

DEPARTAMENTO
DE PERSONALIDAD,
EVALUACIÓN Y
TRATAMIENTO
PSICOLÓGICOS

Neurofeedback and treatment adherence in ADHD

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Abstract:

Adherence and therapeutic abandonment are causes for concern in the clinical setting due to the consequences and adverse effects mainly involving for patients. Those who discontinue the treatment or refuse to start do not achieve the desired therapeutic effects, increasing the likelihood of relapse and developing low expectations of improvement, while seeking new resources for mental health and increasing health costs. Different research in the field of behavioural disorders estimated that 38% of children unjustifiably terminate the intervention. The aim of this paper is to analyse the therapeutic adherence and the abandonment in a sample of 92 children aged between 7 and 14, diagnosed with Attention Deficit Disorder and randomly assigned to three treatment conditions: Neurofeedback, Behaviour Therapy and Pharmacologic Therapy. The results show that 84.21% of children who received Neurofeedback ended the treatment.

Keywords: ADHD, Children, therapeutic adherence, Neurofeedback.

Received: 22/06/2013 Accepted: 22/07/2013

INTRODUCTION

The lack of therapeutic adherence and dropout have adverse effects for patients. The diagnosed disorder, the modality and therapeutic context are all influential variables (Monastra, 2005). Unjustified interruptions of treatment have a negative effect on the scope and significance of scientific findings by altering the composition of the groups, introducing sampling biases and limiting the generality of results (Kazdin, Holland and Crowley, 1997).

Between 40-60% of the children and adolescents whose diagnosis requires treatment prematurely drop out of therapy (Kazdin, 1996). With respect to behavioral disorders, dropout rates are between 37% (Moreno and Lora, 2006) and 38% (Kazdin and Wassell, 1998).

OBJECTIVES

To analyze therapeutic adherence and dropout in minors diagnosed with ADHD taking into account the phases of the therapy process and the treatment modality employed.

METHOD

A total of 92 children ages 7-14 participated. According to the therapeutic continuity/dropout variable, the children were divided into three groups: a) children who drop out in

the pre-treatment phase, b) minors who stop treatment after several sessions, and c) minors who complete the treatment.

RESULTS

Of all children participants (N=92), 35 minors (38%) dropped out during the pre-treatment phase (Group A). Another 57 children (62%) started one of the administered therapeutic options (Group B), with a dropout rate of 15.78% among children who received neurofeedback. A total of 75.4% finished the recommended treatment (Group C). It should also be noted that 84.21% of the children who received neurofeedback completed the treatment.

CONCLUSIONS

The general therapeutic dropout rate was similar to that reported in previous studies. The adherence to neurofeedback treatment was high in comparison to the other therapeutic options studied.

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ACKNOWLEDGEMENTS

This work has been funded by the Plan Nacional i+d+i (PSI2008-06008-C02-01) from the Ministerio de Ciencia e Innovación.