vehicle collisions;Changes in appetite;Gastrointestinal symptoms;Sleep disturbance;Mood disorders | Fair |
| Li, 2011[59](#_ENREF_59) | RCTAsia69 | Unclear/NR | Arm 1: 9.3(SD: 1.8)Arm 2: 9.2(SD: 2.2) | Methylphenidate 1 mg/kg/dayvs.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) | RCTMiddle East162 | 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 3vs.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) | RCTUSA53 | 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) | RCTAustralia/NZ70 | 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, docosahexaenoiacidvs.Safflower oil | Changes in standardized symptom scores | Good |
| Mohammadi, 2012[63](#_ENREF_63) | RCTMiddle East50 | Combined: 100% | Arm 1 Median: 9.57 (SD: 1.65)Arm 2 Median: 8.83 (SD: 1.82) | MPH + melatoninvs.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) | RCTMiddle East54 | Unclear/NR | Arm 1: 7.70 (SD 1.77)Arm 2: 8.03 (SD 1.44) | Dietary supplementsvs.Placebo  | Changes in standardized symptom scores, Behavior changes | Fair |
| Molina, 2009[65](#_ENREF_65) | RCTUSA346 at 10-year follow-up; 436 at 8-year follow-up | Unclear/NR | Total: 16.8 (SD: 1.0) | Medication Managementvs.Behavioral training(parent group, parent individual, classroom (student), and teacher sessions)vs.Combination: Medication management and Behavioral trainingvs.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) | RCTUK/Europe57 | 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 Treatmentvs.Behavioral Treatment | Changes in standardized symptom scores | Fair |
| Myers, 2015[67](#_ENREF_67) | RCTUSANR | 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 technologiesvs.Single consultation with a tele-psychiatrist | Behavior changes | Fair |
| Newcorn, 2016[68](#_ENREF_68) | RCTUSA, Canada, UK/Europe129 | 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 interactionsvs.Usual care | Changes in standardized symptom scores | Fair |
| Oberai, 2013[69](#_ENREF_69) | RCTAsia54 | Unclear/NR | Arm 1: 8.6(SD: 2.2)Arm 2: 9.9(SD: 2.8) | Homeopathyvs.Placebo | Behavior changes | Fair |
| Ostberg, 2012[70](#_ENREF_70) | RCTUK/Europe61 | Unclear/NR | Arm 1: 11.1(SD: 2.1)Arm 2: 10.8(SD: 1.8) | Barkley Parent + Teacher behavioral interventionvs.Waitlist control | Changes in standardized symptom scores | Good |
| Pane, 2010[71](#_ENREF_71) | ObservationalUK/Europe1424 | Inattentive: 11.7%Hyperactive: 5%Combined: 83.3% | Median: 10.8Min. age: 6Max. age: 18 | Atomoxetinevs.Methylphenidate | Suicide ideation;Conduction abnormalities;Tics or other movement disorders;Changes in appetite;Gastrointestinal symptoms;Elevated blood pressure | Fair |
| Pelsser, 2011[72](#_ENREF_72) | RCTUK/Europe100 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 dietvs.No elimination diet | Changes in standardized symptom scores(ADHD Presentation) | Good |
| Pfiffner, 2014[73](#_ENREF_73) | RCTUSA195 | 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 parentsvs.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) | RCTUSA181 | 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) | RCTMiddle East63 | Inattentive: 94%, 94%Hyperactive: 44%, 47% | Arm 1: 10.46(SD: 1.42)Arm 2: 10.51(SD: 1.47) | Omega-3 fatty acid supplementationvs.Placebo | Changes in standardized symptom scores | Fair |
| Salehi, 2010[76](#_ENREF_76) | RCTMiddle East46 | Unclear/NR | Arm 1: 9.12(SD: 1.61)Arm 2: 9.61(SD: 2.26) | Ginkgo bilobavs.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) | RCTUnclear/NR60 | Inattentive: 23.9%Hyperactive: 3.1%Combined: 73% | Total: 10.7(SD: 2.6) | Guanfacine XR 1 mg/day with or without amphetamine or MPHvs.Guanfacine XR 2 mg/day with or without amphetamine or MPHvs.Guanfacine XR 3 mg/day with or without amphetamine or MPHvs.Guanfacine XR 4 mg/day with or without amphetamine or MPH | Changes in standardized symptom scores | Poor |
| Sayer, 2016[78](#_ENREF_78) | RCTUSANR | Unclear/NR | Total: 10.2 (SD 2.1) | Guanfacine immediate releaseVs.Dexmethylphenidate Vs.Dexmethylphenidate, guanfacine immediate release | Increased heart rate | Good |
| Shakibaei, 2015[79](#_ENREF_79) | RCTMiddle East60 | Unclear/NR | Arm 1: 7.83(SD: 1.12)Arm 2: 8.41(SD: 1.40) | Methylphenidate and Ginkgo Bilobavs.Methylphenidate and placebo | Behavior changes | Good |
| Sibley, 2016[80](#_ENREF_80) | RCTUSA109 | Unclear/NR | Arm 1: 12.65 (SD: 0.85)Arm 2: 12.85 (SD 0.87) | Behavioral interventions, mindfulness-based therapies, and parent behavior trainingvs.Usual care | Changes in standardized symptom scores; Academic performance | Fair |
| Steiner, 2014[81](#_ENREF_81) | RCTUSA98 | Unclear/NR | Arm 1: 8.4(SD: 1.1)Arm 2: 8.9(SD: 1.0)Arm 3: 8.4(SD: 1.1) | Neurofeedbackvs.Cognitive Trainingvs.Waitlist control | Changes in standardized symptom scores | Good |
| Storebo, 2012[82](#_ENREF_82) | RCTUK/Europe55 | 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 Groupvs.Usual care | Academic performance | Good |
| Tobaiqy, 2011[83](#_ENREF_83) | ObservationalUK/Europe200 | 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) | RCTUK/Europe, Australia/NZ394 | 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 trialvs.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) | RCTUK/Europe100 | 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) | RCTUK/Europe47 | 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) | RCTUK/Europe89 | 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) | CBTvs.Usual care | Behavior changes | Good |
| Webster-Stratton, 2011[88](#_ENREF_88) | RCTUSA94 | 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) | RCTUK/Europe95 | 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) | ObservationalAsia175 | Inattentive: 16.4%, 24.1%Hyperactive: 8.9%, 27.6%Combined: 74.7%, 48.3% | Arm 1: 7.42Min. age: 6.0Max. age: 9.8Arm 2: 8.35Min. age: 6.0Max. 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