Reviewer's report

Title: Cognitive Behaviour Therapy in Medication-Treated Adults with ADHD and Persistent Symptoms: A randomized controlled trial.

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Reviewer: Pia Enebrink

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In summary, the present study adds to the limited knowledge in adult mental health of psychological treatments, particularly group-based interventions, for adults with ADHD. There is a need to know more about the additive effects of psychological interventions to medical treatments, and understand the specific effects on various symptoms and outcomes. The current study contributes to this. The authors give a nice review of treatment studies performed earlier, and motivate the need for new group-based treatments, such as R&R2 ADHD cognitive behavioural group treatment. One of the strengths with the study is the randomized trial, where patients receive either CBT and medication, or treatment as usual (TAU) and medication. The study also includes well-known measures and self-report instruments. The main points I would like to make involve making the manuscript and information about data and procedures more transparent and easy to follow and value. (Major Compulsory Revisions):

Firstly, I would like the description of the flow of participants through the study to be more specific and comprehensive in terms of presenting data on inclusion, exclusion, treatment completers (nr. of sessions completed), and completion of psychiatric evaluation/measures at each post assessments, perhaps in a flow chart. Also, information is needed on whether the treatment groups differed on variables such as demographics, medication, and impairment. Furthermore, I would appreciate a more detailed description of completers of treatment and non-completers, and an analysis of those not participating/participating in post assessments, e.g. if they differ on aspects such as demographics, level of functioning, ADHD symptoms, depression, medication level. For instance, according to table 1, at the 3-month evaluation only 8 (CBT/MED) participants and 13 (TAU/MED) participants complete the psychiatric evaluation, which for the CBT-group constitutes about half of those participating in the post treatment assessment (n=17) by the psychiatrist, and 30% of those initially randomized to the CBT-treatment (n=27). It is important to know whether those completing each evaluation differ from the non-completers. The reduced participation rate is not as extensive for the self-report measures. However, to improve generalizability of the results the authors should provide an ITT-analysis.

Secondly, the CBT-treatment manual is nicely described. It would be valuable if the authors provided information on treatment integrity. Further, some additional information on what constituted the TAU, nr. of sessions, etc, and if the therapists conducting this treatment were other therapists than those in the CBT-condition
is needed.

As to measures, the R&R2 ADHD training evaluation self-report scale, RATE-S, is not as well-known as the other measures used and its psychometric properties should be more specifically described.

Regarding the baseline differences between the groups – were these significant for all measures? If not, baseline score need not serve as covariates.

Further, I don’t think that the following conclusion in the abstract is fully supported by the study due to the lack of ”only CBT-treatment- group”: “The implications are that the benefits of R&R2ADHD are multifaceted and that combined psychopharmacological and CBT based treatments may maximize the learning benefits from CBT interventions” The combined treatment may add to and improve the interventions based on medication.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interest.