

The associations of oppositional defiant behaviour in children with Attention Deficit Hyperactivity Disorder, combined type (ADHD-CT)

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Introduction

The specific relationships between oppositional defiant disorder (ODD), ADHD-CT, dysthymic disorder (DD) and anxiety disorders symptoms have not been studied in children with ADHD-CT. In this study, how well ADHD-CT, DD and anxiety disorders symptoms predict ODD symptoms is examined in a clinical sample of primary school age children with ADHD-CT. We hypothesise that ADHD-CT and DD symptom dimensions will predict ODD symptoms, while those of anxiety disorders will not.

Method

200 children, 6-12 years, identified with

ADHD-CT

defined by

(1)-parental structured clinical interview;

(2)-parent and/or teacher dimensional report subscale

scores -core symptom domains of ADHD-CT-

greater than 1.5 standard deviations above the mean

for a given child's age and gender

ODD

defined by

(1)

Dysthymic disorder and Anxiety disorders

defined by

(1)

(2)

Generalised anxiety disorder, separation anxiety

disorder, social phobia and specific phobia

formed anxiety disorders group because –four

most common types and -all arose 'true "neurotic"

anxiety' (March et al., 2000) with common

antecedent risk factors.

Children -all medication naïve, consecutively referred for assessment because they were not responding to usual clinical psychological management approaches delivered at a community primary care level; met the inclusion criteria of living in a family home and attending normal primary schools. All IQs > 70; none had overt neurological disease, psychotic symptoms, conduct disorder or major depressive disorder.

Subject characteristics

Age (months) -106.16 (28.34) (range 72-151 months)
Gender (M, F) - 170,30; *ACRS* (parent) - 22.20 (5.24)
CBCL anxiety/depression subscale (parent T score)-
71.34 (10.10)-DD group; 68.21 (11.31)-
Anxiety disorders group; *CDS* total depression
subscale (decile)-8.19 (1.83)-DD group; *RCMAS*
total anxiety subscale (T score)-53.98 (11.88)-
Anxiety disorders group; Verbal IQ - 95.46 (14.44),
Performance IQ – 99.88 (13.67), Fullscale IQ –
97.19 (13.29); Social adversity scale –
7.71 (1.82) (range 4-13); ODD N(%) - 150 (75);
DD N(%) - 60 (30); anxiety disorders N(%) - 82 (41)

Results

Variables	ODD	ADHD-CT	DD	ADs	B	β	sr2
ADHD-CT	.60				0.782***	0.45	.15
DD	.55	.48			1.084***	0.35	.08
ADs	.27	.34	.44		-0.110	-0.04	
p < .0005 *** a unique variability = .23					R2 = .45 Adjusted R2 = .44 a		
shared variability = .21					R = .67***		

B = unstandardised regression coefficient; β = standardised regression coefficient; sr2 = semipartial correlations; R2 = coefficient of determination

Discussion

Independent contribution of ADHD-CT and lack of contribution anxiety disorder symptoms – expected
Important new finding is the significant independent contribution of dysthymic disorder symptoms to oppositional defiant patterns of behaviour

- (1) dysthymic disorder is important to recognise in primary school age children with ADHD-CT
- (2) the nature of the above associations needs to be systematically studied both within & across developmental periods: for example, pre- and post-adrenarche and pubarche