

Further, comorbid emotion dysregulation is highly prevalent in children with ADHD (Antony et al, 2022). Adverse social, emotional, and family outcomes are associated with comorbid emotion dysregulation (Watson et al, 2014). Previous research finds that the Resilience Builder Program® (RBP; Alvord and Grados, 2011), a group therapy program for youth with difficulties in social competence and self-regulation, significantly improves internalizing problems in youth with ADHD (Senior et al, 2022). This study focused on understanding the predictors of improved internalizing problems in ADHD children following RBP.

Methods: The sample included children (N = 189; M years = 9.61, SD = 1.42; 79.4% male, 78.3% White) enrolled in the RBP who were identified by their parent as having a diagnosis of ADHD. Parents completed the Behavior Assessment System for Children, 2nd Edition (BASC-2; Reynolds and Kamphaus, 2004) pre- and postintervention to evaluate whether resilience and emotion self-control predicted change in internalizing problems following RBP. Pretherapy scores were subtracted from posttherapy scores to create a change score for the Internalizing Problems subscale of the BASC-2.

Results: A linear regression analysis found that pretherapy resilience did not significantly predict the change in internalizing problems ($b = 0.15$; 95% CI, -0.04 to 0.35; $t [99] = 1.60$; $p = .11$). However, pretherapy emotion self-control did significantly predict the change in internalizing problems in ADHD children ($b = -0.18$; 95% CI, -0.32 to -0.04; $t [99] = -2.52$; $p = .013$), with greater emotion self-control predicting a decrease in internalizing problems.

Conclusions: These results indicate that emotion self-control plays an important role in the reduction of internalizing problems in children with ADHD. Specifically, better pretherapy emotion self-control predicted a greater decrease in internalizing problems following participation in the RBP intervention. Results have important implications for what domains of functioning should be targeted in psychotherapy in an effort to improve the affective functioning in youth with ADHD.

ADHD, SAC

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2.8 AGE-DEPENDENT RELATIONSHIP BETWEEN ADENOTONSILLECTOMY AND SUBSEQUENT ADHD DIAGNOSIS



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Objectives: ADHD presents symptoms similar to obstructive sleep apnea (OSA), yet OSA is not included in the common practice parameters. This research sought to identify the potential influence of tonsillectomy and adenoidectomy (T&A), a common treatment for OSA, on the development of ADHD.

Methods: We examined de-identified data from TriNetX, a database with data from >70 healthcare organizations, identifying individuals aged 3 to 12 years who were diagnosed with OSA. Two cohorts were formed per age: those who had undergone T&A and those who had not. Through nearest-neighbor matching, cohorts were balanced on propensity score differences of <0.1, considering sex, race, and ethnicity. We investigated the rate of future visits with a diagnosis of ADHD, using ORs to compare the groups. The T&A group served as the baseline; an OR >1 suggests that the nonsurgical cohort had a higher ADHD visit likelihood.

Results: The size of the cohorts ranged from 2945 patients at age 12 years to 17,714 patients at age 3 years, and the cohort size trended down steadily with age. The OR of the nonsurgical cohort having a future ADHD visit increased from an insignificant difference at age 3 (OR: 1.01; CI, 0.94-1.08) to an OR of 1.32 at ages 8 and 9 years (CI, 1.21-1.45; CI, 1.19-1.47). The OR then decreased steadily, with age 10 years having the last significant difference between matched groups (OR: 1.27; CI, 1.12-1.44).

Conclusions: Results suggest an age-dependent relationship between T&A and future ADHD diagnosis, peaking at ages 8 and 9. Additionally, underlying OSA could potentially worsen ADHD symptoms or lead to misdiagnosis. The lesser risk of future ADHD diagnosis in children undergoing T&A indicates the

need to consider sleep apnea in ADHD evaluation. Future studies should examine the relationship between ADHD and nonsurgical OSA interventions while considering the limitations of this study, such as the inability to verify the ADHD diagnosis or evaluate symptom severity.

ADHD, DIAG, SLP

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2.9 ADHD MEDICATION AND HEADACHE DEVELOPMENT



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Objectives: Headache is a known side effect of ADHD medication. This work aimed to investigate if there is a subpopulation of patients experiencing decreased rather than increased headache from ADHD medication, and what characterizes this subpopulation.

Methods: In a prospective observational study of 328 children aged 6 to 17 years, level of headache was measured using the Pediatric Side Effects Checklist (P-SEC). The difference between the reported level before and 3 months after medication start was used to group the participants by increased, unaltered, or decreased headache. Using a multinomial logistic regression model, the association between the headache development group and the following factors was investigated: age group, sex, ADHD medication, responder state, difficulty falling asleep, anxiety, and number of emerging adverse effects.

Results: At 3 months, 22% reported decreased, 59.5% unaltered, and 18.6% increased headache. Above-median number of emerging adverse effects and increased headache at month 3 were significantly correlated (OR = 2.3; CI, 1.1-4.7) compared to the unaltered-group and (OR = 2.1; CI, 1.1-3.8) compared to increased-group. Anxiety at baseline and decreased headaches were significantly correlated but only compared to the unaltered group (OR = 2.1; CI, 1.1-4.2).

Conclusions: The results support the presence of a subgroup of patients experiencing reduced headache after ADHD medication start. The data also indicates a complex connection between headaches, ADHD, and ADHD medication. The results suggest general sensitivity toward side effects may enhance the risk of increased headache.

ADHD, MAE, STIM

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2.10 ADHD IN ADULTS: DOES AGE AT DIAGNOSIS MATTER?



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Objectives: We compared patients with ADHD diagnosed in childhood to those first diagnosed in adulthood to gain insight into the clinical features associated with adult ADHD.

Methods: The sample comprised 134 clinically referred adults (18-55 years) diagnosed with ADHD in the Massachusetts General Hospital Adult ADHD Clinic. Before their initial evaluation, patients completed scales to assess difficulties associated with ADHD, demographic characteristics, psychiatric treatments, and previous diagnoses. We stratified the sample into patients diagnosed with ADHD in childhood (<18) vs adulthood (≥18) and compared demographic characteristics, rates of clinical impairment, and psychiatric medications. We examined the moderating effects of age, gender, and medication status on the relationships between time of ADHD diagnosis and functional outcomes. We also performed a sensitivity analysis restricting the