



Effective Health Care

Comparative Effectiveness of Treatments for Disruptive Behavior Disorders in Children Nomination Summary Document

Results of Topic Selection Process & Next Steps

- The topic, *Comparative Effectiveness of Treatments for Disruptive Behavior Disorders (DBDs) in Children*, will go forward for refinement as a systematic review. The scope of this topic, including populations, interventions, comparators, and outcomes, will be further developed in the refinement phase.
- When key questions have been drafted, they will be posted on the AHRQ Web site and open for public comment. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to <http://effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list/>.

Topic Description

Nominator(s): A health care professional/researcher on behalf of an Organization

Nomination Summary: The nominator is interested in the short-term and long-term comparative effectiveness of different psychological and pharmacological interventions/treatments for youth (age 18 and younger) with disruptive behavior disorders (DBDs), including oppositional defiant disorder (ODD), conduct disorder (CD), and disruptive behavior disorder not otherwise specified (DBD NOS). The nominator is also interested in the comparative effectiveness of interventions across different settings (e.g., residential/inpatient care vs. community based care, school, home), and sub-populations (e.g., sex/gender, age groups, youth with co-morbidities such as attention deficit hyperactivity disorder [ADHD]).

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Population(s): Children and adolescents with disruptive behavior disorders (DBDs), including oppositional defiant disorder (ODD), conduct disorder (CD), and disruptive behavior disorder not otherwise specified (DBD NOS).

Intervention(s): Psychological and/or pharmacological interventions or treatments that have short- and long-term benefits in children and adolescents with DBDs. Interventions/treatments provided in various settings (e.g., residential/ inpatient, community based care, school, home), and to different sub-populations (e.g., boys vs. girls, different age groups) that treat children and adolescents with DBDs.

Comparator(s): All other treatment options

Outcome(s): Increases in positive short- and long-term outcomes for children and adolescents with DBDs, including improved behavior management, improved symptoms, and improved overall functioning; decreases in maladaptive behaviors (e.g.,

aggression, theft, impulsive behavior) in children and adolescents with DBDs.

**Key Questions
from Nominator:**

1. For children and adolescents (age 18 and younger) with disruptive behavior disorders (DBDs), including oppositional defiant disorder (ODD), conduct disorder (CD), and disruptive behavior disorder not otherwise specified (DBD NOS), what is the short-term and long-term comparative effectiveness of different psychological interventions/treatments?
2. What are the harms and benefits of these various psychological interventions/treatments?
3. What is the comparative effectiveness of psychological versus pharmacological treatments (i.e., psychological treatments alone versus pharmacological treatments alone versus psychological and pharmacological treatments in combination)?
4. What is the comparative effectiveness of providing psychological interventions or treatments in different settings (e.g., residential/inpatient care vs. community based care, school, home)?
5. Do psychological interventions vary in effectiveness across sub-populations, such as:
 - Boys versus girls
 - Age groups (< 6 years, 6-12 years, 13-18 years)
 - Racial/ethnic minority groups
 - Socioeconomic strata
 - Youth with co-morbidities (e.g., ADD/ADHD, anxiety, depression)
 - Age of disorder onset/Duration of illness
 - Treatment history (extent of prior exposure to treatment)
 - Contact with justice/legal system
 - Family characteristics (e.g., single parent household)
 - Treatment preferences

Considerations

- The topic meets all EHC Program selection criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- Disruptive behavior disorders involve behaviors that are readily seen such as temper tantrums, physical aggression, excessive argumentativeness, and other forms of defiance. This classification includes ODD, CD, and DBD NOS. Youth with DBD also often have co-occurring conditions, such as learning disabilities, substance abuse or depression. Treatments for DBD include psychological interventions (e.g., individual therapy, family therapy, parent-child interaction therapy) and pharmacological treatments.
- The search of the literature identified several recent systematic reviews and rigorous research studies focused on the management of disruptive behavior disorders (DBDs) in children and adolescents. However, the available evidence does not provide a clear comparative evaluation across different treatment options. A systematic review which synthesizes the literature related to DBDs in children and adolescents, is warranted.