

# Cognitive-Behavioral Therapy as an Adjuvant Versus Pharmacotherapy Alone in Adult ADHD: Systematic Review

Terapia Cognitivo-Comportamental Adjuvante Versus Farmacoterapia Isolada no TDAH em Adultos: Revisão Sistemática  
Terapia Cognitivo-Conductual Adyuvante Versus Farmacoterapia Aislada en TDAH en Adultos: Revisión Sistemática

## RESUMO

**Objetivo:** Avaliar se a adição da terapia cognitivo-comportamental à farmacoterapia oferece benefícios em relação à farmacoterapia isolada no tratamento de adultos com transtorno do déficit de atenção/hiperatividade. **Métodos:** Realizou-se revisão sistemática de ensaios clínicos randomizados conforme as diretrizes PRISMA, com buscas em bases de dados internacionais. Foram incluídos estudos que compararam a associação entre intervenção psicológica e tratamento medicamentoso com o uso isolado de medicamentos em adultos, utilizando instrumentos validados para avaliação de sintomas e funcionamento. O risco de viés foi avaliado pela ferramenta da Cochrane. **Resultados:** Seis ensaios preencheram os critérios de inclusão. A intervenção combinada mostrou benefícios adicionais principalmente em desfechos funcionais e psicossociais, enquanto os efeitos sobre os sintomas centrais foram variáveis entre os estudos. **Conclusões:** A associação entre intervenção psicológica e tratamento medicamentoso pode trazer ganhos funcionais adicionais em adultos, embora os efeitos sobre os sintomas centrais sejam inconsistentes.

**DESCRITORES:** Transtorno do Déficit de Atenção e Hiperatividade; Terapia Cognitivo-Comportamental; Tratamento Farmacológico; Adultos; Revisão Sistemática.

## ABSTRACT

**Objective:** To evaluate whether adding cognitive-behavioral therapy to pharmacotherapy provides benefits compared with pharmacotherapy alone in adults with attention-deficit/hyperactivity disorder.

**Method:** A systematic review of randomized controlled trials was conducted according to PRISMA guidelines, with searches in international databases. Studies comparing the combination of psychological intervention and medication with medication alone in adults, using validated instruments for symptom and functional assessment, were included. Risk of bias was assessed using the Cochrane tool. **Results:** Six trials met the inclusion criteria. The combined intervention showed additional benefits mainly in functional and psychosocial outcomes, while effects on core symptoms varied across studies. **Conclusions:** The association of psychological intervention with medication may provide additional functional benefits in adults, although effects on core symptoms remain inconsistent.

**DESCRIPTORS:** Attention-Deficit/Hyperactivity Disorder; Cognitive-Behavioral Therapy; Drug Therapy; Adults; Systematic Review.

## RESUMEN

**Objetivo:** Evaluar si la adición de la terapia cognitivo-conductual a la farmacoterapia ofrece beneficios en comparación con la farmacoterapia sola en adultos con trastorno por déficit de atención con hiperactividad. **Método:** Se realizó una revisión sistemática de ensayos clínicos aleatorizados de acuerdo con las directrices PRISMA, con búsquedas en bases de datos internacionales. Se incluyeron estudios que compararon la combinación de intervención psicológica y tratamiento farmacológico con el uso exclusivo de medicación en adultos, utilizando instrumentos validados para la evaluación de síntomas y funcionamiento. El riesgo de sesgo se evaluó mediante la herramienta de la Cochrane. **Resultados:** Seis ensayos cumplieron los criterios de inclusión. La intervención combinada mostró beneficios adicionales principalmente en resultados funcionales y psicossociales, mientras que los efectos sobre los síntomas

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centrales fueron variables entre los estudios. **Conclusión:** La asociación de intervención psicológica y tratamiento farmacológico puede aportar beneficios funcionales adicionales en adultos, aunque los efectos sobre los síntomas centrales siguen siendo inconsistentes.

**DESCRIPTORES:** Trastorno por Déficit de Atención con Hiperactividad; Terapia Cognitivo-Conductual; Tratamiento Farmacológico; Adultos; Revisión Sistemática.

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## Júlia Azedias Pessôa Vieira

Medical Student, University of the Joinville Region - UNIVILLE.

ORCID: <https://orcid.org/0009-0000-0531-8817>



## Leandro Prates de Lima

Assistant Professor, Department of Medicine - University of the Joinville Region - UNIVILLE

ORCID: <https://orcid.org/0009-0006-4123-8308>



## Júlia Hoffmann Prates de Lima

Medical Student, University of the Joinville Region - UNIVILLE.

ORCID: <https://orcid.org/0009-0004-4980-6037>

## INTRODUCTION

Currently, there is a significant increase in the number of psychiatric diagnoses, characterizing a worldwide phenomenon. Among the main disorders affected by this phenomenon, Attention-Deficit/Hyperactivity Disorder (ADHD) stands out. According to the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders, revised in 2000, ADHD is defined as “a persistent pattern of inattention and/or hyperactivity-impulsivity that directly interferes with the individual’s functioning and development” (1). It is a disorder with a strong hereditary component, resulting from a combination of small alterations in various genes (polygenic), associated with non-hereditary factors.

From a neurobiological perspective, ADHD has been linked to alterations in fronto-striatal circuits and catecholaminergic neurotransmitter systems, which provides a plausible basis for the use of pharmacological

treatments, particularly psychostimulants. In fact, pharmacotherapy is considered the first-line treatment in adults, with consistent efficacy in reducing core symptoms.

However, a significant proportion of patients continue to experience significant functional impairments, even with appropriate medication use. Difficulties with organization, planning, emotional regulation, and occupational functioning often persist, suggesting that pharmacotherapy alone may be insufficient to fully address the complexity of the clinical picture in adults. In this context, cognitive-behavioral therapy (CBT) has been proposed as an adjunctive intervention, focusing on compensatory skills, management of residual symptoms, and improvement in overall functioning.

Despite the growing use of CBT as a complement to medication treatment, there remains uncertainty regarding the magnitude of its additional benefits and the quality of the available evidence. Thus, the present

study aims to evaluate, through a systematic review of clinical trials, the efficacy of the combination of CBT and pharmacotherapy, compared to pharmacotherapy alone, in the treatment of adults with ADHD.

Although previous reviews have evaluated the efficacy of CBT in adults with ADHD, few have specifically and systematically addressed the incremental effect of CBT when combined with pharmacotherapy, in direct comparison with pharmacotherapy alone, while simultaneously focusing on core symptoms and functional outcomes. Thus, this review aims to fill this gap by providing an updated, clinically oriented synthesis of the available evidence.

## METHOD

This is a systematic review conducted in accordance with the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). The methodological protocol was defined



prior to conducting the literature search, with the aim of ensuring transparency, reproducibility, and scientific rigor in the selection and analysis of studies. There were no significant deviations from the previously defined protocol. However, the study was not registered on public protocol registration platforms, such as PROSPERO, which constitutes a methodological limitation.

The research question was formulated according to the PICO strategy: in adults ( $\geq 18$  years) with attention-deficit/hyperactivity disorder (ADHD), is the combination of pharmacotherapy and cognitive-behavioral therapy (CBT), when compared to pharmacotherapy alone, more effective in reducing symptom severity and improving functional outcomes?

In this framework, the population (P) consisted of adults diagnosed with ADHD; the intervention (I) was the combination of pharmacotherapy and CBT; the comparator (C) was pharmacotherapy alone; and the outcomes (O) included a reduction in ADHD symptoms and an improvement in overall functioning, as assessed by validated instruments.

Studies were included that: 1. Assessed adults ( $\geq 18$  years) with ADHD diagnosed according to recognized criteria (DSM, ICD, or structured clinical interviews); 2. Compared the combination of pharmacotherapy and CBT with pharmacotherapy alone; 3. Presented at least one clinical outcome related to the severity of ADHD symptoms and/or overall functioning, measured by validated instruments; 4. Had a randomized controlled trial (RCT) design; and 5. Were published in English or Portuguese.

Studies conducted exclusively with children or adolescents, case reports, case series without a comparison group, narrative reviews, editorials, letters to the editor, and studies that did not present measurable clinical

outcomes or an adequate description of the interventions evaluated were excluded.

The literature search was conducted in the PubMed/MEDLINE, SciELO, and Google Scholar databases, covering the period from January 2000 to the date of the last search, conducted in February 2026. Controlled descriptors and free-text terms related to attention-deficit/hyperactivity disorder, pharmacological treatment, and cognitive-behavioral therapy were used, combined using Boolean operators (AND, OR).

Search strategies were adapted for each database. In PubMed, the following search string was used: (“Attention Deficit Hyperactivity Disorder” OR ADHD OR TDAH) AND (adult OR adults) AND (“cognitive behavioral therapy” OR CBT OR “cognitive behavioral therapy”) AND (medication OR pharmacotherapy OR methylphenidate OR lisdexamfetamine OR atomoxetine). Equivalent strategies, using terms in Portuguese and English, were applied in SciELO and Google Scholar.

Filters were applied by study type, including clinical trials, controlled clinical trials (CCTs), and RCTs, as well as by language (Portuguese and English). Additionally, the reference lists of the included articles were manually reviewed to identify potentially relevant additional studies.

Furthermore, a search was conducted in the Cochrane Central Register of Controlled Trials (CENTRAL) to identify potentially eligible randomized clinical trials. This search primarily retrieved protocol records, ongoing studies, and duplicates of previously identified studies, resulting in no new published clinical trials meeting the established eligibility criteria.

The records identified in the databases were initially screened for duplicates. Next, the titles and abstracts were assessed for eligibility

according to the previously defined criteria. The full texts of potentially relevant studies were analyzed to confirm inclusion. The selection process was documented using a flowchart in accordance with the PRISMA recommendations.

The screening of titles and abstracts and the evaluation of full-text articles were performed independently by two reviewers and then finalized by consensus. Both reviewed the eligible studies and discussed the inclusion and exclusion criteria until consensus was reached in all cases. The participation of a third reviewer was not necessary to resolve disagreements.

Data extraction was conducted independently by the two reviewers, based on a complete reading of the included articles, using a standardized spreadsheet previously defined by mutual consensus. Information was collected on: author and year of publication, country, study design, sample size, participant characteristics, type of intervention and comparator, outcomes assessed, and main results.

The risk of bias assessment of the included randomized clinical trials was performed by two reviewers, independently, using the RoB 2 (Cochrane) tool. The five domains of the tool were assessed: 1. Bias arising from the randomization process; 2. Bias due to deviations from intended interventions; 3. Bias due to missing data on outcomes; 4. Bias in the measurement of outcomes; and 5. Bias in the selection of reported outcomes. For each domain, the screening questions were answered, and, according to the RoB 2 algorithm, a judgment of “low risk,” “some concerns,” or “high risk” was assigned. The overall judgment for each study was derived from the combination of the domains. Disagreements were resolved by consensus. The RoB 2 findings were considered in the interpretation of the synthesis, especially when there were

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limitations in the domains related to intervention deviance and outcome measurement.

Conducting a meta-analysis was not considered appropriate due to clinical and methodological heterogeneity among the included studies, including differences in CBT formats, pharmacological regimens, duration of interventions, and outcome assessment instruments, as well as variation

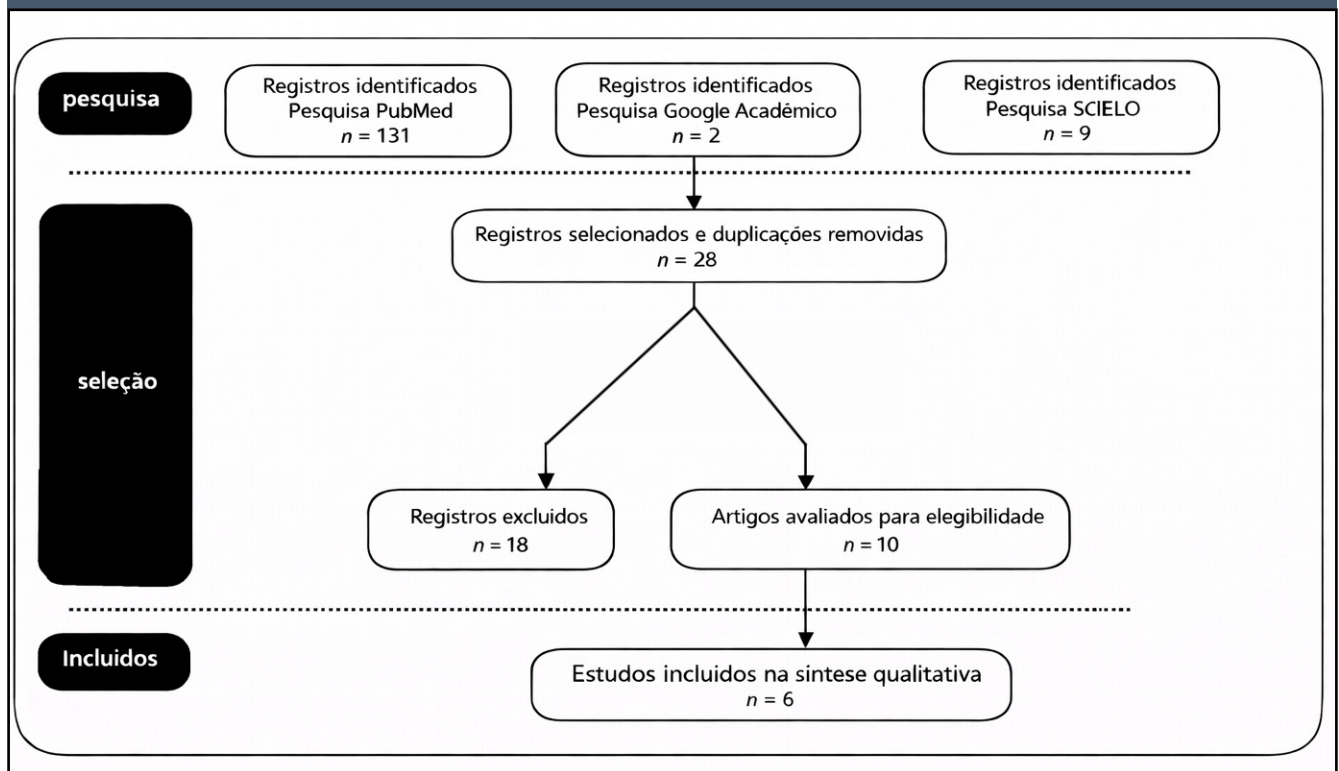
in the reported primary outcomes. Thus, a narrative and structured synthesis of the findings was chosen.

## RESULTS

The search in the PubMed/MEDLINE, SciELO, and Google Scholar databases identified a total of 142 records. After removing duplicates and applying the eligibility criteria,

28 records were selected for screening by title and abstract. Of these, 18 were excluded for not meeting the inclusion criteria, leaving 10 articles for full-text evaluation. At the end of this process, 6 randomized clinical trials met all criteria and were included in the qualitative synthesis. The study selection process is presented in the PRISMA flowchart (Figure 1).

Figure 1: Results of the article screening



The six included studies were RCTs that evaluated adults diagnosed with attention-deficit/hyperactivity disorder (ADHD), comparing the combination of cognitive-behavioral therapy (CBT) and pharmacotherapy with pharmacotherapy alone. The samples varied in size and clinical profile, consisting predominantly of patients with persistent symptoms despite medication use.<sup>5-10</sup>

ADHD symptoms were assessed using various validated instruments,

including self-report scales and clinical assessments such as the ADHD Rating Scale and the Conners' Adult ADHD Rating Scale (CAARS), as well as measures of overall functioning and organizational and executive skills, varying according to each study's protocol.

CBT interventions varied in terms of format (individual, group, or via videoconference), duration, and intensity. The outcomes assessed generally included core ADHD symptoms,

overall functioning, psychosocial aspects, and, in some studies, measures related to executive functions and emotional regulation. The main methodological characteristics of the studies are summarized in Table 1.

**Table 1: Characteristics of the included studies**

Author (year)	Country	Study design	Sample (n)	Intervention	Comparator	Outcomes assessed	Main results
Eto et al., 2025	Japan	RCT	60	CBT via videoconference + medication	Usual care + medication	Symptoms and functioning	Adjuvant online CBT improves outcomes in medicated adults
Philipsen et al., 2015	Germany	RCT	148	Structured CBT + methylphenidate	Psychotherapy + placebo	ADHD symptoms	Combination superior to placebo at 1 year
Safren et al., 2010	USA	RCT	86	CBT + medication	Relaxation + educational support (with medication)	ADHD symptoms, organization, attention	CBT + medication is superior to the control group in reducing symptoms
Emilsson et al., 2011	Sweden	RCT	54	Group cognitive-behavioral therapy + medication	TAU + medication	Functionality (RATE-S)	Significant functional improvement in the CBT+M group
Cherkasova et al., 2017	Canada	ECR	98	Psychological intervention + medication	Psychological intervention + placebo	ADHD symptoms	Better results with combination
Weiss et al., 2012	Canada	RCT	95	CBT + dextroamphetamine	CBT + placebo	Symptoms, overall functioning, adherence	No clear superiority of the combination over CBT alone

The risk of bias assessment, conducted using the Cochrane Risk of Bias 2 (RoB 2), indicated, in general, that the studies presented an overall judgment predominantly classified as “some concerns,” with frequent occurrence of high risk in the domain “deviations from intended interventions,” consistent with practical limitations of blinding and potential performance biases in psychotherapeutic interventions. In addition, some concerns were observed in part of the studies in the domains “randomization process” and “outcome measurement,” suggesting incomplete description of allocation procedures and/or reliance on instruments with potential susceptibility to measurement bias. In contrast, the “missing data” domain generally showed less impairment, and “selection of reported outcomes” remained mostly at low risk. The summary of judgments by domain and the overall judgment for each trial are presented in Table 2

**Table 2: Assessment of risk of bias in the included studies using the RoB 2 tool (Cochrane)**

Author (year)	Randomization	Intervention Deviation	Missing data	Outcome measurement	Selective reporting	Overall judgment
Eto et al., 2025	Some concerns	High risk	Low risk	Some concerns	Low risk	Some concerns
Philipsen et al., 2015	Low risk	High risk	Low risk	Some concerns	Low risk	Some concerns
Safren et al., 2010	Some concerns	High risk	Some concerns	Some concerns	Low risk	Some concerns
Emilsson et al., 2011	Low risk	High risk	Low risk	Low risk	Low risk	Some concerns
Cherkasova et al., 2017	Some concerns	High risk	Some concerns	Some concerns	Low risk	Some concerns
Weiss et al., 2012	Low risk	Some concerns	Low risk	Low risk	Low risk	Low risk

■ Baixo risco ■ Algumas preocupações ■ Alto risco

The six randomized clinical trials included evaluated the efficacy of the combination of cognitive-behavioral therapy (CBT) and pharmacotherapy compared with pharmacotherapy alone in adults with ADHD. Overall,

most studies pointed to an additional benefit of the combined intervention, although there is variation in the magnitude of the effects and inconsistencies among the outcomes and instruments used 5–10.<sup>5–10</sup>

Taken together, the studies reveal a consistent pattern of clinical and methodological heterogeneity, reflected in the variability of effect sizes and the inconsistency of results across different outcomes and instruments. Although most trials point to some additional benefit of adjunctive CBT, especially in measures of functioning and organization, the effects on core ADHD symptoms were not uniform. This variability likely stems from differences in sample profiles, intervention formats and intensity, as well as in the choice of outcomes assessed.

Four studies directly assessed changes in core ADHD symptoms. 5; 6 observed significantly greater reductions in symptoms in the group that received CBT combined with medication compared to medication alone, suggesting a clinically relevant additive effect of the psychotherapeutic intervention. In contrast, 7; 8 also reported a favorable trend toward the combined intervention, but with smaller differences and, on some measures, without reaching statistical significance between the groups. These findings indicate that, although there is a consistent signal of benefit from the combination, the effect size on core symptoms may vary substantially depending on the study design, the sample profile, and the assessment instruments used.<sup>5;6</sup>

Five studies evaluated outcomes related to overall functioning or psychosocial aspects. Overall, the combination of CBT and pharmacotherapy was associated with additional improvements in these domains compared to the use of medication alone 5; 6; 7; 8; 10. These benefits were particularly evident in measures related to organization, planning, and performance in daily activities. These findings follow the pattern of variability previously described across studies.<sup>5;6;7;8;10</sup>

Two studies explored outcomes related to executive functions and

emotional regulation in greater detail. (9) reported additional benefits of the combined intervention in these domains, suggesting a positive impact of adjunctive CBT on cognitive and emotional processes that are frequently impaired in adults with ADHD. Similarly, (10) observed favorable results with videoconference-mediated CBT combined with pharmacotherapy, although not all outcomes showed statistically significant differences between the groups, which again points to variation in the consistency of the observed effects.

Treatment adherence and the acceptability of the interventions were assessed inconsistently across the studies. In general, CBT combined with medication was considered feasible and well accepted by participants, with no consistent increase in dropout rates when compared to pharmacotherapy alone 7; 8; 10. However, the diversity of methods used to assess these outcomes limits direct comparisons between trials.<sup>7;8;10</sup>

## DISCUSSION

This systematic review evaluated the efficacy of combining cognitive-behavioral therapy (CBT) with pharmacotherapy compared to pharmacotherapy alone in the treatment of adults with ADHD, based on six randomized clinical trials 5–10. Overall, the findings suggest that adding CBT to medication treatment is associated with additional benefits, particularly in functional and psychosocial outcomes.<sup>5–10</sup>

Taken together, the included studies reveal a consistent pattern of clinical and methodological heterogeneity, reflected in the variability of effect sizes and results across different outcomes and assessment instruments. Most trials point to some additional benefit of adjunctive CBT, especially in measures of functioning and organization; however, the effects

on core ADHD symptoms were not uniform. This variability likely stems from differences in sample profiles, intervention formats and intensity, as well as in the choice of outcomes and instruments used.

Studies 5 and 6 demonstrated more pronounced reductions in symptoms and improvements in daily functioning in the group that received the combined intervention, particularly in samples consisting of patients with persistent symptoms despite medication use. In contrast, studies 7 and 8 observed effects of lesser magnitude and, on some measures, no statistically significant differences between the groups. These findings suggest that the additional impact of CBT may depend on factors such as the clinical profile of the sample, the type of psychotherapeutic intervention, and the selected outcomes. These findings reinforce the interpretation that pharmacotherapy alone is effective for core symptoms but may not be sufficient to fully address the functional impairments frequently observed in adults with ADHD.<sup>5;6</sup>

Furthermore, studies 9 and 10 indicate that the benefits of adjunctive CBT may be more evident in specific domains, such as executive functions and emotional regulation, and suggest that alternative intervention formats, such as videoconference-mediated CBT, may also be clinically useful. These results expand the potential applicability of the combined approach, although they do not yet allow for definitive conclusions regarding the superiority of a specific CBT format.<sup>9;10</sup>

The findings of this review are, in general, consistent with clinical guideline recommendations and previous reviews, which recognize CBT as a relevant adjunctive intervention in the treatment of ADHD in adults, particularly in the presence of persistent functional impairments. International guidelines, such as those from the National Institute for

Health and Care Excellence (3), and statements from psychiatric associations emphasize that, although pharmacotherapy remains the first-line treatment for core symptoms, structured psychosocial interventions may offer additional benefits in areas such as organization, planning, treatment adherence, and overall functioning. Thus, the results summarized here reinforce the notion that a multimodal approach is clinically plausible and potentially advantageous. Nevertheless, the strength of the available evidence remains variable.

Another important point is that most studies included patients with persistent symptoms despite medication use, which may have led to the observation of an incremental effect of CBT in this specific context, limiting the generalizability of the results to populations at different stages of

treatment.

Taken together, the available data suggest that the combination of CBT and pharmacotherapy may offer additional benefits compared to pharmacotherapy alone, particularly in terms of functional and behavioral outcomes. Future trials, with larger samples, greater standardization of intervention protocols, more uniform selection of outcomes, and long-term follow-up, are needed to more precisely define the role of CBT as an adjunctive intervention in the treatment of ADHD in adults.

From a clinical perspective, these findings suggest that adjunctive CBT may be particularly useful in patients with persistent functional impairment, organizational difficulties, and deficits in executive functioning, even when core symptoms are already partially controlled by pharmacotherapy.

## CONCLUSION

This review suggests that CBT as an adjunct to pharmacotherapy offers additional benefits, particularly in functional and psychosocial outcomes in adults with ADHD, while the effects on core symptoms remain more variable. The strength of this evidence is limited by methodological heterogeneity and the risk of bias in the included studies, which precludes definitive conclusions regarding the magnitude of the effects. Nevertheless, the available data support a multimodal approach, especially in patients with persistent functional impairment, and indicate the need for future, more standardized trials with larger samples and prolonged follow-up.

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