Attention Deficit Hyperactivity Disorder

A Medical Dictionary, Bibliography,
and Annotated Research Guide to
Internet References

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FORWARD

In March 2001, the National Institutes of Health issued the following warning: "The number of Web sites offering health-related resources grows every day. Many sites provide valuable information, while others may have information that is unreliable or misleading."[1] Furthermore, because of the rapid increase in Internet-based information, many hours can be wasted searching, selecting, and printing. Since only the smallest fraction of information dealing with attention deficit hyperactivity disorder is indexed in search engines, such as **www.google.com** or others, a non-systematic approach to Internet research can be not only time consuming, but also incomplete. This book was created for medical professionals, students, and members of the general public who want to know as much as possible about attention deficit hyperactivity disorder, using the most advanced research tools available and spending the least amount of time doing so.

In addition to offering a structured and comprehensive bibliography, the pages that follow will tell you where and how to find reliable information covering virtually all topics related to attention deficit hyperactivity disorder, from the essentials to the most advanced areas of research. Public, academic, government, and peer-reviewed research studies are emphasized. Various abstracts are reproduced to give you some of the latest official information available to date on attention deficit hyperactivity disorder. Abundant guidance is given on how to obtain free-of-charge primary research results via the Internet. **While this book focuses on the field of medicine, when some sources provide access to non-medical information relating to attention deficit hyperactivity disorder, these are noted in the text.**

E-book and electronic versions of this book are fully interactive with each of the Internet sites mentioned (clicking on a hyperlink automatically opens your browser to the site indicated). If you are using the hard copy version of this book, you can access a cited Web site by typing the provided Web address directly into your Internet browser. You may find it useful to refer to synonyms or related terms when accessing these Internet databases. **NOTE:** At the time of publication, the Web addresses were functional. However, some links may fail due to URL address changes, which is a common occurrence on the Internet.

For readers unfamiliar with the Internet, detailed instructions are offered on how to access electronic resources. For readers unfamiliar with medical terminology, a comprehensive glossary is provided. For readers without access to Internet resources, a directory of medical libraries, that have or can locate references cited here, is given. We hope these resources will prove useful to the widest possible audience seeking information on attention deficit hyperactivity disorder.

The Editors

[1] From the NIH, National Cancer Institute (NCI): **http://www.cancer.gov/cancerinfo/ten-things-to-know**.

CHAPTER 1. STUDIES ON ATTENTION DEFICIT HYPERACTIVITY DISORDER

Overview

In this chapter, we will show you how to locate peer-reviewed references and studies on attention deficit hyperactivity disorder.

The Combined Health Information Database

The Combined Health Information Database summarizes studies across numerous federal agencies. To limit your investigation to research studies and attention deficit hyperactivity disorder, you will need to use the advanced search options. First, go to **http://chid.nih.gov/index.html**. From there, select the "Detailed Search" option (or go directly to that page with the following hyperlink: **http://chid.nih.gov/detail/detail.html**). The trick in extracting studies is found in the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer, and the format option "Journal Article." At the top of the search form, select the number of records you would like to see (we recommend 100) and check the box to display "whole records." We recommend that you type "attention deficit hyperactivity disorder" (or synonyms) into the "For these words:" box. Consider using the option "anywhere in record" to make your search as broad as possible. If you want to limit the search to only a particular field, such as the title of the journal, then select this option in the "Search in these fields" drop box. The following is what you can expect from this type of search:

- **Roles of Audiologists and Speech-Language Pathologists Working with Persons With Attention Deficit Hyperactivity Disorder**

  Source: ASHA. American Speech-Language-Hearing Association. 39(17): 14. Spring 1997.

  Contact: Available from American Speech-Language-Hearing Association (ASHA). Product Sales, 10801 Rockville Pike, Rockville, MD 20852. (888) 498-6699. TTY (301) 897-0157. Website: www.asha.org.

  Summary: This brief article presents the position of the American Speech-Language-Hearing Association (ASHA) on the roles of audiologists and speech language

pathologists working with persons with attention deficit hyperactivity disorder (ADHD). ASHA states that audiologists and speech language pathologists play vital roles in the assessment, diagnosis, and treatment of persons of all ages with ADHD. Three roles are briefly outlined: members of a team of professionals making the original diagnosis of ADHD; primary service providers for persons with ADHD who have communication and related disorders, including language learning disorders, disorders of higher order language functioning, and central auditory processing disorders; and consultants to other professionals and to families.

- **Behaviors of Children with and Without Attention Deficit Hyperactivity Disorder During a Dental Recall Visit**

  Source: Journal of Dentistry for Children. 67(4): 246-249. July-August 2000.

  Contact: Available from American Society of Dentistry for Children. John Hancock Center, 875 Michigan Avenue, Suite 4040, Chicago, IL 60611-1901. (312) 943-1244.

  Summary: Diagnosis of attention deficit hyperactivity disorder (ADHD) focuses on three main components of the disorder: impulsiveness, hyperactivity, and inattention. In a dental setting, the behavior management of children with ADHD can be challenging. This article reports on a study undertaken to measure and compare the behaviors of children diagnosed with ADHD and those not diagnosed with ADHD during a single, standardized dental visit and procedure. In the sample of children described in this study, behavioral differences in children with ADHD and those without ADHD were neither clinically nor statistically different. The authors discuss how the technique of Tell Show Do' was used and may have influenced the results, as this technique has been shown to stimulate behavior that is more cooperative and amenable to treatment in all children. The authors conclude by noting that, as seen in the present study, children with ADHD can be pleasant and cooperative patients. 3 tables. 29 references.

- **Nicotinic Acetylcholine Receptor alpha4 Subunit Gene Polymorphism and Attention Deficit Hyperactivity Disorder**

  Source: Psychiatric Genetics. 11(1):37-40, March 2001.

  Summary: Researchers investigated the role of nicotinic acetylcholine receptor alpha4 subunit gene polymorphism in attention deficit hyperactivity disorder (ADHD), a highly heritable, common psychiatric disorder. The alpha4 receptor is one of the sites of action of the central nicotinic agonist ABT-418. Researchers studied a known Cfo1 polymorphism within the nicotinic acetylcholine alpha4 receptor gene, CNRNA4, in 70 ADHD parent-proband trios from an ongoing sample collection of children age 6 to 12 years with ADHD. The children were Caucasian, born in the United Kingdom or Ireland; 87 percent were male. The Transmission Disequilibrium Test demonstrated no evidence that variation at the nicotinic acetylcholine alpha4 receptor Cfo1 polymorphism influenced susceptibility to ADHD. Of the 28 probands born in the United Kingdom, 32 percent of the mothers had smoked during pregnancy; this is similar to the prevalence of smoking among pregnant women in England since 1992. The researchers conclude that the present study does not support an association between the nicotinic acetylcholine alpha4 receptor Cfo1 polymorphism and ADHD. 1 figure, 2 tables, 24 references.

- **Further Evidence of an Association Between Maternal Smoking During Pregnancy and Attention Deficit Hyperactivity Disorder: Findings From a High-risk Sample of Siblings**

  Source: Journal of Clinical Child Psychology. 27(3):352-358, October 1998.

  Summary: Researchers examined whether the association between attention deficit hyperactivity disorder (ADHD) and maternal smoking during pregnancy seen previously in children with ADHD would also be seen in their high-risk siblings. The researchers identified from psychiatric and pediatric referrals (1) 174 siblings of children with ADHD who were age 6 to 17, and (2) 129 siblings of children without ADHD. The Diagnostic Statistical Manual of Mental Disorders was the basis for all diagnostic assessments. Trained interviewers assessed intellectual functioning of the children. The researchers used the Diagnostic Interview for Children and Adolescents-Parent Version to assess maternal smoking, and used other measures to assess other perinatal information. Results showed no significant differences between high-risk siblings with and without ADHD regarding (1) age, (2) socioeconomic status (SES), (3) intelligence quotient (IQ), (4) paternal ADHD, or (5) parental IQ. Forty-seven percent of the high-risk siblings with ADHD and 33 percent of the high-risk siblings without ADHD had a history of maternal smoking during pregnancy. Maternal smoking was an independent predictor of ADHD even after adjusting for SES, parental IQ, and parental ADHD. The high-risk siblings whose mothers smoked during pregnancy had significantly lower IQ scores. This relationship remained after adjusting for SES, parental IQ, and parental ADHD. There were no significant differences between male and female siblings. The researchers conclude that (1) maternal smoking during pregnancy is strongly associated with ADHD, and (2) these results have important public health implications. 3 tables, 48 references.

- **Is Maternal Smoking During Pregnancy a Risk Factor for Attention Deficit Hyperactivity Disorder in Children?**

  Source: American Journal of Psychiatry. 153(9):1138-1142, September 1996.

  Summary: Researchers investigated the role of maternal smoking during pregnancy in the etiology of attention deficit hyperactivity disorder (ADHD). Researchers studied two groups of probands: 140 children with ADHD and 120 normal comparison participants. Diagnoses were based on independent interviews with the mother and direct interviews of probands and siblings, except for children younger than 12 years of age, who were not directly interviewed. All assessments were made by raters who were blind to proband diagnosis and ascertainment site. Mothers interviews about their children were sequenced after the direct interview with the mother about herself had been completed. Maternal smoking during pregnancy was ascertained by using the Diagnostic Interview for Children and Adolescents (Parent Version) module on pregnancy, delivery, and infancy complications. Results showed that 22 percent of the ADHD children had a maternal history of smoking during pregnancy, compared with 8 percent of the normal participants. This positive association remained significant after adjustment for socioeconomic status, parental IQ, and parental ADHD status. Significant differences in IQ were found between those children whose mother smoked during pregnancy and those children whose mothers did not smoke. The researchers conclude that maternal smoking during pregnancy is a risk factor for ADHD. If confirmed, these findings will stress the importance of programs aimed at smoking prevention in nonsmoking women and smoking cessation in smoking women of childbearing age. 2 tables, 43 references.

- **Case-control Study of Attention-deficit Hyperactivity Disorder and Maternal Smoking, Alcohol Use, and Drug Use During Pregnancy**

  Source: Journal of the American Academy of Child and Adolescent Psychiatry. 41(4):378-385, April 2002.

  Summary: Researchers conducted a retrospective, hospital-based case-control study to investigate the association between attention deficit hyperactivity disorder (ADHD) and prenatal exposure to maternal cigarette smoking, drugs of abuse, and alcohol. They used structured diagnostic interviews to assess the history of psychopathology in 280 ADHD case and 242 non-ADHD control children of both genders and their first-degree relatives. Cognitive batteries assessed intelligence, achievement, and learning disorders. Logistic regression analysis indicated that ADHD cases were 2.1 times more likely to have been exposed to cigarettes and 2.5 times more likely to have been exposed to alcohol in utero than were the non-ADHD control subjects. There was no statistically significant association between ADHD and prenatal exposure to drugs. Gender did not modify the relationships. Adjustment by familial psychopathology, Rutter's indicators of social adversity, and comorbid conduct disorder did not account for the effect of prenatal exposure to alcohol or the products of cigarettes. The researchers conclude that ADHD may be associated with prenatal exposure to alcohol independent of the association between prenatal exposure to nicotine and smoke products and other familial risk factors for the disorders. 3 tables, 58 references.

- **You May Be Treating Children with Mental Retardation and Attention Deficit Hyperactive Disorder in Your Dental Practice**

  Source: Journal of Dentistry for Children. 67(4): 241-245. July-August 2000.

  Contact: Available from American Society of Dentistry for Children. John Hancock Center, 875 Michigan Avenue, Suite 4040, Chicago, IL 60611-1901. (312) 943-1244.

  Summary: Diagnosis of attention deficit hyperactivity disorder (ADHD) focuses on three main components of the disorder: impulsiveness, hyperactivity, and inattention. In a dental setting, the behavior management of children with ADHD can be challenging. In this article, the authors consider the further complications of providing care to children with both ADHD and mental retardation. Deinstitutionalization and mainstreaming these youngsters with complicating developmental and psychological disorders will continue to increase the demand for dental and medical services by community practitioners. The authors discuss the prevalence of mental retardation, statistics regarding the dual diagnosis, complicating factors (including psychosocial and academic factors), and the practitioner's perspective on providing care to this population. The authors remind readers that more than 85 percent of individuals with mental retardation fall into the 'mild' range. Three appendices offer the diagnostic criteria for ADHD and attention deficit disorder (ADD), and a list of specific dental management considerations for the child with both ADHD and mental retardation. 27 references.

Federally Funded Research on Attention Deficit Hyperactivity Disorder

The U.S. Government supports a variety of research studies relating to attention deficit hyperactivity disorder. These studies are tracked by the Office of Extramural Research at the

National Institutes of Health.[2] CRISP (Computerized Retrieval of Information on Scientific Projects) is a searchable database of federally funded biomedical research projects conducted at universities, hospitals, and other institutions.

Search the CRISP Web site at **http://crisp.cit.nih.gov/crisp/crisp_query.generate_screen**. You will have the option to perform targeted searches by various criteria, including geography, date, and topics related to attention deficit hyperactivity disorder.

For most of the studies, the agencies reporting into CRISP provide summaries or abstracts. As opposed to clinical trial research using patients, many federally funded studies use animals or simulated models to explore attention deficit hyperactivity disorder. The following is typical of the type of information found when searching the CRISP database for attention deficit hyperactivity disorder:

- **Project Title: NEUROANATOMICAL & FUNCTIONAL ASPECTS OF ATTENTION DEFICIT HYPERACTIVITY DISORDER**

  Principal Investigator & Institution: Mccracken, James T. Professor; Charles R. Drew University of Med & Sci 1621 E 120Th St Los Angeles, Ca 90059

  Timing: Fiscal Year 2002; Project Start 5-SEP-2002; Project End 1-JUL-2005

  Summary: Subproject abstract not available.

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: QEEG & ATTENTION DEFICIT HYPERACTIVITY DISORDER**

  Principal Investigator & Institution: Loo, Sandra K.; University of Colorado Hlth Sciences Ctr Uchsc at Fitzsimons Aurora, Co 800450508

  Timing: Fiscal Year 2001; Project Start 1-JUN-2001; Project End 8-FEB-2002

  Summary: This abstract is not available.

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: SECONDARY ATTENTION DEFICIT HYPERACTIVITY DISORDER**

  Principal Investigator & Institution: Max, Jeffrey E. Associate Professor of Psychiatry, and u; Psychiatry; University of California San Diego 9500 Gilman Dr, Dept. 0934 La Jolla, Ca 92093

  Timing: Fiscal Year 2001; Project Start 0-DEC-1999; Project End 0-NOV-2004

  Summary: This abstract is not available.

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

E-Journals: PubMed Central[3]

PubMed Central (PMC) is a digital archive of life sciences journal literature developed and managed by the National Center for Biotechnology Information (NCBI) at the U.S. National

[2] Healthcare projects are funded by the National Institutes of Health (NIH), Substance Abuse and Mental Health Services (SAMHSA), Health Resources and Services Administration (HRSA), Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDCP), Agency for Healthcare Research and Quality (AHRQ), and Office of Assistant Secretary of Health (OASH).

[3] Adapted from the National Library of Medicine: **http://www.pubmedcentral.nih.gov/about/intro.html**.

Library of Medicine (NLM).[4] Access to this growing archive of e-journals is free and unrestricted.[5] To search, go to **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Pmc**, and type "attention deficit hyperactivity disorder" (or synonyms) into the search box. This search gives you access to full-text articles. The following is a sample of items found for attention deficit hyperactivity disorder in the PubMed Central database:

- **Alleviation of x-irradiation-based deficit in memory-based learning by d-amphetamine: Suggestions for attention deficit --hyperactivity disorder.** by Highfield DA, Hu D, Amsel A. 1998 May 12;
  http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&artid=20457
- **Assessment and management of attention-deficit hyperactivity disorder in adults.** by Weiss M, Murray C. 2003 Mar 18;
  http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=154919
- **Attention deficit /hyperactivity disorder children with a 7-repeat allele of the dopamine receptor D4 gene have extreme behavior but normal performance on critical neuropsychological tests of attention.** by Swanson J, Oosterlaan J, Murias M, Schuck S, Flodman P, Spence MA, Wasdell M, Ding Y, Chi HC, Smith M, Mann M, Carlson C, Kennedy JL, Sergeant JA, Leung P, Zhang YP, Sadeh A, Chen C, Whalen CK, Babb KA, Moyzis R, Posner MI. 2000 Apr 25;
  http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&artid=18305
- **Dopamine genes and attention-deficit hyperactivity disorder: a review.** by DiMaio S, Grizenko N, Joober R. 2003 Jan;
  http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=161723
- **Hyperactivity and impaired response habituation in hyperdopaminergic mice.** by Zhuang X, Oosting RS, Jones SR, Gainetdinov RR, Miller GW, Caron MG, Hen R. 2001 Feb 13;
  http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&artid=29368
- **Is primary care ready to take on Attention Deficit Hyperactivity Disorder?** by Thapar A, Thapar A. 2002;
  http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&artid=103661
- **Methylphenidate in the treatment of children with attention-deficit hyperactivity disorder.** by Vitiello B. 2001 Nov 27;
  http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=81668
- **Prevalence of attention deficit/hyperactivity disorder among adults in obesity treatment.** by Altfas JR. 2002;
  http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&artid=130024
- **Selective effects of methylphenidate in attention deficit hyperactivity disorder: A functional magnetic resonance study.** by Vaidya CJ, Austin G, Kirkorian G, Ridlehuber HW, Desmond JE, Glover GH, Gabrieli JD. 1998 Nov 24;
  http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&artid=24401

[4] With PubMed Central, NCBI is taking the lead in preservation and maintenance of open access to electronic literature, just as NLM has done for decades with printed biomedical literature. PubMed Central aims to become a world-class library of the digital age.

[5] The value of PubMed Central, in addition to its role as an archive, lies in the availability of data from diverse sources stored in a common format in a single repository. Many journals already have online publishing operations, and there is a growing tendency to publish material online only, to the exclusion of print.

- **Treatment of attention- deficit hyperactivity disorder.** by Jerome L. 2002 May 14; http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=111068

The National Library of Medicine: PubMed

One of the quickest and most comprehensive ways to find academic studies in both English and other languages is to use PubMed, maintained by the National Library of Medicine.[6] The advantage of PubMed over previously mentioned sources is that it covers a greater number of domestic and foreign references. It is also free to use. If the publisher has a Web site that offers full text of its journals, PubMed will provide links to that site, as well as to sites offering other related data. User registration, a subscription fee, or some other type of fee may be required to access the full text of articles in some journals.

To generate your own bibliography of studies dealing with attention deficit hyperactivity disorder, simply go to the PubMed Web site at **http://www.ncbi.nlm.nih.gov/pubmed**. Type "attention deficit hyperactivity disorder" (or synonyms) into the search box, and click "Go." The following is the type of output you can expect from PubMed for "attention deficit hyperactivity disorder" (hyperlinks lead to article summaries):

- **A clinical and demographic profile of a sample of adults with attention deficit hyperactivity disorder, residual state.**
  Author(s): Shekim WO, Asarnow RF, Hess E, Zaucha K, Wheeler N.
  Source: Comprehensive Psychiatry. 1990 September-October; 31(5): 416-25.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2225800&dopt=Abstract

- **A cognitive remediation programme for adults with Attention Deficit Hyperactivity Disorder.**
  Author(s): Stevenson CS, Whitmont S, Bornholt L, Livesey D, Stevenson RJ.
  Source: The Australian and New Zealand Journal of Psychiatry. 2002 October; 36(5): 610-6.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12225443&dopt=Abstract

- **A comparison of American and Canadian teachers' knowledge and attitudes towards Attention Deficit Hyperactivity Disorder (ADHD).**
  Author(s): Jerome L, Gordon M, Hustler P.
  Source: Canadian Journal of Psychiatry. Revue Canadienne De Psychiatrie. 1994 November; 39(9): 563-7.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7874659&dopt=Abstract

[6] PubMed was developed by the National Center for Biotechnology Information (NCBI) at the National Library of Medicine (NLM) at the National Institutes of Health (NIH). The PubMed database was developed in conjunction with publishers of biomedical literature as a search tool for accessing literature citations and linking to full-text journal articles at Web sites of participating publishers. Publishers that participate in PubMed supply NLM with their citations electronically prior to or at the time of publication.

- **A conceptual model of child psychopathology: implications for understanding attention deficit hyperactivity disorder and treatment efficacy.**
  Author(s): Rapport MD, Chung KM, Shore G, Isaacs P.
  Source: Journal of Clinical Child Psychology. 2001 March; 30(1): 48-58. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11294077&dopt=Abstract

- **A controlled clinical trial of bupropion for attention deficit hyperactivity disorder in adults.**
  Author(s): Wilens TE, Spencer TJ, Biederman J, Girard K, Doyle R, Prince J, Polisner D, Solhkhah R, Comeau S, Monuteaux MC, Parekh A.
  Source: The American Journal of Psychiatry. 2001 February; 158(2): 282-8.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11156812&dopt=Abstract

- **A controlled study of nortriptyline in children and adolescents with attention deficit hyperactivity disorder.**
  Author(s): Prince JB, Wilens TE, Biederman J, Spencer TJ, Millstein R, Polisner DA, Bostic JQ.
  Source: Journal of Child and Adolescent Psychopharmacology. 2000 Fall; 10(3): 193-204.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11052409&dopt=Abstract

- **A controlled trial of deprenyl in children with Tourette's syndrome and attention deficit hyperactivity disorder.**
  Author(s): Feigin A, Kurlan R, McDermott MP, Beach J, Dimitsopulos T, Brower CA, Chapieski L, Trinidad K, Como P, Jankovic J.
  Source: Neurology. 1996 April; 46(4): 965-8.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8780073&dopt=Abstract

- **A critique of current diagnostic criteria for attention deficit hyperactivity disorder: clinical and research implications.**
  Author(s): Barkley RA.
  Source: Journal of Developmental and Behavioral Pediatrics : Jdbp. 1990 December; 11(6): 343-52. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2289969&dopt=Abstract

- **A cueing procedure to control impulsivity in children with attention deficit hyperactivity disorder.**
  Author(s): Posavac HD, Sheridan SM, Posavac SS.
  Source: Behavior Modification. 1999 February; 23(2): 234-53.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10224950&dopt=Abstract

- **A drosophila model for attention deficit hyperactivity disorder (ADHD): No evidence of association with PRKG1 gene.**
  Author(s): De Luca V, Muglia P, Jain U, Basile VS, Sokolowski MB, Kennedy JL.
  Source: Neuromolecular Medicine. 2002; 2(3): 281-7.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12622406&dopt=Abstract

- **A family-based and case-control association study of the dopamine D4 receptor gene and dopamine transporter gene in attention deficit hyperactivity disorder.**
  Author(s): Holmes J, Payton A, Barrett JH, Hever T, Fitzpatrick H, Trumper AL, Harrington R, McGuffin P, Owen M, Ollier W, Worthington J, Thapar A.
  Source: Molecular Psychiatry. 2000 September; 5(5): 523-30.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11032386&dopt=Abstract

- **A follow-up pilot study of objective measures in children with attention deficit hyperactivity disorder.**
  Author(s): Aggarwal A, Lillystone D.
  Source: Journal of Paediatrics and Child Health. 2000 April; 36(2): 134-8.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10760011&dopt=Abstract

- **A haplotype relative risk study of the dopamine D4 receptor (DRD4) exon III repeat polymorphism and attention deficit hyperactivity disorder (ADHD).**
  Author(s): Eisenberg J, Zohar A, Mei-Tal G, Steinberg A, Tartakovsky E, Gritsenko I, Nemanov L, Ebstein RP.
  Source: American Journal of Medical Genetics. 2000 June 12; 96(3): 258-61. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10898895&dopt=Abstract

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  Source: The Journal of School Health. 1993 February; 63(2): 112-5.
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  Source: The Australian and New Zealand Journal of Psychiatry. 2002 August; 36(4): 562-3; Author Reply 563.
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  Source: Molecular Psychiatry. 2003 January; 8(1): 98-102.
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- **The short DRD4 repeats confer risk to attention deficit hyperactivity disorder in a family-based design and impair performance on a continuous performance test (TOVA).**
  Author(s): Manor I, Tyano S, Eisenberg J, Bachner-Melman R, Kotler M, Ebstein RP.
  Source: Molecular Psychiatry. 2002; 7(7): 790-4.
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  Author(s): Thurber JR, Heller TL, Hinshaw SP.
  Source: Journal of Clinical Child and Adolescent Psychology : the Official Journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53. 2002 December; 31(4): 443-52.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12402564&dopt=Abstract

- **The synergistic effects of stimulants and parental psychotherapy in the treatment of attention deficit hyperactivity disorder.**
  Author(s): Stiefel I, Dossetor D.
  Source: Journal of Paediatrics and Child Health. 1998 August; 34(4): 391-4.
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  Author(s): Wada N, Yamashita Y, Matsuishi T, Ohtani Y, Kato H.
  Source: Brain & Development. 2000 September; 22(6): 378-82.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11042420&dopt=Abstract

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  Author(s): Kendall J.
  Source: Journal of Child and Adolescent Psychiatric Nursing : Official Publication of the Association of Child and Adolescent Psychiatric Nurses, Inc. 1997 October-December; 10(4): 27-38. Review.
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  Author(s): Ward MF, Wender PH, Reimherr FW.
  Source: The American Journal of Psychiatry. 1993 June; 150(6): 885-90. Erratum In: Am J Psychiatry 1993 August; 150(8): 1280.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8494063&dopt=Abstract

- **Thermal response to serotonergic challenge and aggression in attention deficit hyperactivity disorder children.**
  Author(s): Donovan AM, Halperin JM, Newcorn JH, Sharma V.
  Source: Journal of Child and Adolescent Psychopharmacology. 1999; 9(2): 85-91.
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  Author(s): Valentine J, Rossi E, O'Leary P, Parry TS, Kurinczuk JJ, Sly P.
  Source: Journal of Paediatrics and Child Health. 1997 April; 33(2): 117-20.
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  Author(s): Hauser P, Soler R, Brucker-Davis F, Weintraub BD.
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  Source: Mcn. the American Journal of Maternal Child Nursing. 1996 November-December; 21(6): 294-300. Review.
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  Author(s): Barkley RA, Murphy KR, Bush T.
  Source: Neuropsychology. 2001 July; 15(3): 351-60.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11499990&dopt=Abstract

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  Author(s): Pitcher TM, Piek JP, Barrett NC.
  Source: Human Movement Science. 2002 December; 21(5-6): 919-45.
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  Author(s): Como PG.
  Source: Neurologic Clinics. 1997 May; 15(2): 255-65. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9115459&dopt=Abstract

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  Source: Clinical Psychology Review. 1999 August; 19(5): 531-52. Review.
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  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2002213&dopt=Abstract

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  Author(s): Faraone SV, Biederman J, Monuteaux MC.
  Source: Genetic Epidemiology. 2000 January; 18(1): 1-16.
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- **Transmission of primary nocturnal enuresis and attention deficit hyperactivity disorder.**
  Author(s): Bailey JN, Ornitz EM, Gehricke JG, Gabikian P, Russell AT, Smalley SL.
  Source: Acta Paediatrica (Oslo, Norway : 1992). 1999 December; 88(12): 1364-8.
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  Author(s): Jarvelin MR.
  Source: Acta Paediatrica (Oslo, Norway : 1992). 1999 December; 88(12): 1315-7.
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- **Treating attention deficit hyperactivity disorder.**
  Author(s): Valente SM.
  Source: The Nurse Practitioner. 2001 September; 26(9): 14-5, 19-20, 23-7; Quiz 27-9. Review.
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- **Treatment of attention deficit hyperactivity disorder in children.**
  Author(s): Kehoe WA.
  Source: The Annals of Pharmacotherapy. 2001 September; 35(9): 1130-4.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11573866&dopt=Abstract

- **Treatment of attention deficit hyperactivity disorder with neurotherapy.**
  Author(s): Nash JK.
  Source: Clin Electroencephalogr. 2000 January; 31(1): 30-7. Review.
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  Author(s): Maag JW, Reid R.
  Source: Seminars in Speech and Language. 1996 February; 17(1): 37-58. Review.
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  Author(s): Salmelainen P.
  Source: New South Wales Public Health Bulletin. 2002 January; 13 Suppl S-1: 1-65.
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  Author(s): Wait JW, Stanton L, Schoeman JF.
  Source: Journal of Tropical Pediatrics. 2002 October; 48(5): 294-9.
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- **Twin concordance for attention deficit hyperactivity disorder: a comparison of teachers' and mothers' reports.**
  Author(s): Sherman DK, McGue MK, Iacono WG.
  Source: The American Journal of Psychiatry. 1997 April; 154(4): 532-5.
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- **Unaltered dopamine transporter availability in adult attention deficit hyperactivity disorder.**
  Author(s): van Dyck CH, Quinlan DM, Cretella LM, Staley JK, Malison RT, Baldwin RM, Seibyl JP, Innis RB.
  Source: The American Journal of Psychiatry. 2002 February; 159(2): 309-12.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11823278&dopt=Abstract

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  Author(s): Daley KC.
  Source: Current Opinion in Pediatrics. 2003 April; 15(2): 216-25.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12640282&dopt=Abstract

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  Author(s): Baker GB, Bornstein RA, Douglass AB, Van Muyden JC, Ashton S, Bazylewich TL.
  Source: Mol Chem Neuropathol. 1993 January-February; 18(1-2): 173-8.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8466590&dopt=Abstract

- **Urinary incontinence with donepezil treatment in hospitalized children and adolescents with attention deficit hyperactivity disorder.**
  Author(s): Pachaiyappan K, Petti TA, Bangs M, Pfau B, Dumlao S.
  Source: Journal of Child and Adolescent Psychopharmacology. 2003 Spring; 13(1): 111-2.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12804133&dopt=Abstract

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  Author(s): Broste SM.
  Source: Cmaj : Canadian Medical Association Journal = Journal De L'association Medicale Canadienne. 1990 November 15; 143(10): 995, 998.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2073256&dopt=Abstract

- **Use of methylphenidate for attention deficit hyperactivity disorder.**
  Author(s): Lexchin J.
  Source: Cmaj : Canadian Medical Association Journal = Journal De L'association Medicale Canadienne. 1991 May 15; 144(10): 1209-10.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2025813&dopt=Abstract

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  Author(s): Trott GE, Friese HJ, Menzel M, Nissen G.
  Source: Psychopharmacology. 1992; 106 Suppl: S134-6.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1546129&dopt=Abstract

- **Use of primary and secondary reinforcers after performance of a 1 mile walk/run by boys with attention deficit hyperactivity disorder.**
  Author(s): Trocki-Ables P, French R, O'Connor J.
  Source: Percept Mot Skills. 2001 October; 93(2): 461-4.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11769903&dopt=Abstract

- **Use of self-ratings in the assessment of symptoms of attention deficit hyperactivity disorder in adults.**
  Author(s): Murphy P, Schachar R.
  Source: The American Journal of Psychiatry. 2000 July; 157(7): 1156-9.
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- **Use of the School Performance Rating Scale with children treated for attention deficit hyperactivity disorder.**
  Author(s): Raggio DJ, Pierce J.
  Source: Percept Mot Skills. 1999 June; 88(3 Pt 1): 957-60.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10407905&dopt=Abstract

- **Usefulness of the Rorschach inkblot test in assessment of attention deficit hyperactivity disorder.**
  Author(s): Bartell SS, Solanto MV.
  Source: Percept Mot Skills. 1995 April; 80(2): 531-41.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7675586&dopt=Abstract

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  Author(s): Boles M, Lynch FL, DeBar LL.
  Source: Journal of Child and Adolescent Psychopharmacology. 2001 Spring; 11(1): 43-52.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11322744&dopt=Abstract

- **Visual event related potentials after methylphenidate and sodium valproate in children with attention deficit hyperactivity disorder.**
  Author(s): Frank Y.
  Source: Clin Electroencephalogr. 1993 January; 24(1): 19-24.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8420693&dopt=Abstract

- **Visual event related potentials and reaction time in normal adults, normal children, and children with attention deficit hyperactivity disorder: differences in short-term memory processing.**
  Author(s): Frank Y, Seiden J, Napolitano B.
  Source: The International Journal of Neuroscience. 1996 November; 88(1-2): 109-24.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9003969&dopt=Abstract

- **Visual spatial attention in children with attention deficit hyperactivity disorder.**
  Author(s): Chen CY, Chen CL, Wu CY, Chen HC, Tang FT, Wong MK.
  Source: Chang Gung Med J. 2002 August; 25(8): 514-21.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12392363&dopt=Abstract

- **Visuomotor perception in children with attention deficit hyperactivity disorder--combined type.**
  Author(s): Raggio DJ.
  Source: Percept Mot Skills. 1999 April; 88(2): 448-50.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10483637&dopt=Abstract

- **Who manages the care of students with Attention Deficit Hyperactivity Disorder (ADHD) in higher education?**
  Author(s): Baverstock AC, Finlay F.
  Source: Child: Care, Health and Development. 2003 May; 29(3): 163-6.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12752606&dopt=Abstract

- **Young adults with attention deficit hyperactivity disorder: subtype differences in comorbidity, educational, and clinical history.**
  Author(s): Murphy KR, Barkley RA, Bush T.
  Source: The Journal of Nervous and Mental Disease. 2002 March; 190(3): 147-57.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11923649&dopt=Abstract

CHAPTER 2. NUTRITION AND ATTENTION DEFICIT HYPERACTIVITY DISORDER

Overview

In this chapter, we will show you how to find studies dedicated specifically to nutrition and attention deficit hyperactivity disorder.

Finding Nutrition Studies on Attention Deficit Hyperactivity Disorder

The National Institutes of Health's Office of Dietary Supplements (ODS) offers a searchable bibliographic database called the IBIDS (International Bibliographic Information on Dietary Supplements; National Institutes of Health, Building 31, Room 1B29, 31 Center Drive, MSC 2086, Bethesda, Maryland 20892-2086, Tel: 301-435-2920, Fax: 301-480-1845, E-mail: ods@nih.gov). The IBIDS contains over 460,000 scientific citations and summaries about dietary supplements and nutrition as well as references to published international, scientific literature on dietary supplements such as vitamins, minerals, and botanicals.[7]

As a service of the ODS, access to the IBIDS database is available free of charge at the following Web address: **http://ods.od.nih.gov/databases/ibids.html**. After entering the search area, you have three choices: (1) IBIDS Consumer Database, (2) Full IBIDS Database, or (3) Peer Reviewed Citations Only.

Now that you have selected a database, click on the "Advanced" tab. An advanced search allows you to retrieve up to 100 fully explained references in a comprehensive format. Type "attention deficit hyperactivity disorder" (or synonyms) into the search box, and click "Go." To narrow the search, you can also select the "Title" field.

[7] Adapted from **http://ods.od.nih.gov**. IBIDS is produced by the Office of Dietary Supplements (ODS) at the National Institutes of Health to assist the public, healthcare providers, educators, and researchers in locating credible, scientific information on dietary supplements. IBIDS was developed and will be maintained through an interagency partnership with the Food and Nutrition Information Center of the National Agricultural Library, U.S. Department of Agriculture.

The following is a typical result when searching for recently indexed consumer information on attention deficit hyperactivity disorder:

- **Diet and hyperactivity [Food additives, salicylates, Feingold diet].**
  Source: Conning, D.M. Nutr-Bull-Br-Nutr-Found. London : The Foundation. January 1984. volume 9 (1) page 24-31. 0141-9684
- **Diet and hyperactivity.**
  Source: Rapoport, J.L. Nutrition-reviews (USA). (May 1986). volume 44(suppl.) page 158-162. alcohols diet children abnormal behaviour caffeine sugar artificial sweeteners 0029-6643
- **Food sensitivity and the nervous system: hyperactivity, addiction and criminal behaviour.**
  Source: Cook, J.D. Baynes, R.D. Skikne, B.S. Nutr-Res-Rev. Cambridge [England] : Cambridge University Press. 1992. volume 5 page 203-223. 0954-4224
- **Hyperactivity and diet.**
  Source: Nutr-Food-Sci. London, Eng. : Forbes Publications. Mar/April 1987. (105) page 2-5. ill. 0034-6659

The following information is typical of that found when using the "Full IBIDS Database" to search for "attention deficit hyperactivity disorder" (or a synonym):

- **A pilot controlled trial of transdermal nicotine in the treatment of attention deficit hyperactivity disorder.**
  Author(s): Center for Infant and Child Development, Center for Aging and Brain Repair, Departments of Psychiatry, Neurosurgery, Neuroscience Program, University of South Florida, Tampa, Florida, USA. dshytle@hsc.usf.edu
  Source: Shytle, R D Silver, A A Wilkinson, B J Sanberg, P R World-J-Biol-Psychiatry. 2002 July; 3(3): 150-5 1562-2975
- **A randomized, double-blind, placebo-controlled trial of docosahexaenoic acid supplementation in children with attention-deficit/hyperactivity disorder.**
  Author(s): Division of Developmental and Behavioral Pediatrics, Mayo Clinic, Rochester, Minnesota 55905, USA.
  Source: Voigt, R G Llorente, A M Jensen, C L Fraley, J K Berretta, M C Heird, W C J-Pediatr. 2001 August; 139(2): 189-96 0022-3476
- **Aggressive behavior in patients with attention-deficit/hyperactivity disorder, conduct disorder, and pervasive developmental disorders.**
  Author(s): Department of Child and Adolescent Psychiatry, University of Pennsylvania, and the Childrens Hospital of Philadelphia, 19104, USA.
  Source: Weller, E B Rowan, A Elia, J Weller, R A J-Clin-Psychiatry. 1999; 60 Suppl 155-11 0160-6689
- **Alpha4beta2 nicotinic acetylcholine receptor activation ameliorates impairment of spontaneous alternation behavior in stroke-prone spontaneously hypertensive rats, an animal model of attention deficit hyperactivity disorder.**
  Author(s): Department of Pharmacology, Hokkaido University Graduate School of Medicine, Kita-15, Nishi-7, Kita-ku, Sapporo 060-8638, Japan. ken-ueno@med.hokudai.ac.jp
  Source: Ueno, Ken Ichi Togashi, Hiroko Matsumoto, Machiko Ohashi, Satoshi Saito, Hideya Yoshioka, Mitsuhiro J-Pharmacol-Exp-Ther. 2002 July; 302(1): 95-100 0022-3565

- **Alternative and controversial treatments for attention-deficit/hyperactivity disorder.**
  Author(s): Department of Pediatrics, Vanderbilt University School of Medicine, Nashville, Tennessee, USA. anna.baumgaertel@mcmail.vanderbilt.edu
  Source: Baumgaertel, A Pediatr-Clin-North-Am. 1999 October; 46(5): 977-92 0031-3955
- **Alternative treatments for adults with attention-deficit hyperactivity disorder (ADHD).**
  Author(s): Department of Psychiatry, Ohio State University, Columbus, Ohio 43210, USA. arnold.6@osu.edu
  Source: Arnold, L E Ann-N-Y-Acad-Sci. 2001 June; 931: 310-41 0077-8923
- **Alternative treatments for attention-deficit/hyperactivity disorder: does evidence support their use?**
  Author(s): Department of Psychology and Philosophy at Texas Woman's University in Denton, USA.
  Source: Brue, Alan W Oakland, Thomas D Altern-Ther-Health-Med. 2002 Jan-February; 8(1): 68-70, 72-4 1078-6791
- **An experimental comparison of Pycnogenol and methylphenidate in adults with Attention-Deficit/Hyperactivity Disorder (ADHD).**
  Author(s): The Attention Deficit Center in St. Louis 63141, MO.
  Source: Tenenbaum, S Paull, J C Sparrow, E P Dodd, D K Green, L J-Atten-Disord. 2002 September; 6(2): 49-60 1087-0547
- **Attention deficit hyperactivity disorder.**
  Author(s): Division of Child Development, Vanderbilt University, Nashville, Tennessee, USA.
  Source: Wolraich, M Prof-Care-Mother-Child. 1998; 8(2): 35-7 0964-4156
- **Attention-deficit hyperactivity disorder in children.**
  Author(s): Department of Paediatrics, Northern General Hospital, Sheffield, UK.
  Source: Baxter, P S Curr-Opin-Pediatr. 1995 August; 7(4): 381-6 1040-8703
- **Attention-deficit/hyperactivity disorder: a therapeutic update.**
  Author(s): Massachusetts College of Pharmacy and Health Sciences, Boston, Massachusetts 02115, USA. kkirby@mcp.edu
  Source: Kirby, Kelly Rutman, Lori E Bernstein, Henry Curr-Opin-Pediatr. 2002 April; 14(2): 236-46 1040-8703
- **Behavioral effects of liothyronine (L-T3) in children with attention deficit hyperactivity disorder in the presence and absence of resistance to thyroid hormone.**
  Author(s): Department of Medicine, The University of Chicago, IL 60637, USA.
  Source: Weiss, R E Stein, M A Refetoff, S Thyroid. 1997 June; 7(3): 389-93 1050-7256
- **Bipolar disorder and attention-deficit/hyperactivity disorder in children and adolescents.**
  Author(s): Child Psychiatry Branch, National Institute of Mental Health, Bethesda, Md 20892, USA. jgiedd@helix.nih.gov
  Source: Giedd, J N J-Clin-Psychiatry. 2000; 61 Suppl 931-4 0160-6689
- **Changes in the second messenger cyclic AMP during development may underlie motoric symptoms in attention deficit/hyperactivity disorder (ADHD).**
  Author(s): Department of Psychiatry, Harvard Medical School, Belmont, MA 02478, USA. andersen@mclean.org
  Source: Andersen, Susan L Behav-Brain-Res. 2002 March 10; 130(1-2): 197-201 0166-4328

- **Controlled trial of hyposensitisation in children with food-induced hyperkinetic syndrome.**
  Author(s): Universitatskinderklinik, Munchen, Germany.
  Source: Egger, J Stolla, A McEwen, L M Lancet. 1992 May 9; 339(8802): 1150-3 0140-6736
- **Does zinc moderate essential fatty acid and amphetamine treatment of attention-deficit/hyperactivity disorder?**
  Author(s): Department of Psychiatry, Ohio State University, Columbus, USA. Arnold.6@osu.edu
  Source: Arnold, L E Pinkham, S M Votolato, N J-Child-Adolesc-Psychopharmacol. 2000 SUMMMER; 10(2): 111-7 1044-5463
- **DOPA decarboxylase activity in attention deficit hyperactivity disorder adults. A [fluorine-18]fluorodopa positron emission tomographic study.**
  Author(s): Laboratory of Cerebral Metabolism, National Institute of Mental Health, Bethesda, Maryland 20892, USA.
  Source: Ernst, M Zametkin, A J Matochik, J A Jons, P H Cohen, R M J-Neurosci. 1998 August 1; 18(15): 5901-7 0270-6474
- **Effect of nutritional supplements on attentional-deficit hyperactivity disorder.**
  Author(s): Mannatech Inc., Coppell, Texas 75019, USA.
  Source: Dykman, K D Dykman, R A Integr-Physiol-Behav-Sci. 1998 Jan-March; 33(1): 49-60 1053-881X
- **Effect of stimulant medication on driving performance of young adults with attention-deficit hyperactivity disorder: a preliminary double-blind placebo controlled trial.**
  Author(s): University of Virginia Health Systems, Department of Psychiatric Medicine, Charlottesville 22908, USA.
  Source: Cox, D J Merkel, R L Kovatchev, B Seward, R J-Nerv-Ment-Dis. 2000 April; 188(4): 230-4 0022-3018
- **Effect of the herbal extract combination Panax quinquefolium and Ginkgo biloba on attention-deficit hyperactivity disorder: a pilot study.**
  Author(s): Oceanside Functional Medicine Research Institute, Nanaimo, BC.
  Source: Lyon, M R Cline, J C Totosy de Zepetnek, J Shan, J J Pang, P Benishin, C J-Psychiatry-Neurosci. 2001 May; 26(3): 221-8 1180-4882
- **Effectiveness of attention-deficit/hyperactivity treatment and diagnosis methods tested.**
  Source: Anonymous Rep-Med-Guidel-Outcomes-Res. 2000 February 17; 11(4): 1-2, 5-7 1050-5636
- **Effects of chronic nicotine and methylphenidate in adults with attention deficit/hyperactivity disorder.**
  Author(s): Department of Psychiatry, Duke University Medical Center, Durham, North Carolina 27710, USA. edlevin@duke.edu
  Source: Levin, E D Conners, C K Silva, D Canu, W March, J Exp-Clin-Psychopharmacol. 2001 February; 9(1): 83-90 1064-1297
- **Effects of sugar on aggressive and inattentive behavior in children with attention deficit disorder with hyperactivity and normal children.**
  Author(s): Schneider Children's Hospital, Long Island Jewish Medical Center, New Hyde Park, New York 11042.
  Source: Wender, E H Solanto, M V Pediatrics. 1991 November; 88(5): 960-6 0031-4005

- **Examining for association between candidate gene polymorphisms in the dopamine pathway and attention-deficit hyperactivity disorder: a family-based study.**
  Author(s): ARC Epidemiology Unit, University of Manchester, Manchester, UK.
  Source: Payton, A Holmes, J Barrett, J H Hever, T Fitzpatrick, H Trumper, A L Harrington, R McGuffin, P O'Donovan, M Owen, M Ollier, W Worthington, J Thapar, A Am-J-Med-Genet. 2001 July 8; 105(5): 464-70 0148-7299
- **Food allergies, asthma, and attention deficit hyperactivity disorder.**
  Author(s): Yale Child Study Center, New Haven, CT, USA.
  Source: Scahill, L deGraft Johnson, A J-Child-Adolesc-Psychiatr-Nurs. 1997 Apr-June; 10(2): 36-40; quiz 41-2 1073-6077
- **Gabapentin and methylphenidate treatment of a preadolescent with attention deficit hyperactivity disorder and bipolar disorder.**
  Author(s): Yale University, School of Nursing, New Haven, Connecticut 06510, USA.
  Source: Hamrin, V Bailey, K J-Child-Adolesc-Psychopharmacol. 2001 Fall; 11(3): 301-9 1044-5463
- **Haplotype relative risk study of catechol-O-methyltransferase (COMT) and attention deficit hyperactivity disorder (ADHD): association of the high-enzyme activity Val allele with ADHD impulsive-hyperactive phenotype.**
  Author(s): Child Psychiatry Clinic, S. Herzog Memorial Hospital, Jerusalem, Israel.
  Source: Eisenberg, J Mei Tal, G Steinberg, A Tartakovsky, E Zohar, A Gritsenko, I NemaNovember, L Ebstein, R P Am-J-Med-Genet. 1999 October 15; 88(5): 497-502 0148-7299
- **High midbrain [18F]DOPA accumulation in children with attention deficit hyperactivity disorder.**
  Author(s): Laboratory of Cerebral Metabolism, NIMH, Bethesda, Md., USA. mernst@intra.nida.nih.gov
  Source: Ernst, M Zametkin, A J Matochik, J A Pascualvaca, D Jons, P H Cohen, R M Am-J-Psychiatry. 1999 August; 156(8): 1209-15 0002-953X
- **Linkage study of catechol-O-methyltransferase and attention-deficit hyperactivity disorder.**
  Author(s): Department of Psychiatry, Toronto Hospital, Western Division, Toronto, Ontario, Canada. CBarr@playfair.utoronto.ca
  Source: Barr, C L Wigg, K Malone, M Schachar, R Tannock, R Roberts, W Kennedy, J L Am-J-Med-Genet. 1999 December 15; 88(6): 710-3 0148-7299
- **Long-chain polyunsaturated fatty acids in children with attention-deficit hyperactivity disorder.**
  Author(s): Department of Foods and Nutrition, Purdue University, West Lafayette, IN 47907-1264, USA. burgessj@cfs.purdue.edu
  Source: Burgess, J R Stevens, L Zhang, W Peck, L Am-J-Clin-Nutr. 2000 January; 71(1 Suppl): 327S-30S 0002-9165
- **No association between catechol-O-methyltransferase (COMT) gene polymorphism and attention deficit hyperactivity disorder (ADHD) in an Irish sample.**
  Author(s): Department of Genetics and Psychiatry, Trinity College, Dublin, Ireland. zhhawi@tcd.ie
  Source: Hawi, Z Millar, N Daly, G Fitzgerald, M Gill, M Am-J-Med-Genet. 2000 June 12; 96(3): 282-4 0148-7299

- **Novel treatments for attention-deficit/hyperactivity disorder in children.**
  Author(s): Pediatric Psychopharmacology Unit, Psychiatry Service, Massachusetts General Hospital, Boston, USA.
  Source: Spencer, T J Biederman, J Wilens, T E Faraone, S V J-Clin-Psychiatry. 2002; 63 Suppl 12: 16-22 0160-6689

- **Relationships between serum free fatty acids and zinc, and attention deficit hyperactivity disorder: a research note.**
  Author(s): Department of Psychiatry, Technical University, Faculty of Medicine, Trabzon, Turkey.
  Source: Bekaroglu, M Aslan, Y Gedik, Y Deger, O Mocan, H Erduran, E Karahan, C J-Child-Psychol-Psychiatry. 1996 February; 37(2): 225-7 0021-9630

- **Response to growth hormone in attention deficit hyperactivity disorder: effects of methylphenidate and pemoline therapy.**
  Author(s): Department of Pediatrics, Louisiana State University School of Medicine, New Orleans, Louisiana 70112, USA.
  Source: Rao, J K Julius, J R Breen, T J Blethen, S L Pediatrics. 1998 August; 102(2 Pt 3): 497-500 0031-4005

- **Striatal neuronal loss or dysfunction and choline rise in children with attention-deficit hyperactivity disorder: a 1H-magnetic resonance spectroscopy study.**
  Author(s): Center for fMRI and Department of Radiology, Hospital 306, P.O. Box 9720, 100101, Beijing, China. mdjin@btamail.net.cn
  Source: Jin, Z Zang, Y F Zeng, Y W Zhang, L Wang, Y F Neurosci-Lett. 2001 November 23; 315(1-2): 45-8 0304-3940

- **The role of complementary and alternative medicine in attention-deficit hyperactivity disorder.**
  Author(s): Division of General Pediatrics, Children's Hospital, Boston, Massachusetts 02115, USA. eugeniachan@onebox.com
  Source: Chan, Eugenia J-Dev-Behav-Pediatr. 2002 February; 23(1 Suppl): S37-45 0196-206X

- **Treatment of attention-deficit/hyperactivity disorder.**
  Author(s): McMaster University, Hamilton, Ontario, Canada.
  Source: Jadad, A R Boyle, M Cunningham, C Kim, M Schachar, R Evid-Rep-Technol-Assess-(Summ). 1999 November; (11): i-viii, 1-341 1530-440x

- **Unaltered dopamine transporter availability in adult attention deficit hyperactivity disorder.**
  Author(s): Department of Psychiatry, Yale University School of Medicine, Cognitive Disorders Clinic, New Haven, CT 06510, USA. christopher.vandyck@yale.edu
  Source: van Dyck, Christopher H Quinlan, Donald M Cretella, Lisa M Staley, Julie K Malison, Robert T Baldwin, Ronald M Seibyl, John P Innis, Robert B Am-J-Psychiatry. 2002 February; 159(2): 309-12 0002-953X

- **Use of complementary and alternative medicine for symptoms of attention-deficit hyperactivity disorder.**
  Author(s): Department of Pediatrics, University of Florida, Gainesville 32610, USA. regina@hpe.ufl.edu
  Source: Bussing, R Zima, B T Gary, F A Garvan, C W Psychiatr-Servolume 2002 September; 53(9): 1096-102 1075-2730

- **Utilization of alternative therapies in attention-deficit hyperactivity disorder.**
  Author(s): State Child Development Centre, West Perth, Western Australia.

Source: Stubberfield, T Parry, T J-Paediatr-Child-Health. 1999 October; 35(5): 450-3 1034-4810

- **Visual event related potentials after methylphenidate and sodium valproate in children with attention deficit hyperactivity disorder.**
  Author(s): Department of Neurology, North Shore University Hospital, Cornell University Medical College, Manhasset, New York 11030.
  Source: Frank, Y Clin-Electroencephalogr. 1993 January; 24(1): 19-24 0009-9155

Federal Resources on Nutrition

In addition to the IBIDS, the United States Department of Health and Human Services (HHS) and the United States Department of Agriculture (USDA) provide many sources of information on general nutrition and health. Recommended resources include:

- healthfinder®, HHS's gateway to health information, including diet and nutrition: **http://www.healthfinder.gov/scripts/SearchContext.asp?topic=238&page=0**
- The United States Department of Agriculture's Web site dedicated to nutrition information: **www.nutrition.gov**
- The Food and Drug Administration's Web site for federal food safety information: **www.foodsafety.gov**
- The National Action Plan on Overweight and Obesity sponsored by the United States Surgeon General: **http://www.surgeongeneral.gov/topics/obesity/**
- The Center for Food Safety and Applied Nutrition has an Internet site sponsored by the Food and Drug Administration and the Department of Health and Human Services: **http://vm.cfsan.fda.gov/**
- Center for Nutrition Policy and Promotion sponsored by the United States Department of Agriculture: **http://www.usda.gov/cnpp/**
- Food and Nutrition Information Center, National Agricultural Library sponsored by the United States Department of Agriculture: **http://www.nal.usda.gov/fnic/**
- Food and Nutrition Service sponsored by the United States Department of Agriculture: **http://www.fns.usda.gov/fns/**

Additional Web Resources

A number of additional Web sites offer encyclopedic information covering food and nutrition. The following is a representative sample:

- AOL: **http://search.aol.com/cat.adp?id=174&layer=&from=subcats**
- Family Village: **http://www.familyvillage.wisc.edu/med_nutrition.html**
- Google: **http://directory.google.com/Top/Health/Nutrition/**
- Healthnotes: **http://www.healthnotes.com/**
- Open Directory Project: **http://dmoz.org/Health/Nutrition/**
- Yahoo.com: **http://dir.yahoo.com/Health/Nutrition/**

- WebMD®Health: **http://my.webmd.com/nutrition**
- WholeHealthMD.com: **http://www.wholehealthmd.com/reflib/0,1529,,00.html**

The following is a specific Web list relating to attention deficit hyperactivity disorder; please note that any particular subject below may indicate either a therapeutic use, or a contraindication (potential danger), and does not reflect an official recommendation (some Web sites are subscription based):

- **Minerals**

  Magnesium
  Source: Healthnotes, Inc. www.healthnotes.com

  Magnesium
  Source: Integrative Medicine Communications; www.drkoop.com

- **Food and Diet**

  Feingold Diet
  Source: Healthnotes, Inc. www.healthnotes.com

CHAPTER 3. ALTERNATIVE MEDICINE AND ATTENTION DEFICIT HYPERACTIVITY DISORDER

Overview

In this chapter, we will begin by introducing you to official information sources on complementary and alternative medicine (CAM) relating to attention deficit hyperactivity disorder. At the conclusion of this chapter, we will provide additional sources.

National Center for Complementary and Alternative Medicine

The National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health (**http://nccam.nih.gov/**) has created a link to the National Library of Medicine's databases to facilitate research for articles that specifically relate to attention deficit hyperactivity disorder and complementary medicine. To search the database, go to the following Web site: **http://www.nlm.nih.gov/nccam/camonpubmed.html**. Select "CAM on PubMed." Enter "attention deficit hyperactivity disorder" (or synonyms) into the search box. Click "Go." The following references provide information on particular aspects of complementary and alternative medicine that are related to attention deficit hyperactivity disorder:

- **A psychophysiological marker of attention deficit/hyperactivity disorder (ADHD)--defining the EEG consistency index.**
  Author(s): Kovatchev B, Cox D, Hill R, Reeve R, Robeva R, Loboschefski T.
  Source: Applied Psychophysiology and Biofeedback. 2001 June; 26(2): 127-40.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11480163&dopt=Abstract

- **A randomized, double-blind, placebo-controlled trial of docosahexaenoic acid supplementation in children with attention-deficit/hyperactivity disorder.**
  Author(s): Voigt RG, Llorente AM, Jensen CL, Fraley JK, Berretta MC, Heird WC.
  Source: The Journal of Pediatrics. 2001 August; 139(2): 189-96.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11487742&dopt=Abstract

- **A survey of herbal use in children with attention-deficit-hyperactivity disorder or depression.**
  Author(s): Cala S, Crismon ML, Baumgartner J.
  Source: Pharmacotherapy. 2003 February; 23(2): 222-30.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12587812&dopt=Abstract

- **Abnormal early stages of task stimulus processing in children with attention-deficit hyperactivity disorder--evidence from event-related gamma oscillations.**
  Author(s): Yordanova J, Banaschewski T, Kolev V, Woerner W, Rothenberger A.
  Source: Clinical Neurophysiology : Official Journal of the International Federation of Clinical Neurophysiology. 2001 June; 112(6): 1096-108.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11377270&dopt=Abstract

- **Adolescents with attention deficit hyperactivity disorder benefit from massage therapy.**
  Author(s): Field TM, Quintino O, Hernandez-Reif M, Koslovsky G.
  Source: Adolescence. 1998 Spring; 33(129): 103-8.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9583664&dopt=Abstract

- **Alternative treatments for adults with attention-deficit hyperactivity disorder (ADHD).**
  Author(s): Arnold LE.
  Source: Annals of the New York Academy of Sciences. 2001 June; 931: 310-41. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11462750&dopt=Abstract

- **Alternative treatments for attention-deficit/hyperactivity disorder: does evidence support their use?**
  Author(s): Brue AW, Oakland TD.
  Source: Alternative Therapies in Health and Medicine. 2002 January-February; 8(1): 68-70, 72-4. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11795624&dopt=Abstract

- **Attention deficit hyperactivity disorder in adults: a guide for the primary care physician.**
  Author(s): Elliott H.
  Source: Southern Medical Journal. 2002 July; 95(7): 736-42. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12144080&dopt=Abstract

- **Attention deficit hyperactivity disorder: binding of [99mTc]TRODAT-1 to the dopamine transporter before and after methylphenidate treatment.**
  Author(s): Dresel S, Krause J, Krause KH, LaFougere C, Brinkbaumer K, Kung HF, Hahn K, Tatsch K.

Source: European Journal of Nuclear Medicine. 2000 October; 27(10): 1518-24.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11083541&dopt=Abstract

- **Attention deficit hyperactivity disorder: dissociation and adaptation (a theoretical presentation and case study).**
  Author(s): Low CB.
  Source: Am J Clin Hypn. 1999 January; 41(3): 253-61.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10554386&dopt=Abstract

- **Attention deficit hyperactivity disorder--a review.**
  Author(s): Williams C, Wright B, Partridge I.
  Source: The British Journal of General Practice : the Journal of the Royal College of General Practitioners. 1999 July; 49(444): 563-71. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10621994&dopt=Abstract

- **Attention deficit/hyperactivity disorder (ADHD) in children: rationale for its integrative management.**
  Author(s): Kidd PM.
  Source: Alternative Medicine Review : a Journal of Clinical Therapeutic. 2000 October; 5(5): 402-28. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11056411&dopt=Abstract

- **Attention-deficit hyperactivity disorders.**
  Author(s): Zimmerman ML.
  Source: Nurs Clin North Am. 2003 March; 38(1): 55-66. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12712669&dopt=Abstract

- **Attention-deficit/hyperactivity disorder: a therapeutic update.**
  Author(s): Kirby K, Rutman LE, Bernstein H.
  Source: Current Opinion in Pediatrics. 2002 April; 14(2): 236-46. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11981298&dopt=Abstract

- **Attention-deficit/hyperactivity disorder: an educational cultural model.**
  Author(s): Lundholm-Brown L, Dildy ME.
  Source: J Sch Nurs. 2001 December; 17(6): 307-15.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11804407&dopt=Abstract

- **Cerebral glucose metabolism in adults with attention deficit hyperactivity disorder after chronic stimulant treatment.**
  Author(s): Matochik JA, Liebenauer LL, King AC, Szymanski HV, Cohen RM, Zametkin AJ.

Source: The American Journal of Psychiatry. 1994 May; 151(5): 658-64.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8166305&dopt=Abstract

- **Complementary and alternative therapies in childhood attention and hyperactivity problems.**
  Author(s): Chan E, Rappaport LA, Kemper KJ.
  Source: Journal of Developmental and Behavioral Pediatrics : Jdbp. 2003 February; 24(1): 4-8.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12584479&dopt=Abstract

- **Dietary supplements for attention-deficit/hyperactivity disorder--a fishy business?**
  Author(s): Kemper KJ.
  Source: The Journal of Pediatrics. 2001 August; 139(2): 173-4.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11487738&dopt=Abstract

- **Does zinc moderate essential fatty acid and amphetamine treatment of attention-deficit/hyperactivity disorder?**
  Author(s): Arnold LE, Pinkham SM, Votolato N.
  Source: Journal of Child and Adolescent Psychopharmacology. 2000 Summer; 10(2): 111-7.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10933121&dopt=Abstract

- **Dopamine transporter gene, response to methylphenidate and cerebral blood flow in attention-deficit/hyperactivity disorder: a pilot study.**
  Author(s): Rohde LA, Roman T, Szobot C, Cunha RD, Hutz MH, Biederman J.
  Source: Synapse (New York, N.Y.). 2003 May; 48(2): 87-9.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12619042&dopt=Abstract

- **Effect of the herbal extract combination Panax quinquefolium and Ginkgo biloba on attention-deficit hyperactivity disorder: a pilot study.**
  Author(s): Lyon MR, Cline JC, Totosy de Zepetnek J, Shan JJ, Pang P, Benishin C.
  Source: Journal of Psychiatry & Neuroscience : Jpn. 2001 May; 26(3): 221-8.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11394191&dopt=Abstract

- **Effects of methylphenidate discontinuation on cerebral blood flow in prepubescent boys with attention deficit hyperactivity disorder.**
  Author(s): Langleben DD, Acton PD, Austin G, Elman I, Krikorian G, Monterosso JR, Portnoy O, Ridlehuber HW, Strauss HW.
  Source: Journal of Nuclear Medicine : Official Publication, Society of Nuclear Medicine. 2002 December; 43(12): 1624-9.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12468511&dopt=Abstract

- **Elevated striatal dopamine transporter in a drug naive patient with Tourette syndrome and attention deficit/ hyperactivity disorder: positive effect of methylphenidate.**
  Author(s): Krause KH, Dresel S, Krause J, Kung HF, Tatsch K, Lochmuller H.
  Source: Journal of Neurology. 2002 August; 249(8): 1116-8.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12420715&dopt=Abstract

- **Increased striatal dopamine transporter in adult patients with attention deficit hyperactivity disorder: effects of methylphenidate as measured by single photon emission computed tomography.**
  Author(s): Krause KH, Dresel SH, Krause J, Kung HF, Tatsch K.
  Source: Neuroscience Letters. 2000 May 12; 285(2): 107-10.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10793238&dopt=Abstract

- **Is there a role for megavitamin therapy in the treatment of attention deficit hyperactivity disorder?**
  Author(s): Haslam RH.
  Source: Adv Neurol. 1992; 58: 303-10. No Abstract Available.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1414636&dopt=Abstract

- **Long-chain polyunsaturated fatty acids in children with attention-deficit hyperactivity disorder.**
  Author(s): Burgess JR, Stevens L, Zhang W, Peck L.
  Source: The American Journal of Clinical Nutrition. 2000 January; 71(1 Suppl): 327S-30S. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10617991&dopt=Abstract

- **Management of attention deficit/hyperactivity disorder--use of an effective paradigm.**
  Author(s): Dixit SP, Pandey MN, Dubey GP.
  Source: Indian Journal of Medical Sciences. 2002 August; 56(8): 376-80.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12645162&dopt=Abstract

- **Methylphenidate increased regional cerebral blood flow in subjects with attention deficit/hyperactivity disorder.**
  Author(s): Kim BN, Lee JS, Cho SC, Lee DS.
  Source: Yonsei Medical Journal. 2001 February; 42(1): 19-29.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11293498&dopt=Abstract

- **Neurofeedback treatment for attention-deficit/hyperactivity disorder in children: a comparison with methylphenidate.**
  Author(s): Fuchs T, Birbaumer N, Lutzenberger W, Gruzelier JH, Kaiser J.

Source: Applied Psychophysiology and Biofeedback. 2003 March; 28(1): 1-12.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12737092&dopt=Abstract

- **Prevalence of attention-deficit/hyperactivity disorder and conduct disorder among substance abusers.**
  Author(s): Schubiner H, Tzelepis A, Milberger S, Lockhart N, Kruger M, Kelley BJ, Schoener EP.
  Source: The Journal of Clinical Psychiatry. 2000 April; 61(4): 244-51.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10830144&dopt=Abstract

- **Proceed, with caution: SPECT cerebral blood flow studies of children and adolescents with attention deficit hyperactivity disorder.**
  Author(s): Castellanos FX.
  Source: Journal of Nuclear Medicine : Official Publication, Society of Nuclear Medicine. 2002 December; 43(12): 1630-3.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12468512&dopt=Abstract

- **Severity of hyperactivity and the comorbidity of hyperactivity with clumsiness in three sample sources: school, support group and hospital.**
  Author(s): Miyahara M, Mobs I, Doll-Tepper G.
  Source: Child: Care, Health and Development. 2001 September; 27(5): 413-24.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11531914&dopt=Abstract

- **Single trial variability within the P300 (250-500 ms) processing window in adolescents with attention deficit hyperactivity disorder.**
  Author(s): Lazzaro I, Anderson J, Gordon E, Clarke S, Leong J, Meares R.
  Source: Psychiatry Research. 1997 November 14; 73(1-2): 91-101.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9463842&dopt=Abstract

- **Social considerations in the labeling of students as attention deficit hyperactivity disordered.**
  Author(s): Damico JS, Augustine LE.
  Source: Seminars in Speech and Language. 1995 November; 16(4): 259-73; Quiz 274.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8574915&dopt=Abstract

- **The effects of a stress-management program on self-concept, locus of control, and the acquisition of coping skills in school-age children diagnosed with attention deficit hyperactivity disorder.**
  Author(s): Gonzalez LO, Sellers EW.

Source: Journal of Child and Adolescent Psychiatric Nursing : Official Publication of the Association of Child and Adolescent Psychiatric Nurses, Inc. 2002 January-March; 15(1): 5-15.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11939420&dopt=Abstract

- **The effects of exercise on children with attention-deficit hyperactivity disorder.**
  Author(s): Tantillo M, Kesick CM, Hynd GW, Dishman RK.
  Source: Medicine and Science in Sports and Exercise. 2002 February; 34(2): 203-12.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11828226&dopt=Abstract

- **The effects of magnesium physiological supplementation on hyperactivity in children with attention deficit hyperactivity disorder (ADHD). Positive response to magnesium oral loading test.**
  Author(s): Starobrat-Hermelin B, Kozielec T.
  Source: Magnes Res. 1997 June; 10(2): 149-56.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9368236&dopt=Abstract

- **The effects of stimulant therapy, EEG biofeedback, and parenting style on the primary symptoms of attention-deficit/hyperactivity disorder.**
  Author(s): Monastra VJ, Monastra DM, George S.
  Source: Applied Psychophysiology and Biofeedback. 2002 December; 27(4): 231-49.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12557451&dopt=Abstract

- **The practical aspects of diagnosing and managing children with attention deficit hyperactivity disorder.**
  Author(s): Wolraich ML, Baumgaertel A.
  Source: Clinical Pediatrics. 1997 September; 36(9): 497-504.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9307083&dopt=Abstract

- **The role of complementary and alternative medicine in attention-deficit hyperactivity disorder.**
  Author(s): Chan E.
  Source: Journal of Developmental and Behavioral Pediatrics : Jdbp. 2002 February; 23(1 Suppl): S37-45. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11875289&dopt=Abstract

- **Time perception in boys with attention-deficit/hyperactivity disorder according to time duration, distraction and mode of presentation.**
  Author(s): West J, Douglas G, Houghton S, Lawrence V, Whiting K, Glasgow K.

Source: Neuropsychology, Development, and Cognition. Section C, Child Neuropsychology : a Journal on Normal and Abnormal Development in Childhood and Adolescence. 2000 December; 6(4): 241-50.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11992188&dopt=Abstract

- **Time-on-task analysis using wavelet networks in an event-related potential study on attention-deficit hyperactivity disorder.**
  Author(s): Heinrich H, Moll GH, Dickhaus H, Kolev V, Yordanova J, Rothenberger A.
  Source: Clinical Neurophysiology : Official Journal of the International Federation of Clinical Neurophysiology. 2001 July; 112(7): 1280-7.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11516740&dopt=Abstract

- **Topographic distribution and developmental timecourse of auditory event-related potentials in two subtypes of attention-deficit hyperactivity disorder.**
  Author(s): Johnstone SJ, Barry RJ, Anderson JW.
  Source: International Journal of Psychophysiology : Official Journal of the International Organization of Psychophysiology. 2001 August; 42(1): 73-94.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11451480&dopt=Abstract

- **Treatment of attention deficit hyperactivity disorder with neurotherapy.**
  Author(s): Nash JK.
  Source: Clin Electroencephalogr. 2000 January; 31(1): 30-7. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10638350&dopt=Abstract

- **Use of complementary and alternative medicine for symptoms of attention-deficit hyperactivity disorder.**
  Author(s): Bussing R, Zima BT, Gary FA, Garvan CW.
  Source: Psychiatric Services (Washington, D.C.). 2002 September; 53(9): 1096-102.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12221307&dopt=Abstract

- **Young adults with attention deficit hyperactivity disorder: subtype differences in comorbidity, educational, and clinical history.**
  Author(s): Murphy KR, Barkley RA, Bush T.
  Source: The Journal of Nervous and Mental Disease. 2002 March; 190(3): 147-57.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11923649&dopt=Abstract

Additional Web Resources

A number of additional Web sites offer encyclopedic information covering CAM and related topics. The following is a representative sample:

- Alternative Medicine Foundation, Inc.: **http://www.herbmed.org/**
- AOL: **http://search.aol.com/cat.adp?id=169&layer=&from=subcats**

- Chinese Medicine: **http://www.newcenturynutrition.com/**
- drkoop.com®: **http://www.drkoop.com/InteractiveMedicine/IndexC.html**
- Family Village: **http://www.familyvillage.wisc.edu/med_altn.htm**
- Google: **http://directory.google.com/Top/Health/Alternative/**
- Healthnotes: **http://www.healthnotes.com/**
- MedWebPlus: **http://medwebplus.com/subject/Alternative_and_Complementary_Medicine**
- Open Directory Project: **http://dmoz.org/Health/Alternative/**
- HealthGate: **http://www.tnp.com/**
- WebMD®Health: **http://my.webmd.com/drugs_and_herbs**
- WholeHealthMD.com: **http://www.wholehealthmd.com/reflib/0,1529,,00.html**
- Yahoo.com: **http://dir.yahoo.com/Health/Alternative_Medicine/**

The following is a specific Web list relating to attention deficit hyperactivity disorder; please note that any particular subject below may indicate either a therapeutic use, or a contraindication (potential danger), and does not reflect an official recommendation (some Web sites are subscription based):

- **General Overview**

  Allergies and Sensitivities
  Source: Healthnotes, Inc. www.healthnotes.com

  Attention Deficit Disorder
  Source: Prima Communications, Inc.www.personalhealthzone.com

  Attention Deficit Hyperactivity Disorder
  Source: Integrative Medicine Communications; www.drkoop.com

  Attention Deficit-Hyperactivity Disorder
  Source: Healthnotes, Inc. www.healthnotes.com

  Autism
  Source: Healthnotes, Inc. www.healthnotes.com

  Birth Defects Prevention
  Source: Healthnotes, Inc. www.healthnotes.com

  Depression
  Source: Integrative Medicine Communications; www.drkoop.com

  Insomnia
  Source: Integrative Medicine Communications; www.drkoop.com

Phenylketonuria
Source: Healthnotes, Inc. www.healthnotes.com

Pregnancy and Postpartum Support
Source: Healthnotes, Inc. www.healthnotes.com

Sleeplessness
Source: Integrative Medicine Communications; www.drkoop.com

- **Alternative Therapy**

Massage
Source: Integrative Medicine Communications; www.drkoop.com

- **Chinese Medicine**

Baishao
Alternative names: White Peony Root; Radix Paeoniae Alba
Source: Chinese Materia Medica

Chongweizi
Alternative names: Motherwort Fruit; Fructus Leonuri
Source: Chinese Materia Medica

Chushizi
Alternative names: Papermulberry Fruit; Fructus Broussonetiae
Source: Chinese Materia Medica

Cishi
Alternative names: Magnetite; Magnetitum
Source: Chinese Materia Medica

Dangshen
Alternative names: Medicinal Changium Root; Mingdangshen; Radix Changii
Source: Chinese Materia Medica

Erlong Zuoci Wan
Alternative names: Erlong Zuoci Pills; Erlong Zuoci Wan (Er Long Zuo Ci Wan)
Source: Pharmacopoeia Commission of the Ministry of Health, People's Republic of China

Gouguye
Alternative names: Chinese Holly Leaf; Folium Ilicis Cornutae
Source: Chinese Materia Medica

Gouteng
Alternative names: Gambir Plant; Ramulus Uncariae cum Uncis
Source: Chinese Materia Medica

Heshi
Alternative names: Hematite; Zheshi; Haematitum
Source: Chinese Materia Medica

Jili
Alternative names: Puncturevine Caltrop Fruit; Fructus Tribuli
Source: Chinese Materia Medica

Jinmengshi
Alternative names: Mica-schist; Lapis Micas Aureus
Source: Chinese Materia Medica

Juhua
Alternative names: Chrysanthemum Flower; Flos Chrysanthemi
Source: Chinese Materia Medica

Luobumaye
Alternative names: Dogbane Leaf; Folium Apocyni Veneti
Source: Chinese Materia Medica

Mingdangshen
Alternative names: Medicinal Changium Root; Radix Changii
Source: Chinese Materia Medica

Muxiang
Alternative names: Slender Dutchmanspipe Root; Qingmuxiang; Radix Aristolochiae
Source: Chinese Materia Medica

Niuxi
Alternative names: Twotoothed Achyranthes Root; Radix Achyranthis Bidentatae
Source: Chinese Materia Medica

Qingmengshi
Alternative names: Chlorite Schist; Lapis Chloriti
Source: Chinese Materia Medica

Qingmuxiang
Alternative names: Slender Dutchmanspipe Root; Radix Aristolochiae
Source: Chinese Materia Medica

Qingnao Jiangya Pian
Alternative names: Qingnao Jiangya Tablets
Source: Pharmacopoeia Commission of the Ministry of Health, People's Republic of China

Qiwei Tiexie Wan
Alternative names: Qiwei Tiexie Pills
Source: Pharmacopoeia Commission of the Ministry of Health, People's Republic of China

Sangye
Alternative names: Mulberry Leaf; Folium Mori
Source: Chinese Materia Medica

Shijueming
Alternative names: Sea-ear Shell; Concha Haliotidis
Source: Chinese Materia Medica

Zhenzhu
Alternative names: Nacre; Zhenzhumu; Concha Margaritifera Usta
Source: Chinese Materia Medica

Zhenzhumu
Alternative names: Nacre; Concha Margaritifera Usta
Source: Chinese Materia Medica

- **Herbs and Supplements**

Asian Ginseng
Alternative names: Panax ginseng
Source: Integrative Medicine Communications; www.drkoop.com

DHA
Source: Integrative Medicine Communications; www.drkoop.com

Docosahexaenoic Acid
Source: Healthnotes, Inc. www.healthnotes.com

Docosahexaenoic Acid (DHA)
Source: Integrative Medicine Communications; www.drkoop.com

Eleuthero
Alternative names: Siberian Ginseng, Eleuthero; Acanthopanax/Eleutherococcus senticosus Rupr. & Maxim.
Source: Alternative Medicine Foundation, Inc. www.amfoundation.org
Hyperlink: http://www.herbmed.org/

Ginseng, Asian
Alternative names: Panax ginseng
Source: Integrative Medicine Communications; www.drkoop.com

Lavandula
Alternative names: Lavender; Lavandula sp.
Source: Alternative Medicine Foundation, Inc. www.amfoundation.org
Hyperlink: http://www.herbmed.org/

Methylphenidate
Source: Healthnotes, Inc. www.healthnotes.com

Mixed Amphetamines
Source: Healthnotes, Inc. www.healthnotes.com

Panax
Alternative names: Ginseng; Panax ginseng
Source: Alternative Medicine Foundation, Inc. www.amfoundation.org
Hyperlink: http://www.herbmed.org/

Panax ginseng
Source: Integrative Medicine Communications; www.drkoop.com

S-Adenosylmethionine (SAMe)
Source: Integrative Medicine Communications; www.drkoop.com

SAMe
Source: Integrative Medicine Communications; www.drkoop.com

Thioridazine
Source: Healthnotes, Inc. www.healthnotes.com

Tyrosine
Source: Prima Communications, Inc.; www.personalhealthzone.com

General References

A good place to find general background information on CAM is the National Library of Medicine. It has prepared within the MEDLINEplus system an information topic page dedicated to complementary and alternative medicine. To access this page, go to the MEDLINEplus site at **http://www.nlm.nih.gov/medlineplus/alternativemedicine.html**. This Web site provides a general overview of various topics and can lead to a number of general sources.

CHAPTER 4. DISSERTATIONS ON ATTENTION DEFICIT HYPERACTIVITY DISORDER

Overview

In this chapter, we will give you a bibliography on recent dissertations relating to attention deficit hyperactivity disorder. We will also provide you with information on how to use the Internet to stay current on dissertations. **IMPORTANT NOTE:** When following the search strategy described below, you may discover non-medical dissertations that use the generic term "attention deficit hyperactivity disorder" (or a synonym) in their titles. To accurately reflect the results that you might find while conducting research on attention deficit hyperactivity disorder, we have not necessarily excluded non-medical dissertations in this bibliography.

Dissertations on Attention Deficit Hyperactivity Disorder

ProQuest Digital Dissertations, the largest archive of academic dissertations available, is located at the following Web address: **http://wwwlib.umi.com/dissertations**. From this archive, we have compiled the following list covering dissertations devoted to attention deficit hyperactivity disorder. You will see that the information provided includes the dissertation's title, its author, and the institution with which the author is associated. The following covers recent dissertations found when using this search procedure:

- **A Comparison of Academic Performance and Intellectual Functioning in Adolescents with Conduct Disorder with and without Coexisting Attention-deficit Hyperactivity Disorder (attention Deficit Hyperactivity Disorder)** by Baker, Tonja Murphy, Phd from The University of Alabama, 1993, 144 pages
  http://wwwlib.umi.com/dissertations/fullcit/9325181
- **A Comparison of Adolescents with and without Attention Deficit Hyperactivity Disorder on Five 'wellbeing' Variables** by Kaplan, Barbara Antoinette; Phd from Temple University, 2001, 136 pages
  http://wwwlib.umi.com/dissertations/fullcit/9997268
- **A Comparison of Memory Recall Patterns of Attention Deficit Hyperactivity Disorder and Non-attention Deficit Hyperactivity Students As Measured by the Learning**

Efficency Test Ii by Killoran, Joan M., Edd from Wayne State University, 1996, 129 pages
http://wwwlib.umi.com/dissertations/fullcit/9715863

- **A Comparison of Psychological Distress Profiles of College Students with Learning Disabilities and Attention Deficit Hyperactivity Disorder As Compared to College Students with No Disabilities** by Bertot, Peter, Jr. Phd from University of Georgia, 2001, 92 pages
http://wwwlib.umi.com/dissertations/fullcit/3025248
- **A Comparison of the Dsm-ii-r and the Dsm-iv Diagnoses of Attention Deficit Hyperactivity Disorder** by Zellmer, Mandy Jaye, Edd from Indiana University, 1997, 180 pages
http://wwwlib.umi.com/dissertations/fullcit/9805782
- **A Descriptive Examination of Attention Deficit Hyperactivity Disorder in Adults and Jungian Psychological Type** by Cabak, Marie Therese, Edd from University of Sarasota, 1998, 116 pages
http://wwwlib.umi.com/dissertations/fullcit/9828766
- **A Double-blind Study of the Central Auditory Processing and Auditory Continuous Test Performances of Children with Attention Deficit Hyperactivity Disorder and Central Auditory Processing Disorder under Ritalin and Placebo Conditions** by Tillery, Kim Laurel, Phd from State University of New York at Buffalo, 1997, 104 pages
http://wwwlib.umi.com/dissertations/fullcit/9801350
- **A Functional Assessment of the Variables Related to the Occurrence and Nonoccurrence of Classroom Problem Behaviors for Students with Adhd and Comorbid Odd: toward a Proactive Approach to Classroom Management (attention Deficit Hyperactivity Disorder)** by Ervin, Ruth Anne, Phd from Lehigh University, 1996, 172 pages
http://wwwlib.umi.com/dissertations/fullcit/9629357
- **A Functional Magnetic Resonance Imaging Study of Verbal Working Memory in Adults with Attention Deficit Hyperactivity Disorder** by Vassileva, Jasmin Ludmilova; Phd from The Herman M. Finch U. of Health Sciences - the Chicago Medical Sch., 2002, 222 pages
http://wwwlib.umi.com/dissertations/fullcit/3060666
- **A Phenomenological Study of Selected K--12 Public School Educational Administrators with Attention Deficit Hyperactivity Disorder** by Garcia, Myrna Pineda; Edd from Northern Illinois University, 2000, 135 pages
http://wwwlib.umi.com/dissertations/fullcit/9997584
- **A Psychometric Study of Adhd Inservice Education Instruments (attention Deficit Hyperactivity Disorder)** by Worthington, Lou Anne, Phd from The University of Alabama, 1995, 396 pages
http://wwwlib.umi.com/dissertations/fullcit/9616913
- **A Quasi-experimental Study of the Effect of Feedback on the Social Behavior of School Children with Attention Deficit Hyperactivity Disorder** by Kendrick, Carol Perry, Phd from University of Arkansas, 1994, 189 pages
http://wwwlib.umi.com/dissertations/fullcit/9434885
- **A Study of the Experiences of Elementary Principals Who Work Effectively with Students Who Have Attention Deficit Hyperactivity Disorder** by Bell, Hazel Darline, Edd from The University of Tennessee, 1996, 192 pages
http://wwwlib.umi.com/dissertations/fullcit/9823074

- **A Study to Assess Elementary and Secondary General Education Teachers' Attitudes and Knowledge of Attention Deficit Hyperactivity Disorder** by Gunderson, Heather Macleese, Edd from Wayne State University, 1994, 119 pages
  http://wwwlib.umi.com/dissertations/fullcit/9423713
- **A Study to Assess Orange County Elementary School Teachers' Attitudes toward and Knowledge of Attention Deficit Hyperactivity Disorder and Section 504 of the Rehabilitation Act of 1973** by Kiffer, Cynthia H., Edd from University of Central Florida, 1996, 105 pages
  http://wwwlib.umi.com/dissertations/fullcit/9709829
- **A Tri-state Analysis of the Perceptions of Elementary Educators on the Use of Central Nervous System Stimulant Medication on Attention Deficit Hyperactivity Disorder in the School Environment** by Salazar-zamora, Martha Diana, Edd from Texas A&m University - Kingsville, 1999, 81 pages
  http://wwwlib.umi.com/dissertations/fullcit/9933300
- **A Validation Study of the Caterino Scale of Adult Attention-deficit/hyperactivity Disorder** by Ahern, Polly Whitman; Phd from Arizona State University, 1999, 149 pages
  http://wwwlib.umi.com/dissertations/fullcit/9937631
- **Ability to Postpone Reinforcement by Boys with Attention Deficit Hyperactivity Disorder** by Mancebo, Maria Celmira; Phd from Hofstra University, 2002, 113 pages
  http://wwwlib.umi.com/dissertations/fullcit/3057262
- **Abusive and Nonabusive Mothers' Attributions for Children's Provocations (child Abuse, Attention Deficit Hyperactivity Disorder)** by Watlington, Deborah Kaye, Phd from Texas A&m University, 1990, 171 pages
  http://wwwlib.umi.com/dissertations/fullcit/9027287
- **Adhd: Social Skills Effects on Impulsivity and Depression (attention Deficit Hyperactivity Disorder)** by Harper, Karen Ann, Phd from The Fielding Institute, 1996, 223 pages
  http://wwwlib.umi.com/dissertations/fullcit/9621989
- **Adult Attentional Functioning in Families with Children Diagnosed As Attention-deficit Hyperactivity Disorder (attention Deficit Hyperactivity Disorder)** by Mcdonough, Michael C., Edd from The College of William and Mary, 1996, 111 pages
  http://wwwlib.umi.com/dissertations/fullcit/9622288
- **An Assessment of the Peer Relationships of Elementary School Children Diagnosed with Attention Deficit Hyperactivity Disorder** by Kelly, Kevin Michael; Phd from Lehigh University, 2001, 122 pages
  http://wwwlib.umi.com/dissertations/fullcit/3010408
- **An Evaluation of a Cognitive-behavioral Game Therapy Intervention on the Self-efficacy of Middle School Students Who Exhibit Behaviors Associated with Attention Deficit Hyperactivity Disorder** by Storer, Laura Richards, Edd from Baylor University, 1994, 215 pages
  http://wwwlib.umi.com/dissertations/fullcit/9422793
- **An Evaluation of the Integrated Cognitive-behavioral Model for Improving Mathematics Performance and Attentional Behavior of Adolescents with Learning Disabilities and Attention-deficit Hyperactivity Disorders (attention Deficit Hyperactivity Disorder)** by Friedman, Fredarica, Edd from Columbia University Teachers College, 1992, 154 pages
  http://wwwlib.umi.com/dissertations/fullcit/9228467

- **An Examination into the Relationship between the Attention Deficit Hyperactivity Disorder and Aggression (boys)** by Rynard, David William, Phd from University of Ottawa (canada), 1991, 226 pages
  http://wwwlib.umi.com/dissertations/fullcit/NN70476
- **An Examination of the Relationship between Adding a Consistent Medication Regimen or Early Intervention and School Success for Children with Attention Deficit Hyperactivity Disorder (adhd)** by Baeker, Marilyn Margaret, Phd from University of Minnesota, 1994, 110 pages
  http://wwwlib.umi.com/dissertations/fullcit/9415470
- **An Exploration of the Components of Attentional Performance in Attention Deficit/hyperactivity Disorder and Traumatic Brain Injury: a Neuropsychological Perspective** by Maglinger, Rachel Annette; Phd from University of Missouri - Columbia, 2002, 104 pages
  http://wwwlib.umi.com/dissertations/fullcit/3060121
- **An Exploratory Study of the Meaning of Prescription Medication to Children Diagnosed with Attention Deficit Hyperactivity Disorder** by Clarke, Catharina H., Dsw from Loyola University of Chicago, School of Social Work, 1997, 138 pages
  http://wwwlib.umi.com/dissertations/fullcit/9809444
- **An Interactive, Computer-based Social Skills Training Program: Development and Use with Children with Attention Deficit Hyperactivity Disorder** by Fenstermacher, Kevin Michael; Phd from The University of Utah, 2001, 158 pages
  http://wwwlib.umi.com/dissertations/fullcit/3028668
- **An Investigation of the Presence of Adult Attention Deficit Hyperactivity Disorder Behaviors in a Population of Court Mandated Domestic Violence Perpetrators** by Mandell, Allan R., Phd from Oregon State University, 1998, 142 pages
  http://wwwlib.umi.com/dissertations/fullcit/9914144
- **Assessment of School-aged Children with Comorbidity of Attention Deficit Hyperactivity Disorder and Low Birth Weight Classifications** by Johnson-cramer, Nancy Lee, Phd from The University of Wisconsin - Madison, 1998, 202 pages
  http://wwwlib.umi.com/dissertations/fullcit/9829136
- **Associations among Subclinical Attention Deficit Hyperactivity Disorder, Substance Abuse, and Depression in Young Adults** by Nunes, Michael Anthony; Ms from California State University, Fresno, 2002, 48 pages
  http://wwwlib.umi.com/dissertations/fullcit/1412220
- **Attention Deficit Hyperactivity Disorder and the Frontal Lobe Syndrome** by Shue, Karen L; Phd from Mcgill University (canada), 1989
  http://wwwlib.umi.com/dissertations/fullcit/NL57265
- **Attention Deficit Hyperactivity Disorder: Age Group Comparisons** by Husted, Kathy Anne; Phd from University of Missouri - Columbia, 1999, 93 pages
  http://wwwlib.umi.com/dissertations/fullcit/9953867
- **Attention Deficit Hyperactivity Disorder: Families Choosing Alternate Management Approaches** by Lavorata, Christina Mary; Edd from West Virginia University, 2001, 160 pages
  http://wwwlib.umi.com/dissertations/fullcit/3014945

- **Attention, Intelligence and Emotional Functioning in Attention Deficit Hyperactivity Disorder** by Weitlauf, Julie C. Phd from University of Illinois at Chicago, 2002, 148 pages
  http://wwwlib.umi.com/dissertations/fullcit/3074181
- **Attention-deficit Hyperactivity Disorder in Adulthood** by Varick, Lori Anne; Phd from Walden University, 2002, 114 pages
  http://wwwlib.umi.com/dissertations/fullcit/3049913
- **Attention-deficit/hyperactivity Disordered Children with and without Stimulant Medication: a Comparison of Related Rorschach Variables** by May, Renee Devenny, Phd from Georgia State University, 1998, 77 pages
  http://wwwlib.umi.com/dissertations/fullcit/9824194
- **Behavior Problems and Social Competence in Attention Deficit Hyperactivity Disorder Children with and without a Learning Disorder** by Abarrate, Mary, Phd from United States International University, 1993, 134 pages
  http://wwwlib.umi.com/dissertations/fullcit/9333249
- **Behavioral Subtypes of Learning-disabled Children with Reading Problems: the Relationship to Attention Deficit Hyperactivity Disorder** by Vatz, Barbara Carol, Phd from The University of North Carolina at Chapel Hill, 1989, 126 pages
  http://wwwlib.umi.com/dissertations/fullcit/9033039
- **Brief Psychiatric Hospitalization and Its Effect on the Educational Placement of Students with Attention Deficit Disorder (hyperactivity)** by Dahle, Karen Bowen, Edd from Virginia Polytechnic Institute and State University, 1992, 130 pages
  http://wwwlib.umi.com/dissertations/fullcit/9224537
- **Characteristics of Parents Attending Ch.a.d.d., a Support Group for Parents of Children Diagnosed with Attention Deficit Hyperactivity Disorder (parental Stress, Stress, Ch.a.d.d.)** by Foltz, Linda, Phd from Auburn University, 1993, 134 pages
  http://wwwlib.umi.com/dissertations/fullcit/9411409
- **Cognitive Inhibition in Children with Attention Deficit Hyperactivity Disorder** by Mclaughlin, Elizabeth Nadine; Phd from Dalhousie University (canada), 2002, 233 pages
  http://wwwlib.umi.com/dissertations/fullcit/NQ75704
- **Cognitive Inhibition in Children with Attention Deficit Hyperactivity Disorder Subtypes** by Sachek, Jennifer; Ma from Michigan State University, 2002, 60 pages
  http://wwwlib.umi.com/dissertations/fullcit/1411977
- **College Adjustment, Social Skills, and Self-esteem in Students with Attention Deficit Hyperactivity Disorder** by Shaw, Barbara Meryl; Phd from St. John's University (new York), 2000, 109 pages
  http://wwwlib.umi.com/dissertations/fullcit/9953698
- **College Student-athletes' Experience of Living with Attention Deficit Hyperactivity Disorder (adhd): a Phenomenological Analysis** by Palmer, Charles Gary; Edd from University of Montana, 2002, 377 pages
  http://wwwlib.umi.com/dissertations/fullcit/3060658
- **College Success Rates of Students with Attention Deficit Hyperactivity Disorder** by Niemantsverdriet, Vicki Burford, Edd from Montana State University, 1998, 149 pages
  http://wwwlib.umi.com/dissertations/fullcit/9836532

- **Co-morbid Psychopathology and Academic Underachievement in Attention Deficit Hyperactivity Disorder Subgroups** by Marshall, Richard Michael, Phd from University of Georgia, 1993, 122 pages
  http://wwwlib.umi.com/dissertations/fullcit/9329809
- **Comorbidity of Adhd and Conduct Disorder: a Critical Review of the Literature (hyperactivity)** by Elliott, John C., Psyd from United States International University, 1993, 124 pages
  http://wwwlib.umi.com/dissertations/fullcit/9327357
- **Comparison and External Validation of 40 Hz Eeg Activity in Children with Attention Deficit Hyperactivity Disorder and Reading Disability** by Schmidt, Fred, Phd from University of Windsor (canada), 1991, 183 pages
  http://wwwlib.umi.com/dissertations/fullcit/NN65174
- **Comparison of Attentional Processes between the Two Subtypes of Attention Deficit Hyperactivity Disorder** by Harrison, Terry Elizabeth, Edd from Northern Arizona University, 1997, 110 pages
  http://wwwlib.umi.com/dissertations/fullcit/9826751
- **Comprehension Skills: a Comparison of Language-impaired Preschool Children with and without Attention Deficit Hyperactivity Disorder** by Franke, Lauren, Psyd from Pepperdine University, 1990, 67 pages
  http://wwwlib.umi.com/dissertations/fullcit/9107374
- **Contrasting Cognitive Abilities in Children with Attention Deficit Hyperactivity Disorder and Reading Disability** by Purvis, Karen Leigh; Phd from University of Toronto (canada), 1999, 114 pages
  http://wwwlib.umi.com/dissertations/fullcit/NQ41281
- **Co-occurrence of Attention Deficit/hyperactivity Disorder in a School-identified Sample of Students with Emotional and Behavioral Disorders: Implications for Educational Programming** by Callwood-brathwaite, Denise J., Phd from University of Miami, 1997, 167 pages
  http://wwwlib.umi.com/dissertations/fullcit/9824501
- **Co-occurring Disorders and Selective Substance Use in Females Ages 10 to 25 Diagnosed with Attention Deficit Hyperactivity Disorder** by Clinton, Nancy Ann; Phd from Western Michigan University, 2002, 129 pages
  http://wwwlib.umi.com/dissertations/fullcit/3077373
- **Depression in Adolescents with Attention Deficit Hyperactivity Disorder: Using Conditional Probabilities Based on Teacher Ratings from the Behavior Assessment System for Children** by Barton, Nancy Faye; Phd from Oklahoma State University, 1999, 107 pages
  http://wwwlib.umi.com/dissertations/fullcit/9942420
- **Differential Validity of the Behavior Assessment System for Children (basc) for Children with Attention Deficit Hyperactivity Disorder (adhd)** by Lett, Nancy Jean, Phd from University of Georgia, 1994, 143 pages
  http://wwwlib.umi.com/dissertations/fullcit/9504405
- **Differentiating Attentional Functions in Children with Adhd, Anxiety, and Depression (attention Deficit Hyperactivity Disorder)** by Michaels, Katherine Louise, Phd from University of Georgia, 1996, 133 pages
  http://wwwlib.umi.com/dissertations/fullcit/9624072

- **Differentiation between Children with Attention Deficit-hyperactivity Disorder and Children with Undifferentiated Attention Deficit Disorder Using the Maternal Perinatal Scale (attention Deficit Hyperactivity Disorder)** by Mulkins, Rosemary Carol Schapiro, Phd from Oklahoma State University, 1993, 143 pages
http://wwwlib.umi.com/dissertations/fullcit/9407267
- **Discriminating between Attention Deficit Hyperactivity Disorder and Learning Disabilities Through the Planning and Placement Team Process** by Rowland, Holly E. Walton; Phd from The Pennsylvania State University, 2000, 120 pages
http://wwwlib.umi.com/dissertations/fullcit/9966889
- **Early Intervention Multimodal Treatment Program for Children with Attention Deficit Hyperactivity Disorder: an Outcome Study** by Hall, Tara Files; Phd from Fairleigh Dickinson University, 2003, 268 pages
http://wwwlib.umi.com/dissertations/fullcit/3058890
- **Eeg P3b Visual Event Related Potential Latency and Amplitude Responses in Children with and without Attention Deficit Hyperactivity Disorder (adhd)** by Stephens, Robert G., Iv; Phd from Washington State University, 2002, 93 pages
http://wwwlib.umi.com/dissertations/fullcit/3069656
- **Effect of Active Learning on Student Teachers Identifications and Referrals of Attention Deficit Hyperactivity Disorder** by Bender, Allison S., Phd from Hofstra University, 1996, 162 pages
http://wwwlib.umi.com/dissertations/fullcit/9639145
- **Effects of a Self-managed Study Skills Intervention on Homework and Academic Performance of Middle Schoolstudents with Attention Deficit Hyperactivity Disorder (adhd)** by Sakelaris, Tami L., Phd from University of Oregon, 1998, 66 pages
http://wwwlib.umi.com/dissertations/fullcit/9918036
- **Effects of Attributional Training on Cognitive Generalization and Social Selective Attending (attention Deficit Hyperactivity Disorder)** by Billingsley, Michael Collin, Phd from The University of Mississippi, 1996, 122 pages
http://wwwlib.umi.com/dissertations/fullcit/9635915
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CHAPTER 5. CLINICAL TRIALS AND ATTENTION DEFICIT HYPERACTIVITY DISORDER

Overview

In this chapter, we will show you how to keep informed of the latest clinical trials concerning attention deficit hyperactivity disorder.

Recent Trials on Attention Deficit Hyperactivity Disorder

The following is a list of recent trials dedicated to attention deficit hyperactivity disorder.[8] Further information on a trial is available at the Web site indicated.

- **Behavior in Children with Attention Deficit Hyperactivity Disorder and in Healthy Volunteers**

  Condition(s): Attention Deficit Hyperactivity Disorder

  Study Status: This study is currently recruiting patients.

  Sponsor(s): National Institute of Mental Health (NIMH)

  Purpose - Excerpt: The purpose of this study is to determine how the brain controls motor activity in children with attention deficit hyperactivity disorder (ADHD).

  Study Type: Observational

  Contact(s): see Web site below

  Web Site: http://clinicaltrials.gov/ct/show/NCT00026546

- **Behavioral Treatment, Drug Treatment, and Combined Treatment for Attention Deficit Hyperactivity Disorder (ADHD)**

  Condition(s): Attention Deficit Hyperactivity Disorder

  Study Status: This study is currently recruiting patients.

  Sponsor(s): National Institute of Mental Health (NIMH)

[8] These are listed at **www.ClinicalTrials.gov**.

Purpose - Excerpt: The purpose of this study is to determine the effectiveness of behavioral treatment, drug treatment, and combined treatment for children with Attention Deficit Hyperactivity Disorder (ADHD). This study will also examine the interactions between different levels of behavioral and drug treatments.

Study Type: Interventional

Contact(s): see Web site below

Web Site: http://clinicaltrials.gov/ct/show/NCT00050622

- **Biological Markers in Childhood Psychiatric Disorders**

  Condition(s): Attention Deficit and Disruptive Behavior Disorder; Attention Deficit Disorder with Hyperactivity

  Study Status: This study is currently recruiting patients.

  Sponsor(s): National Institute of Mental Health (NIMH)

  Purpose - Excerpt: This research study is linked with other research studies on childhood psychiatric conditions being conducted at the NIMH. One part of this study will allow researchers to follow a group of patients previously diagnosed with ADHD. These patients have already undergone some evaluation, including a MRI of the brain. During the follow-up portion of this study patients will undergo structured psychiatric interviews and be asked to complete some neuropsychological tests. The patients will also undergo a repeat MRI, under one of the linked studies titled, "Brain Imaging of Childhood Onset Psychiatric Disorders, Endocrine Disorders, and Healthy Controls" (89-M-0006). In addition to the clinical evaluation of the patients, further research will be conducted on the genetics of Attention-Deficit/Hyperactivity Disorder (ADHD). This part of the study will be linked to another research study titled, "Genetic Aspects of Neurologic and Psychiatric Disorders" (96-M-0060). Family members of patients with ADHD and control subjects will also be evaluated under this study. Researchers believe that if ADHD is a disorder of the brain, by studying the anatomy of brain development and the genetic factors that are involved, they can better understand the causes of ADHD.

  Study Type: Observational

  Contact(s): see Web site below

  Web Site: http://clinicaltrials.gov/ct/show/NCT00001206

- **Clonidine in ADHD**

  Condition(s): Attention Deficit Disorder with Hyperactivity

  Study Status: This study is currently recruiting patients.

  Sponsor(s): National Institute of Neurological Disorders and Stroke (NINDS)

  Purpose - Excerpt: The purpose of this study is to evaluate the benefits and side effects of two medications used alone or in combination to treat attention deficit hyperactivity disorder (ADHD) in children.

  Phase(s): Phase III

  Study Type: Interventional

  Contact(s): see Web site below

  Web Site: http://clinicaltrials.gov/ct/show/NCT00031395

- **Genetic Analysis of Attention Deficit Hyperactivity Disorder (ADHD)**

  Condition(s): Attention Deficit Disorder with Hyperactivity

  Study Status: This study is currently recruiting patients.

  Sponsor(s): National Human Genome Research Institute (NHGRI)

  Purpose - Excerpt: Attention Deficit Hyperactivity Disorder (ADHD) is the most common behavioral disorder in childhood, affecting 3-5% of children between the ages of 7 and 17. Family studies suggest that there is a genetic component to ADHD. Scientists believe that it is a complex disorder in which two or more genes may be involved. Potentially eligible families will be asked to give written consent to participate and will be asked to complete questionnaires for each member in the family. In addition, an interview will be administered to the parent of minors enrolled in the study to determine their eligibility for being in the study. This screening tool is computerized and will take approximately 45 minutes to administer per child. Once screenings are completed, a blood collection kit will be sent to the family to take to their local medical care provider, have blood samples drawn and sent to NIH. There is no cost to the family to participate. We would like to enroll entire families, with both parents and all children.

  Study Type: Observational

  Contact(s): see Web site below

  Web Site: http://clinicaltrials.gov/ct/show/NCT00046059

- **Genetic Aspects of Neurologic and Psychiatric Disorders**

  Condition(s): Attention Deficit Disorder with Hyperactivity; Bipolar Disorder; Mental Disorder Diagnosed in Childhood; Mental Retardation; Schizophrenia

  Study Status: This study is currently recruiting patients.

  Sponsor(s): National Institute of Mental Health (NIMH)

  Purpose - Excerpt: The purpose of this study is to improve the understanding of the genetic causes of specific neurologic and psychiatric disorders. The study will focus on conditions of mental retardation, childhood onset schizophrenia, attention deficit hyperactivity disorder (ADHD), atypical psychosis of childhood, and bipolar affective disorder. The study addresses the belief that there may be several genes contributing to the illness. Researchers intend to use several molecular genetic techniques in order to identify the areas of chromosomes containing genes responsible for the development of these disorders. Patients will be selected to participate in this study based on an early age of onset of their condition as well as the severity of the illness and the frequency of the illness among family members. Researchers will collect DNA samples from patients as well as affected and unaffected family members of each patient. The DNA samples collected will be analyzed for a variety of genetic abnormalities including; triplet repeat expansions, chromosome rearrangements, and polymorphisms.

  Study Type: Observational

  Contact(s): see Web site below

  Web Site: http://clinicaltrials.gov/ct/show/NCT00001544

- **Learning and Behavior Problems in Children with Chronic Granulomatous Disease and Related Disorders**

  Condition(s): Chediak Higashi Syndrome; Chronic Granulomatous Disease; Job's Syndrome; Leukocyte Disorder

  Study Status: This study is currently recruiting patients.

  Sponsor(s): National Institute of Allergy and Infectious Diseases (NIAID)

  Purpose - Excerpt: This study will try to determine what causes learning, behavioral and emotional problems in children with chronic granulomatous disease (GCD) and other phagocyte disorders. (Phagocytes are a type of white blood cell.) Children with these disorders have frequent severe infections that require hospitalization, sometimes for long periods of time. Many of them also have problems with school, learning, behavior, anxiety and depression. This study will explore whether these latter problems are a direct result of the illness itself or are a consequence of frequent, long hospitalizations, or are due to other factors. Test findings in these children will be compared with those of children with cystic fibrosis-another disease that causes frequent infections requiring prolonged hospitalization. Patients age 2 or older with GCD or other phagocytic disorders or cystic fibrosis may be eligible for this study. Participants (or a parent or guardian) will complete questionnaires including personal information such as age, gender and marital status, a family medical history, and information on their illness. Patients will be given various psychological and intelligence tests, and they and their parents or guardians will be interviewed by a child psychiatrist. The tests and interviews take a total of about 5 hours and are given in two or three separate sessions. The tests may reveal problems such as learning disorders, attention-deficit hyperactivity disorder, anxiety, or depression. If any of these problems are identified, appropriate referrals will be made for specialized services, such as special school placement, tutoring, or counseling.

  Study Type: Observational

  Contact(s): see Web site below

  Web Site: http://clinicaltrials.gov/ct/show/NCT00005933

- **Magnetic Resonance Spectroscopy to Evaluate Tourette's Syndrome**

  Condition(s): Tourette Syndrome

  Study Status: This study is currently recruiting patients.

  Sponsor(s): National Institute of Neurological Disorders and Stroke (NINDS)

  Purpose - Excerpt: This study will use magnetic resonance imaging (MRI) and magnetic resonance spectroscopy (MRS) of the brain to try to gain a better understanding of the disease process in Tourette's syndrome, a neuropsychiatric disorder characterized by motor and vocal tics. Tourette's syndrome is also associated with behavioral and emotional disturbances, including symptoms of attention deficit hyperactivity disorder (ADHD) and obsessive-compulsive disorder (OCD). MRI and MRS show chemical substances in the brain. Findings in normal volunteers will be compared with those of patients. Healthy volunteers and patients with Tourette's syndrome 14 years of age and older may be eligible for this study. Volunteers will be screened with a medical history and physical and neurological examinations. Patients will be screened through NINDS protocol 93-N-0202. Participants will undergo MRI and MRS. MRI uses a strong magnetic field and radio waves to visualize brain anatomy and chemistry. For this study, the subject lies on a stretcher, which is moved into a strong magnetic field (the MRI scanner). Earplugs are worn to muffle loud thumping noises caused by the

electrical switching of the radio frequency circuits. During the study, the subject lies still during each scan, for 1 to 8 minutes at a time. Total scanning time varies from 20 minutes to 2 hours, with most examinations lasting between 45 and 90 minutes. The subject can speak through an intercom with the staff member performing the study at all times during the procedure. Up to 5 studies may be performed.

Study Type: Observational

Contact(s): see Web site below

Web Site: http://clinicaltrials.gov/ct/show/NCT00030953

- **MRI Brain Imaging of White Matter in Children**

  Condition(s): Attention Deficit Disorder with Hyperactivity; Healthy

  Study Status: This study is currently recruiting patients.

  Sponsor(s): National Institute of Mental Health (NIMH)

  Purpose - Excerpt: This study will use magnetic resonance imaging (MRI) to provide information about connections between brain regions in children with and without learning or behavioral problems. MRI uses a strong magnet and radio waves to provide detailed images of the brain. MRI brain imaging is usually done at a magnetic strength of 1.5 Tesla. However, scans have been performed with magnetic fields up to 4 Tesla with no known serious side effects. This study will use a magnetic strength of 3 Tesla to obtain high-quality images. Monozygotic (identical) twins 6 to 21 years of age in good physical health may be eligible for this study. The study will include twin pairs in which 1) both have attention deficit/hyperactivity disorder (ADHD); 2) only one of the pair has ADHD, and 3) neither has ADHD. Candidates will be screened with questionnaires and interviews, psychometric testing, and a physical examination. Permission may be asked to review medical and educational records. Participants will have an MRI brain scan. For this procedure, vitamin E capsules wrapped in gauze are placed in each ear and on the left cheekbone. These capsules show up on the MRI images and provide reference marks for image analysis. In addition, the capsules in the ears help to muffle the loud noises the scanner makes during switching of electrical fields. The subject lies on a padded table and an open helmet device is placed around the head. The table is moved forward into the scanner - a donut shaped machine with a magnetic field - until the head reaches the center of the scanner. Images are produced in sessions varying from 2 to 25 minutes. The entire procedure usually lasts from 45 to 60 minutes, with a maximum of 2 hours. Before undergoing the actual scan, subjects will have a training session in a simulated MRI scanner-a mockup that allows measurement of head movements. The simulator is used to train subjects to lie still during scanning. A small adhesive disk attached to the subject's forehead measures head movements. The subject watches a video he or she has selected, and when head movement exceeds a certain amount, the video is stopped for 3 seconds. As head movement decreases, the level of movement that pauses the video is also decreased. This progressive feedback method has been used for many years to train children to keep still during the MRI procedure. Participants may be asked to return for a follow-up scan in about 2 years.

  Study Type: Observational

  Contact(s): see Web site below

  Web Site: http://clinicaltrials.gov/ct/show/NCT00008892

- **MRI Language Studies in Young Children**

  Condition(s): Healthy; MEDLINEplus consumer health information

  Study Status: This study is currently recruiting patients.

  Sponsor(s): National Institute of Neurological Disorders and Stroke (NINDS)

  Purpose - Excerpt: This study will use magnetic resonance imaging (MRI) to investigate language function in children-that is, how language skills such as naming objects, understanding spoken language and reading are organized in the brain. The study focuses on children between 4 and 7 years old. Children 8 to 12 years old and adults will be studied before the younger children to test study paradigms appropriate for pre-literate children. The results of this study will help evaluate the usefulness of MRI in identifying language function and location and may improve the treatment of children with seizures. Right-handed, native English-speaking adults and children between 4 and 12 years of age may be eligible for this study. Candidates will be screened with a routine neurological examination. Children will also undergo neuropsychological testing (standard tests of language, memory, perception and attention) either at the screening visit or at a later time. Parents will fill out a form to identify children with attention deficit and hyperactivity disorders. These children will be excluded form the study. All participants will undergo MRI scanning of the brain while performing a task designed to test a language skill, such as identifying a picture or listening to or reading a word. The MRI detects changes in blood properties in the areas of the brain that perform each task. Before the MRI, children will be rehearsed for the tests and will have a session in the scanner to know what to expect and feel more at ease during the actual test. The time in the MRI machine is usually between 15 and 20 minutes, but will be no more than 40 minutes for children 8 to 12 years old, and not more than 20 minutes for younger children. Children may be requested to have up to five MRI sessions to test different brain functions or confirm findings.

  Study Type: Observational

  Contact(s): see Web site below

  Web Site: http://clinicaltrials.gov/ct/show/NCT00039845

- **Neuropsychiatric Evaluation of Normal Subjects and Adults with Schizophrenia**

  Condition(s): Brain Injury; Dementia; Healthy; Mental Disorder; Schizophrenia

  Study Status: This study is currently recruiting patients.

  Sponsor(s): National Institute of Mental Health (NIMH)

  Purpose - Excerpt: In this study, researchers would like to evaluate the thought processes of patients diagnosed with a variety of neurologic and psychiatric disorders. The results gathered from these tests can be compared against data gathered from patients with schizophrenia in order to find differences and similarities between them. Some of the neurologic and psychiatric conditions to be studied are; attention deficit hyperactivity disorder (ADHD), traumatic brain injury (TBI), bipolar disorder, and Alzheimer's disease (AD). In addition, researchers would also like to obtain test results from normal volunteers of different ages and educational backgrounds in order to make further comparisons in the dysfunctions associated with psychiatric and neurologic conditions. Researchers intend on evaluating normal adults as well as children.

  Study Type: Observational

  Contact(s): see Web site below

  Web Site: http://clinicaltrials.gov/ct/show/NCT00001323

- **Nutrient intake in children with attention deficit hyperactivity disorder**

  Condition(s): Attention Deficit Disorder with Hyperactivity

  Study Status: This study is currently recruiting patients.

  Sponsor(s): National Center for Research Resources (NCRR); Heppe Foundation

  Purpose - Excerpt: Specific nutrient deficiencies have been described in children with ADHD including zinc, magnesium, calcium, and essential fatty acids. In addition, children with ADHD have been noted to behave and concentrate better in some studies when the ratio of protein compared with carbohydrate in their diets was increased, however, this was anecdotal information noted from studies designed to study other factors, so its not clear if the increased protein is actually the cause of the improved behavior. In our clinical practice, we have noted a high incidence of what appears to be carbohydrate "craving" among children with ADHD, which can put children at risk for obesity, diabetes type II, and additional dysregulation of mood and concentration. Carbohydrate craving is a well-documented phenomenon in adults, particularly those with certain patterns of obesity, mood disorders, or those undergoing smoking cessation programs. It has not been studied in children, however. Thus, this initial study was designed to determine 1) whether or not children with ADHD have different patterns of nutrient intake compared with children in the same family and children in families without a child with ADHD, 2) if the described nutrient deficiencies are due to decreased intake, and 3) whether there is an increased occurrence of carbohydrate craving, based on parents' perceptions, eating patterns, and actual intake, among children (or certain subgroups of children) with ADHD. The information gained from this study will be used to design additional studies to test causative hypotheses and intervention strategies.

  Study Type: Observational

  Contact(s): see Web site below

  Web Site: http://clinicaltrials.gov/ct/show/NCT00011466

- **Preventing Behavior Problems in Children with ADHD**

  Condition(s): Attention Deficit Disorder with Hyperactivity; Attention Deficit and Disruptive Behavior Disorders

  Study Status: This study is currently recruiting patients.

  Sponsor(s): National Institute of Mental Health (NIMH)

  Purpose - Excerpt: The purpose of this study is to determine the effectiveness of a combination of treatments in preventing behaviors that are typically associated with Attention Deficit Hyperactivity Disorder (ADHD) in young children.

  Phase(s): Phase II

  Study Type: Interventional

  Contact(s): see Web site below

  Web Site: http://clinicaltrials.gov/ct/show/NCT00057668

- **Study of Attention Deficit/Hyperactivity Disorder Using Transcranial Magnetic Stimulation**

  Condition(s): Attention Deficit Disorder with Hyperactivity

Study Status: This study is currently recruiting patients.

Sponsor(s): National Institute of Neurological Disorders and Stroke (NINDS)

Purpose - Excerpt: Attention deficit/hyperactivity disorder is a condition characterized by a decreased attention span, hyperactivity, and/or impulsiveness inappropriate for a certain age. Typically, young children have what are known as subtle neurological signs. These are involuntary movements of one part of the body that occur while the child is making a voluntary movement of another part of the body. This is referred to as synkinesis, or overflow movements. These overflow movements disappear during normal development and are usually gone by the age of 10. However, in children with ADHD these overflow movements tend to be more intense and last long after the age of 10. This leads researchers to believe there is an abnormality in the maturation and development of the brain areas associated with motor activity in children with ADHD. Transcranial Magnetic Stimulation (TMS) is a non-invasive technique that gives information about brain function. It is very useful when studying areas of the nervous system related to motor activity (motor cortex, corticospinal tract, and corpus callosum). A magnetic signal given from a special instrument held close to the patient's head stimulates a small area of the brain that controls a few muscles (for example, the muscles that control one finger). Doctors put electrodes (small pieces of metal taped to areas of the body) over the muscle to measure the electrical activity the muscle produces when it makes a movement. When the magnetic signal activates those muscles the electrodes pick up and record the electrical activity of the movement that the muscles make in response to the magnetic signal. Researchers will study normal children and those diagnosed with ADHD using TMS to find out if the clinical abnormalities of ADHD are associated with a delay or abnormality in maturation of areas of the nervous system responsible for motor activity (motor cortex and corticospinal tract).

Study Type: Observational

Contact(s): see Web site below

Web Site: http://clinicaltrials.gov/ct/show/NCT00001915

- **Study of GABA-A receptors in the Generation of Tics in Patients with Tourette's Syndrome**

  Condition(s): Tourette Syndrome

  Study Status: This study is currently recruiting patients.

  Sponsor(s): National Institute of Neurological Disorders and Stroke (NINDS)

  Purpose - Excerpt: This study will investigate how the brain generates tics in patients with Tourette's syndrome and which areas of the brain are primarily affected. Tourette's syndrome is a neuropsychiatric disorder characterized by motor and vocal tics, and is associated with behavioral and emotional disturbances, including symptoms of attention deficit hyperactivity disorder and obsessive-compulsive disorder. This study will examine whether tic generation is related to changes in brain cell receptors for a chemical messenger called gamma-aminobutyric acid (GABA). Healthy normal volunteers and patients with Tourette's syndrome between 21 and 65 years of age may be eligible for this study. Candidates will be screened with a medical history and physical and neurological examinations. Participants will undergo positron emission tomography (PET) scanning to measure brain blood flow. For this procedure, the subject receives an injection of H215O, a radioactive substance similar to water. A special camera detects the radiation emitted by the H215O, allowing measurement of the blood flow. Subjects will receive up to five injections of H215O during the scanning. They will

also be injected with another radioactive chemical, (11C) flumazenil, which binds to GABA receptors, to measure the density and distribution of these receptors. This will reveal which areas of the brain in patients with Tourette's syndrome have abnormal binding of flumazenil compared with the brains of healthy control subjects. During the PET procedure, the subject lies on a table in the PET scanner. A small catheter (plastic tube) is placed in an arm vein for injecting the radioactive tracers, and a mask is placed on the face to help keep the head still during scanning. The mask has large openings for eyes, nose and mouth, so that it does not interfere with talking or breathing. The entire test takes about 3 hours. On a separate day, participants will also undergo magnetic resonance imaging (MRI), a diagnostic test that uses a magnetic field and radio waves to produce images of the brain. For this procedure, the subject lies still on a stretcher that is moved into the scanner (a narrow cylinder containing the magnet). Earplugs are worn to muffle loud noises caused by electrical switching of radio frequency circuits used in the scanning process. The scan lasts about 45 to 60 minutes.

Study Type: Observational

Contact(s): see Web site below

Web Site: http://clinicaltrials.gov/ct/show/NCT00034398

- **Study of Tics in Patients with Tourette's Syndrome and Chronic Motor Tic Disorder**

  Condition(s): Tourette Syndrome; Tic Disorders

  Study Status: This study is currently recruiting patients.

  Sponsor(s): National Institute of Neurological Disorders and Stroke (NINDS)

  Purpose - Excerpt: This study will investigate which areas of the brain are primarily involved in and responsible for tics in patients with Tourette's syndrome and chronic motor disorder. Tourette's syndrome is a neuropsychiatric disorder characterized by motor and vocal tics and is associated with behavioral and emotional disturbances, including symptoms of attention deficit hyperactivity disorder and obsessive-compulsive disorder. Chronic motor disorder has the same characteristics as Tourette's syndrome, except that patients do not have vocal tics. Healthy normal volunteers and patients with Tourette's syndrome or chronic motor tic disorder between 18 and 65 years of age may be eligible for this study. Candidates will be screened with a medical history and physical and neurological examinations. Participants will undergo positron emission tomography (PET) scanning to study tics under three conditions- spontaneous tics, suppression of tics, and sleep-to determine which areas of the brain are responsible for generation of tics. For this procedure, the subject is injected with H215O, a radioactive substance similar to water. A special camera detects the radiation emitted by the H215O, allowing measurement of brain blood flow. Subjects will receive up to 20 injections of H215O during the scanning. Participants will be asked not to sleep the entire night before the test. Before the scan, both patients and volunteers will have EEG electrodes placed on their heads to record the electrical activity of their brains. Patients will also have EMG electrodes placed in areas of the body where tics occur. A small catheter (plastic tube) will be placed in an arm vein for injecting the radioactive tracers, and a mask will be placed on the face to help keep the head still during scanning. The mask has large openings for eyes, nose and mouth, so that it does not interfere with talking or breathing. The entire test takes about 4 hours. During this time, the subject will sleep for 1.5 hours either at the beginning or end of the scan. For the other 2.5 hours, scans will be done every 10 minutes for 1 minute under the different conditions of tic suppression or release of tics. On a separate day, participants will also undergo magnetic resonance imaging (MRI), a diagnostic test that uses a magnetic field and radio

waves to produce images of the brain. For this procedure, the subject lies still on a stretcher that is moved into the scanner (a narrow cylinder containing the magnet). Earplugs are worn to muffle loud noises caused by electrical switching of radio frequency circuits used in the scanning process. The scan lasts about 45 to 60 minutes.

Study Type: Observational

Contact(s): see Web site below

Web Site: http://clinicaltrials.gov/ct/show/NCT00033995

- **Treatment of Adolescents with Comorbid Alcohol Use and Attention Deficit Hyperactivity Disorder (bupropion)**

  Condition(s): Alcoholism; Attention Deficit Hyperactivity Disorder

  Study Status: This study is currently recruiting patients.

  Sponsor(s): National Institute on Alcohol Abuse and Alcoholism (NIAAA)

  Purpose - Excerpt: This study will compare the effectiveness of sustained release bupropion (Wellbutrin) versus a placebo in the treatment of adolescents with comorbid alcohol use disorder and attention deficit hyperactivity disorder. Adolescents, ages 14-18 will be recruited from community treatment programs for a 16-week trial with follow-up assessments.

  Phase(s): Phase II

  Study Type: Interventional

  Contact(s): see Web site below

  Web Site: http://clinicaltrials.gov/ct/show/NCT00029614

- **Attention-Deficit Hyperactivity Disorder (ADHD) Study With Adults**

  Condition(s): Attention Deficit Disorder

  Study Status: This study is no longer recruiting patients.

  Sponsor(s): (Sponsor Name Pending)

  Purpose - Excerpt: A placebo controlled study evaulating the efficacy and safety of medication in adults with Attention-Deficit Hyperactivity Disorder (ADHD)

  Phase(s): Phase III

  Study Type: Interventional

  Contact(s): see Web site below

  Web Site: http://clinicaltrials.gov/ct/show/NCT00048360

- **Behavioral Effects of Obstructive Sleep Apnea in Children**

  Condition(s): Sleep-Disordered Breathing; Sleep Apnea, Obstructive; ADHD

  Study Status: This study is no longer recruiting patients.

  Sponsor(s): National Institute of Child Health and Human Development (NICHD); National Heart, Lung, and Blood Institute (NHLBI)

  Purpose - Excerpt: Sleep-disordered breathing (SDB) in children may be responsible for disruptive daytime behaviors such as inattention and hyperactivity. Many children undergo tonsillectomy for SDB and disruptive daytime behaviors. However, the link

between SDB and disruptive behavior is not clearly understood. This study will evaluate the relationship between SDB and disruptive behavior.

Study Type: Observational

Contact(s): see Web site below

Web Site: http://clinicaltrials.gov/ct/show/NCT00060723

- **Methylphenidate in Children and Adolescents with Pervasive Developmental Disorders**

  Condition(s): Attention Deficit Disorder with Hyperactivity; Autistic Disorder; Pervasive Development Disorders

  Study Status: This study is no longer recruiting patients.

  Sponsor(s): National Institute of Mental Health (NIMH)

  Purpose - Excerpt: This study will evaluate the efficacy and safety of methylphenidate for treating hyperactivity, impulsiveness, and distractibility in 60 children and adolescents with Pervasive Developmental Disorders (PDD). Methylphenidate (Ritalin)is approved by the Food and Drug Administration for the treatment of children and adolescents with Attention Deficit Hyperactivity Disorder (ADHD). Data supporting its safety and effectiveness in treating ADHD symptoms in PDD are limited. Children and adolescents who do not show a positive response to methylphenidate will be invited to participate in a pilot study of the non-stimulant medication guanfacine (Tenex).

  Study Type: Interventional

  Contact(s): see Web site below

  Web Site: http://clinicaltrials.gov/ct/show/NCT00025779

- **Multimodal Treatment Study of Children with Attention Deficit and Hyperactivity Disorder (ADHD)**

  Condition(s): Attention Deficit Disorder with Hyperactivity; Substance-Related Disorders; Dyssocial Behavior

  Study Status: This study is no longer recruiting patients.

  Sponsor(s): National Institute of Mental Health (NIMH)

  Purpose - Excerpt: This trial is a continuation of the Multimodal Treatment Study of Children with Attention Deficit Hyperactivity Disorder (MTA Study). Continuation Aim 1 is to track the persistence of intervention-related effects as the MTA sample matures into mid-adolescence, including subsequent mental-health and school-related service utilization patterns as a function of MTA treatment experience (treatment assignment) and outcome (degree of treatment success at 14 mo.). Aim 2 is to test specific hypotheses about predictors, mediators, and moderators of long-term outcome among children with ADHD (e.g., comorbidity; family functioning; cognitive skills; peer relations) that may influence adolescent functioning (either independent of or through initial treatment assignment and/or 14-month treatment outcomes); and to compare how these predictors, mediators, and moderators are similar or dissimilar within the normal comparison group. Aim 3 is to track the patterns of risk and protective factors (including their mediation or moderation by initial treatment assignment and/or outcome) involved in early and subsequent stages of developing substance-related disorders and antisocial behavior. Aim 4 is to examine the effect of initial treatment assignment and

degree of treatment success on later academic performance, achievement, school conduct, tendency to drop out, and other adverse school outcomes. In the original MTA design, patients were randomly assigned to 1 of 4 treatment conditions: (1) medication only; (2) psychosocial only; (3) combined (medication and psychosocial); or (4) Assessment-and-Referral condition. All but the latter were treated intensively for 14 months, with assessments for all subjects at baseline, 3, 9, 14, and 24 months. The original MTA design thus provides short-term (10 months post-treatment) follow-up at 24 months. This continuation extends the follow-up to assessments at 36, 60, and 84 months after treatment. A child may be eligible for this study if he/she: Is 7 - 9 years old, and has **attention deficit hyperactivity disorder** (ADHD).

Phase(s): Phase IV

Study Type: Interventional

Contact(s): see Web site below

Web Site: http://clinicaltrials.gov/ct/show/NCT00000388

- **Neurocognitive Function in Snoring Children**

  Condition(s): Lung Diseases; Sleep Apnea Syndromes; Neurologic Manifestations

  Study Status: This study is no longer recruiting patients.

  Sponsor(s): National Heart, Lung, and Blood Institute (NHLBI)

  Purpose - Excerpt: To assess associations between behavioral/neuropsychological measures and various measures of sleep disordered breathing (SDB) and to determine the prevalence of SDB in children with Attention Deficit Hyperactivity Disorder (ADHD).

  Study Type: Observational

  Contact(s): see Web site below

  Web Site: http://clinicaltrials.gov/ct/show/NCT00006321

- **Treatment of Attention Deficit Hyperactivity Disorder in Preschool-Age Children (PATS)**

  Condition(s): Attention Deficit Disorder with Hyperactivity

  Study Status: This study is no longer recruiting patients.

  Sponsor(s): National Institute of Mental Health (NIMH)

  Purpose - Excerpt: This research focuses on the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in very young children. The medication being used is methylphenidate (Ritalin); it is being studied to determine its safety and how well it works to treat ADHD in preschool-age children (3-5.5 year olds).

  Phase(s): Phase III

  Study Type: Interventional

  Contact(s): see Web site below

  Web Site: http://clinicaltrials.gov/ct/show/NCT00018863

- **Treatment of Youth with ADHD and Anxiety**

  Condition(s): Attention Deficit Hyperactivity Disorder; Anxiety, Separation; Social Phobia; Generalized Anxiety Disorder

  Study Status: This study is no longer recruiting patients.

  Sponsor(s): National Institute of Mental Health (NIMH)

  Purpose - Excerpt: The purpose of this NIMH-sponsored pilot study is to collect information on the efficacy and safety of drug treatments for children and adolescents who suffer from both ADHD and anxiety disorders. Specifically, the study will examine the benefits of the stimulant medication both alone and in combination with fluvoxamine, a selective serotonin reuptake inhibitor (SSRI) that has antianxiety effects. Young people aged 6 to 17 diagnosed with these co-occurring disorders may be eligible to participate.

  Study Type: Interventional

  Contact(s): see Web site below

  Web Site: http://clinicaltrials.gov/ct/show/NCT00012584

- **Assessment of Attentional Functioning in Children with HIV-1 Infection**

  Condition(s): Attention Deficit Disorder with Hyperactivity; HIV Infections; Paralysis

  Study Status: This study is completed.

  Sponsor(s): National Cancer Institute (NCI)

  Purpose - Excerpt: Children with symptomatic HIV-1 (Human Immunodeficiency Virus) infection are at increased risk for developing severely disabling neurological and neuropsychological deficits. HIV-1 related CNS (Central Nervous System) disease is a clinical syndrome, manifested by varying and sometimes discordant degrees of cognitive, motor and behavioral impairment. A continuum of clinical presentations attributed to the effects of HIV-1 infection on the CNS, ranging from apparently normal development, decreases in the rate of new learning to the loss of acquired skills have been observed. Two domains of psychological functioning appear most susceptible to the effects of HIV infection on the central nervous system in children: expressive behavior and attentional processes (Brouwers, et al, 1994). Attention deficits have been documented as a relative weakness on the "freedom from distractibility" subclass of IQ tests (Brouwers et al, 1989) and on behavior assessment (Moss et al, 1994). Attention, however, has many subcomponents such as focused attention, divided attention, vigilance, etc. Direct assessment of attentional functioning using reaction time has not yet been conducted and questions whether attentional components are differentially affected by the virus have not been addressed. The proposed study would assess different components of attentional functioning in children with HIV-1 disease. A quantitative and systematic method is developed that could complement the existing standardized instruments used for measuring attention and neurocognitive function in this population. Simple alerted visual reaction time will be measured with varying preparatory intervals, a two-choice reaction time in a go/no-go paradigm will be administered, and a continuous performance, divided reaction time test and an object decision task will be given. Performance on these measures will also be related to measures of brain structure and stage of HIV-1 disease.

  Study Type: Observational

  Contact(s): see Web site below

  Web Site: http://clinicaltrials.gov/ct/show/NCT00001497

- **Cocaine Abuse and ADHD - 10**

  Condition(s): Cocaine-Related Disorders

  Study Status: This study is completed.

  Sponsor(s): National Institute on Drug Abuse (NIDA); New York State Psychiatric Institute

  Purpose - Excerpt: To evaluate the safety and efficacy of buproprion in treating individuals with adult attention-deficit hyperactivity disorder (ADHD) and cocaine dependence.

  Phase(s): Phase II

  Study Type: Interventional

  Contact(s): see Web site below

  Web Site: http://clinicaltrials.gov/ct/show/NCT00000275

- **Cognitive Behavioral Therapy for Treatment of Adult Attention Deficit Hyperactivity Disorder**

  Condition(s): Attention Deficit Disorder with Hyperactivity

  Study Status: This study is completed.

  Sponsor(s): National Institute of Mental Health (NIMH)

  Purpose - Excerpt: The purpose of this study is to assess the effectiveness of cognitive behavioral therapy (CBT) in treating adult patients with medication-resistant Attention Deficit Hyperactivity Disorder (ADHD).

  Phase(s): Phase I

  Study Type: Interventional

  Contact(s): see Web site below

  Web Site: http://clinicaltrials.gov/ct/show/NCT00050050

- **Phase III Randomized, Double-Blind, Placebo-Controlled Study of Guanfacine for Tourette Syndrome and Attention Deficit Hyperactivity Disorder**

  Condition(s): Tourette Syndrome

  Study Status: This study is completed.

  Sponsor(s): National Center for Research Resources (NCRR); Yale University

  Purpose - Excerpt: Objectives: I. Evaluate the safety and efficacy of the alpha-2 adrenergic agonist guanfacine in children and adolescents with Tourette syndrome or other chronic tic disorder, and attention deficit hyperactivity disorder.

  Phase(s): Phase III

  Study Type: Interventional

  Contact(s): see Web site below

  Web Site: http://clinicaltrials.gov/ct/show/NCT00004376

- **Secretin for the Treatment of Autism**

  Condition(s): Autism

Study Status: This study is completed.

Sponsor(s): National Institute of Child Health and Human Development (NICHD); National Institute on Deafness and Other Communication Disorders (NIDCD)

Purpose - Excerpt: Many drugs used to treat autism target specific symptoms, such as hyperactivity and aggressiveness. Few drugs target the core autistic symptoms of impaired social interaction and communication. This study will evaluate two forms of the drug secretin for the treatment of core autistic symptoms.

Phase(s): Phase III

Study Type: Interventional

Contact(s): see Web site below

Web Site: http://clinicaltrials.gov/ct/show/NCT00065962

Keeping Current on Clinical Trials

The U.S. National Institutes of Health, through the National Library of Medicine, has developed ClinicalTrials.gov to provide current information about clinical research across the broadest number of diseases and conditions.

The site was launched in February 2000 and currently contains approximately 5,700 clinical studies in over 59,000 locations worldwide, with most studies being conducted in the United States. ClinicalTrials.gov receives about 2 million hits per month and hosts approximately 5,400 visitors daily. To access this database, simply go to the Web site at **http://www.clinicaltrials.gov/** and search by "attention deficit hyperactivity disorder" (or synonyms).

While ClinicalTrials.gov is the most comprehensive listing of NIH-supported clinical trials available, not all trials are in the database. The database is updated regularly, so clinical trials are continually being added. The following is a list of specialty databases affiliated with the National Institutes of Health that offer additional information on trials:

- For clinical studies at the Warren Grant Magnuson Clinical Center located in Bethesda, Maryland, visit their Web site: **http://clinicalstudies.info.nih.gov/**
- For clinical studies conducted at the Bayview Campus in Baltimore, Maryland, visit their Web site: **http://www.jhbmc.jhu.edu/studies/index.html**
- For cancer trials, visit the National Cancer Institute: **http://cancertrials.nci.nih.gov/**
- For eye-related trials, visit and search the Web page of the National Eye Institute: **http://www.nei.nih.gov/neitrials/index.htm**
- For heart, lung and blood trials, visit the Web page of the National Heart, Lung and Blood Institute: **http://www.nhlbi.nih.gov/studies/index.htm**
- For trials on aging, visit and search the Web site of the National Institute on Aging: **http://www.grc.nia.nih.gov/studies/index.htm**
- For rare diseases, visit and search the Web site sponsored by the Office of Rare Diseases: **http://ord.aspensys.com/asp/resources/rsch_trials.asp**
- For alcoholism, visit the National Institute on Alcohol Abuse and Alcoholism: **http://www.niaaa.nih.gov/intramural/Web_dicbr_hp/particip.htm**

- For trials on infectious, immune, and allergic diseases, visit the site of the National Institute of Allergy and Infectious Diseases: **http://www.niaid.nih.gov/clintrials/**
- For trials on arthritis, musculoskeletal and skin diseases, visit newly revised site of the National Institute of Arthritis and Musculoskeletal and Skin Diseases of the National Institutes of Health: **http://www.niams.nih.gov/hi/studies/index.htm**
- For hearing-related trials, visit the National Institute on Deafness and Other Communication Disorders: **http://www.nidcd.nih.gov/health/clinical/index.htm**
- For trials on diseases of the digestive system and kidneys, and diabetes, visit the National Institute of Diabetes and Digestive and Kidney Diseases: **http://www.niddk.nih.gov/patient/patient.htm**
- For drug abuse trials, visit and search the Web site sponsored by the National Institute on Drug Abuse: **http://www.nida.nih.gov/CTN/Index.htm**
- For trials on mental disorders, visit and search the Web site of the National Institute of Mental Health: **http://www.nimh.nih.gov/studies/index.cfm**
- For trials on neurological disorders and stroke, visit and search the Web site sponsored by the National Institute of Neurological Disorders and Stroke of the NIH: **http://www.ninds.nih.gov/funding/funding_opportunities.htm#Clinical_Trials**

CHAPTER 6. PATENTS ON ATTENTION DEFICIT HYPERACTIVITY DISORDER

Overview

Patents can be physical innovations (e.g. chemicals, pharmaceuticals, medical equipment) or processes (e.g. treatments or diagnostic procedures). The United States Patent and Trademark Office defines a patent as a grant of a property right to the inventor, issued by the Patent and Trademark Office.[9] Patents, therefore, are intellectual property. For the United States, the term of a new patent is 20 years from the date when the patent application was filed. If the inventor wishes to receive economic benefits, it is likely that the invention will become commercially available within 20 years of the initial filing. It is important to understand, therefore, that an inventor's patent does not indicate that a product or service is or will be commercially available. The patent implies only that the inventor has "the right to exclude others from making, using, offering for sale, or selling" the invention in the United States. While this relates to U.S. patents, similar rules govern foreign patents.

In this chapter, we show you how to locate information on patents and their inventors. If you find a patent that is particularly interesting to you, contact the inventor or the assignee for further information. **IMPORTANT NOTE:** When following the search strategy described below, you may discover non-medical patents that use the generic term "attention deficit hyperactivity disorder" (or a synonym) in their titles. To accurately reflect the results that you might find while conducting research on attention deficit hyperactivity disorder, we have not necessarily excluded non-medical patents in this bibliography.

Patents on Attention Deficit Hyperactivity Disorder

By performing a patent search focusing on attention deficit hyperactivity disorder, you can obtain information such as the title of the invention, the names of the inventor(s), the assignee(s) or the company that owns or controls the patent, a short abstract that summarizes the patent, and a few excerpts from the description of the patent. The abstract of a patent tends to be more technical in nature, while the description is often written for the public. Full patent descriptions contain much more information than is presented here (e.g.

[9]Adapted from the United States Patent and Trademark Office: **http://www.uspto.gov/web/offices/pac/doc/general/whatis.htm**.

claims, references, figures, diagrams, etc.). We will tell you how to obtain this information later in the chapter. The following is an example of the type of information that you can expect to obtain from a patent search on attention deficit hyperactivity disorder:

- **2-Hydroxymethylolanzapine compositions and methods**

  Inventor(s): Yelle; William E. (Littleton, MA)

  Assignee(s): Sepracor Inc. (Marlborough, MA)

  Patent Number: 6,346,528

  Date filed: October 17, 2000

  Abstract: Methods and compositions are disclosed utilizing 2-hydroxymethylolanzapine for the treatment of psychosis in humans. 2-Hydroxymethylolanzapine exhibits a lessened liability toward drug-drug interactions than olanzapine and a more predictable dosing regimen than olanzapine. 2-Hydroxymethylolanzapine is also useful for the treatment of acute mania, mild anxiety states, anxiety disorders, schizophrenia, bipolar disorder, attention deficit hyperactivity disorder, autistic disorder, excessive aggression, substance abuse, depressive signs and symptoms, tic disorder, functional bowel disorder and fungal dermatitis.

  Excerpt(s): The invention relates to methods of treating psychosis, acute mania, mild anxiety states, schizophrenia, bipolar disorder, autistic disorder, excessive aggression, substance abuse, depressive signs and symptoms, tic disorder, functional bowel disorder and fungal dermatitis. ... It is commercially available as Zyprexa.RTM. from Eli Lilly Co. The antipsychotic effect of olanzapine is ascribed by the literature to blocking of the dopamine D.sub.2 receptor and to 5-HT antagonism. ... Formation of 2-hydroxymethylolanzapine occurs in the liver through the enzymes of the P450 system. 2-Hydroxymethylolanzapine is formed by cytochrome P450 2D6 (CYP2D6). CYP2D6 is polymorphically expressed in the human population. The mutant allele constitutes the recessive trait. Homozygous carriers of the mutation completely lack CYP2D6 and are referred to as poor metabolizers; persons homozygous and heterozygous for the "normal" allele are extensive metabolizers. In addition to problems arising from variability in dosage regimens, the clinical use of CYP2D6-metabolized drugs and of CYP2D6 inhibitors, which includes a variety of antiarrhythmic agents, beta-adrenoceptor blockers and tricyclic antidepressants, in conjunction with olanzapine, may inhibit olanzapine metabolism.

  Web site: http://www.delphion.com/details?pn=US06346528__

- **4-thionaphthyl--1H--imidazoles which are useful.alpha.22-adrenoceptoR agonists/ antagonists**

  Inventor(s): McDonnell; Mark (Raritan, NJ), Boyd; Robert E. (Horsham, PA), Reitz; Allen B. (Lansdale, PA), Jetter; Michelle C. (Norristown, PA), Baxter; Ellen W. (Glenside, PA), Ross; Tina Morgan (Audubon, PA)

  Assignee(s): Ortho-McNeil Pharmaceutical, Inc. (Raritan, NJ)

  Patent Number: 6,313,309

  Date filed: April 5, 1999

  Abstract: 4-thionaphthyl-1H-imidazoles are .alpha..sub.2 -adrenoceptor agonists/antagonists. As delta-opioid receptor agonists, such compounds are useful as

analgesics. Depending on their agonist/antagonist effect, such compounds may also be useful agents to treat hypertension, glaucoma, sexual dysfunction, depression, attention deficit hyperactivity disorder, the need for anesthesia or cardiac arrythmia.

Excerpt(s): The present invention relates to .alpha..sub.2 -adrenoceptor agonists/antagonists. More particularly, the present invention relates to certain 4-thionaphthyl-1H-imidazoles and analogues which are .alpha..sub.2 -adrenoceptor agonists having analgesic activity. ... .alpha..sub.2 -adrenoceptor agonists/antagonists are useful to treat a variety of conditions, including, hypertension, glaucoma, sexual dysfunction, depression, attention deficit hyperactivity disorder, the need for anesthesia, cardiac arrythmia and the need for analgesia. Particularly, .alpha..sub.2 -adrenoceptor agonists are well known analgesics. ... compounds of this type are insufficiently active and suffer from unwanted side effects.

Web site: http://www.delphion.com/details?pn=US06313309__

- **Compositions including modafinil for treatment of attention deficit hyperactivity disorder and multiple sclerosis fatigue**

  Inventor(s): Scammell; Thomas E. (Wellesley, MA), Miller; Matthew S. (Newtown, PA)

  Assignee(s): Cephalon, Inc. (West Chester, PA)

  Patent Number: 6,488,164

  Date filed: December 20, 2001

  Abstract: Modafinil is effective in improving symptoms of attention deficit hyperactivity disorder and symptoms of multiple sclerosis fatigue. The administration of modafinil is also shown to activate the tuberomamillary neurons of the posterior hypothalamus, and thus exhibits activity in an area of the brain associated with normal wakefulness functions.

  Excerpt(s): The present invention is related to the fields of neuropharmacological agents, including agents that are useful in the treatment of attention deficit hyperactivity disorder and multiple sclerosis associated fatigue. ... Attention-deficit/hyperactivity disorder (ADHD) is a chronic neuropsychiatric disorder in children that is characterized by developmentally inappropriate hyperactivity, impulsivity, and inattention. ADHD is estimated to affect 3%-5% of school-age children. Historically ADHD was thought not to continue beyond adolescence; however, current research suggests that ADHD persists into adulthood in 10% to 60% of childhood-onset cases. ADHD persistence is associated with a high incidence of academic and occupational dysfunction, as well as a high incidence of psychiatric comorbidity (e.g., conduct, major depressive, and anxiety disorders). It is estimated that approximately 1% to 3% of adults have symptoms of ADHD. Adults with ADHD have a pattern of demographic, psychosocial, psychiatric, and cognitive features that mirrors well-documented findings among children with the disorder. This further supports the validity of the diagnosis for adults. The core ADHD symptoms in adults include a frequent and persistent pattern of inattention/distractibility and/or hyperactivity-impulsivity. The most common symptoms exhibited in ADHD adults are marked inattention, poor concentration, easy distractibility, day dreaming, forgetfulness and a frequent shift in activities. ADHD adults also report marked impulsivity, intrusiveness, low frustration/stress tolerance, temper tantrums, irritability, and extreme impatience. Less commonly reported symptoms in adults include hyperactivity, which may be confined to fidgeting, or an inward feeling of jitteriness or restlessness. In addition to the core ADHD symptoms,

adults with ADHD often exhibit associated clinical characteristics such as boredom, social inappropriateness, and chronic conflicts in social situations. These features may be responsible for the high incidence of: (1) separation and divorce and (2) poor academic performance and occupational achievement that exist despite adequate intellectual abilities. In addition, adults with ADHD have a high incidence of substance abuse disorders. ... While the pathogenesis of ADHD remains unclear, alterations in the dopaminergic and noradrenergic functions appear to be the neurochemical basis for the disorder. Brain positron emission tomography in adults with ADHD have revealed alterations in glucose metabolism in areas of the cerebral cortex that are involved with attention and motor activity, like the frontal lobe. The most common treatment for both adult and pediatric ADHD is stimulants (e.g., dextroamphetamine, methylphenidate, and pemoline). Stimulants are thought to work by increasing the amount of dopamine available in the synapses of the neuron. The stimulants appear to do this in multiple cerebral anatomical locations. Other therapies that have been used include: antidepressants (e.g., tricyclic antidepressants such as imipramine and desipramine; novel antidepressants such as buproorion and venlafaxine), antihypertensives (e.g., clonidine and guanfacine), monoamine oxidase inhibitors ([MAO's], e.g., selegiline), amino acids (e.g., levodopa, phenylalanine, and L-tyrosine), and combined pharmacotherapies (e.g., concurrent use of a serotonin-selective reuptake inhibitor and a stimulant medication; or a stimulant and catelcholaminergic antidepressant regimen) (Bhandary et al., Psychiatric Annals 27:545-555, 1997; Wilens et al., J. Clin. Psychopharmacol. 15:270-279, 1995; Finkel, The Neurologist 3:31-44, 1997; Miller and Catellanos, Pediatrics in Review 19:373-384, 1998).

Web site: http://www.delphion.com/details?pn=US06488164__

- **Compounds with high monoamine transporter affinity**

  Inventor(s): Wang; Pinglang (Cambridge, MA), Blundell; Paul (Winchester, MA), Meltzer; Peter C. (Lexington, MA), Madras; Bertha K. (Newton, MA)

  Assignee(s): President and Fellows of Harvard College (Cambridge, MA), Organix, Inc. (Woburn, MA)

  Patent Number: 6,525,206

  Date filed: October 17, 2000

  Abstract: Featured compounds have high monoamine transport affinity and are characterized by one of the following two general formulas set out above. The compounds bind selectively or non-selectively to monoamine transporters. The compounds are useful to treat various medical indications including attention deficit hyperactivity disorder (ADHD), Parkinson's disease, cocaine addiction, smoking cessation, weight reduction, obsessive-compulsive disorder, various forms of depression, traumatic brain injury, stroke, and narcolepsy.

  Excerpt(s): This invention relates to novel compositions with affinity for a monoamine transporter, such as the dopamine, norepinephrine, or serotonin transporter, in brain and in peripheral tissues. ... Monoamine transporters play a variety of roles, and compounds with affinity for the monoamine transporters have been proposed for therapy and/or diagnosis of medical indications that include (but are not limited to) attention deficit hyperactivity disorder (ADHD), Parkinson's disease, cocaine addiction, smoking cessation, weight reduction, obsessive-compulsive disorder, various forms of depression, traumatic brain injury, stroke, and narcolepsy. ... The dopamine transporter (DAT) in particular is a primary mechanism for terminating the effects of synaptic

dopamine and maintaining homeostatic levels of extracellular dopamine in brain. Giros et al., Nature 379: 696-612 (1996). The dopamine transporter is a principal target of therapeutic and psychostimulant drugs of abuse. For example, the dopamine transporter is an important target of drugs (including methylphenidate, pemoline, amphetamine and bupropion) used to treat ADHD. Seeman and Madras, Mol. Psychiatry 3:386-396 (1998); Cyr and Brown, Drugs, 56:215-223 (1998); Biederman, J. Clin. Psychiatry 59: 4-16 (1998); Riggs et al., J. Am Acad. Child Adolesc. Psychiatry 37:1271-1278 (1999). The dopamine transporter is also a principal target of brain imaging agents used, for example, diagnostically.

Web site: http://www.delphion.com/details?pn=US06525206__

- **Method and apparatus for detecting mental disorders**

  Inventor(s): Teicher; Martin H. (Waltham, MA), Maas, III; Luis C. (Brookline, MA), Renshaw; Perry F. (Arlington, MA), Anderson; Carl M. (West Roxbury, MA)

  Assignee(s): The McLean Hospital Corporation (Belmont, MA)

  Patent Number: 6,400,978

  Date filed: October 29, 1999

  Abstract: A technique for computing a T2 relaxation time (RT) and for using the so computed T2 RT to provide an output which can aid in the detection of brain dysfunction including attention-deficit hyperactivity disorder (ADHD). The technique includes the step of obtaining T*1 matched axial images through a predetermined number of axial planes in a subject and obtaining one or more spin echo, echoplanar image sets, with TE incremented by a predetermined value in each consecutive image set through the same axial planes. The images are used to generate a map of T2 for each of the T*1 matched axial images and regions of interest (ROI) are identified in the matched axial images. Median pixel intensity values in the ROI are then used to compute a T2 relaxation time.

  Excerpt(s): This invention relates to methods of measuring nuclear magnetic resonance characteristics of nuclei generally, and, in particular to a method of determining the spin-spin relaxation time (T2) of nuclei using spin echoes and for utilizing the T2 relaxation time to aid in detection of mental disorders including but not limited to attention-deficit/hyperactivity disorder (ADHD). ... As is known in the art, magnetic resonance imaging (MRI) (aka nuclear magnetic resonance or NMR) is a form of medical imaging in which the data is displayed as images which are presented in the form of individual slices that represent planar sections of objects. The data in the images represents the density and bonding of protons (primarily in water) in the tissues of the body, based upon the ability of certain atomic nuclei in a magnetic field to absorb and re-emit electromagnetic radiation at certain frequencies.

  Web site: http://www.delphion.com/details?pn=US06400978__

- **Method and apparatus for measuring and treating hyperactivity in human beings**

  Inventor(s): Kaplan; Jay (Buffalo Grove, IL), Schulman; Jerome L. (Chicago, IL)

  Assignee(s): The Children's Memorial Hospital (Chicago, IL)

  Patent Number: 4,112,926

  Date filed: December 8, 1976

  Abstract: A method of measuring hyperactivity includes determining the total number of movements of the subject as well as the number of movements which occur at a rate exceeding a preselected threshold. When the rate exceeds the threshold, biofeedback conditioning may be employed to alert the patient in order to condition him against such activity. An apparatus employing the method includes a counting unit worn on the belt of the subject. The counting unit records movement detected by a set of mercury switches. The total number of times a mercury switch is opened is counted as well as the number of times the rate threshold is exceeded. This information is stored in the counters for subsequent evaluation. An oscillator circuit gated by the counting unit provides an audible signal to the subject when the rate threshold is exceeded. A readout and display circuit is utilized for obtaining the information stored in the counting unit.

  Excerpt(s): The present invention relates to the detection and treatment of hyperactivity. More specifically, it relates to methods and devices for detecting the extent of hyperactivity of a subject. ... Several reports indicate that hyperactivity is the most common reason for referral in the practice of child psychiatry. The list of possible etiologies is quite extensive but would certainly include acting out behavior as a consequence of emotional disturbance, direct manifestation of intrapsychic anxiety, emotional reaction to physical disabilities, boredom, maturational delay, cerebral dysfunction, cerebral damage, and metabolic dysfunction. The most prominant management approaches for the treatment of hyperactivity has been pharmacotherapy and behavior therapy. It is estimated that 200,000 children in the U.S. are currently receiving amphetamines for the purpose of controlling hyperactive behavior. Despite the widespread use of psychoactive medication with children, the efficacy and wisdom of the present application of pharmacotherapy remains open to question. ... In the past decade there has been an increasing application of various behavior modification procedures in the control of hyperactive behavior. A growing number of investigators report considerable success with the application of behavioral strategies to hyperactivity. It is impossible to assess the effectiveness of such treatment, however, without reliable pre and post measures of activity level. The prior art includes several categories of devices for such measurements including devices for sedentary measurement, experimental room designs, devices for measurement of free ranging movement and observational techniques.

  Web site: http://www.delphion.com/details?pn=US04112926__

- **Method for treating disruptive behavior disorders with xanomeline**

  Inventor(s): Bymaster; Franklin P (Brownsburg, IN), Shannon; Harlan E (Carmel, IN)

  Assignee(s): Eli Lilly and Company (Indianapolis, IN)

  Patent Number: 6,043,258

  Date filed: December 16, 1998

Abstract: This invention relates to the use of xanomeline for the treatment of Disruptive Behavior Disorder and Attention Deficit Hyperactivity Disorder.

Excerpt(s): This invention provides a method for using 3-(4-hexyloxy-1,2,5-thiadiazol-3-yl)-1,2,5,6-tetrahydro-1-methylpyridine, (hereinafter referred as "xanomeline"), for the treatment of disruptive behavior disorders. ... A subject suffering from a Disruptive Behavior Disorder exhibits a consistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development. Such subjects must suffer clear evidence of interference with developmentally appropriate social, academic, or occupational functioning. Individuals suffering from a Disruptive Behavior Disorder may fail to give close attention to details or may make careless mistakes in schoolwork or other tasks. Individuals often have difficulty sustaining attention in tasks or play activities and find it difficult to persist with tasks to completion. Tasks that require sustained mental effort are experienced as unpleasant and markedly aversive. As a result, these individuals typically avoid or have a strong dislike for activities that demand sustained self-application and mental effort or that require organizational demands or close concentration (e.g., homework or paperwork). Individuals suffering from a Disruptive Behavior Disorder have difficulty in common situations that require sustained attention, for example listening to a classroom teacher, doing class assignments, listening to or reading lengthy materials, or working on repetetive tasks. The condition manifests itself in adolescents and adults as a feeling of restlessness and difficulty engaging in quiet sedentary activities. If untreated, the condition may result in compromised school adjustment and feelings of jitteriness. ... Disruptive Behavior Disorders are prevalent conditions afflicting elementary school-age children as well as adolescents and adults. It is estimated that from 3-5% of elementary school-age children suffer from Attention Deficit/Hyperactivity Disorder.

Web site: http://www.delphion.com/details?pn=US06043258__

- **Methods for treating vascular dementia**

  Inventor(s): Pratt; Raymond (Leonia, NJ)

  Assignee(s): Eisai Co., Ltd. (Tokyo, JP)

  Patent Number: 6,458,807

  Date filed: September 4, 2001

  Abstract: The invention describes novel methods for treating and preventing dementia caused by vascular diseases; dementia associated with Parkinson's disease; Lewy Body dementia; AIDS dementia; mild cognitive impairments; age-associated memory impairments; cognitive impairments and/or dementia associated with neurologic and/or psychiatric conditions, including epilepsy, brain tumors, brain lesions, multiple sclerosis, Down's syndrome, Rett's syndrome, progressive supranuclear palsy, frontal lobe syndrome, and schizophrenia and related psychiatric disorders; cognitive impairments caused by traumatic brain injury, post coronary artery by-pass graft surgery, electroconvulsive shock therapy, and chemotherapy, administering a therapeutically effective amount of at least one of the cholinesterase inhibitor compounds described herein. The invention also describes novel methods for treating and preventing delirium, Tourette's syndrome, myasthenia gravis, attention deficit hyperactivity disorder, autism, dyslexia, mania, depression, apathy, and myopathy associated with diabetes by administering a therapeutically effective amount of at least one of the cholinesterase inhibitor compounds described herein. The invention also

describes novel methods for delaying the onset of Alzheimer's disease, for enhancing cognitive functions, for treating and preventing sleep apnea, for alleviating tobacco withdrawal syndrome, and for treating the dysfunctions of Huntington's Disease by administering a therapeutically effective amount of at least one of the cholinesterase inhibitor compounds described herein. A preferred cholinesterase inhibitor for use in the methods of the invention is donepezil hydrochloride or ARICEPT.RTM.

Excerpt(s): The invention describes novel methods for treating and preventing dementia caused by vascular diseases; dementia associated with Parkinson's disease; Lewy Body dementia; AIDS dementia; mild cognitive impairments; age-associated memory impairments; cognitive impairments and/or dementia associated with neurologic and/or psychiatric conditions, including epilepsy, brain tumors, brain lesions, multiple sclerosis, Down's syndrome, Rett's syndrome, progressive supranuclear palsy, frontal lobe syndrome, and schizophrenia and related psychiatric disorders; cognitive impairments caused by traumatic brain injury, post coronary artery by-pass graft surgery, electroconvulsive shock therapy, and chemotherapy, by administering a therapeutically effective amount of at least one of the cholinesterase inhibitor compounds described herein. The invention also describes novel methods for treating and preventing delirium, Tourette's syndrome, myasthenia gravis, attention deficit hyperactivity disorder, autism, dyslexia, mania, depression, apathy, and myopathy associated with or caused by diabetes by administering a therapeutically effective amount of at least one of the cholinesterase inhibitor compounds described herein. The invention also describes novel methods for delaying the onset of Alzheimer's disease, for enhancing cognitive functions, for treating and preventing sleep apnea, for alleviating tobacco withdrawal syndrome, and for treating the dysfunctions of Huntington's Disease by administering a therapeutically effective amount of at least one of the cholinesterase inhibitor compounds described herein. A preferred cholinesterase inhibitor for use in the methods of the invention is donepezil hydrochloride or ARICEPT.RTM.. ... Novel cholinesterase inhibitors are described in U.S. Pat. No. 4,895,841 and WO 98/39000, the disclosures of which are incorporated by reference herein in their entirety. The cholinesterase inhibitors described in U.S. Pat. No. 4,895,841 include donepezil hydrochloride or ARICEPT.RTM., which has proven to be a highly successful drug for the treatment of Alzheimer's disease. ... There is a need in the art for new and improved treatments for other diseases, disorders, and syndromes that are characterized by symptoms of dementia and/or cognitive impairments. The invention is directed to these, as well as other, important ends.

Web site: http://www.delphion.com/details?pn=US06458807__

- **Methylphenidate modified release formulations**

  Inventor(s): Bettman; Marie J. (Clayton, OH), Venkatesh; Gopi M. (Dayton, OH), Percel; Phillip J. (Troy, OH), Vishnupad; Krishna S. (Dayton, OH), Hensley; Dan L. (Huber Heights, OH)

  Assignee(s): Eurand America, Inc. (Vandalia, OH)

  Patent Number: 6,344,215

  Date filed: October 27, 2000

  Abstract: A pharmaceutical MR (modified release) multiparticulate dosage form such as a capsule (once-a-day MR Capsule) of Methylphenidate indicated for the treatment of children with attention deficit hyperactivity disorder (ADHD), capable of delivering a portion of the dose for rapid onset of action and the remainder of the dose in a

controlled manner for about 12 hours, is composed of a multitude of multicoated particles made of two populations of drug layered beads, IR (immediate release) and ER (extended release) Beads. The IR beads preferably are made by layering an aqueous solution comprising a drug and a binder on to non-pareil sugar spheres and then applying a seal coat to the drug coated cores. The ER Beads are made by applying an extended release coating of a water insoluble dissolution rate controlling polymer such as ethylcellulose to IR Beads. The MR Capsules are manufactured by filling IR and ER Beads in a proper ratio; the dose and the ratio required for an efficacious, cost effective and patient compliant treatment of children with ADHD were determined from extensive clinical investigations and in vitro- in vivo correlations performed as per FDA Guidelines, Guidance for Industry: Extended Release Oral Dosage Forms.

Excerpt(s): Methylphenidate Hydrochloride, a scheduled II controlled substance, is currently marketed as a mild central nervous system (CNS) stimulant and the drug of choice for treatment of ADD and ADHA in children. The drug is well absorbed throughout the gastrointestinal tract. However, it has an extremely short half-life, which necessitates a multi-dose treatment regimen for conventional (immediate release) dosage forms such as currently available 5, 10, and 20 mg tablets. Due to high C.sub.max, oral administration of 10 and 20 mg Ritalin.RTM. is reported to result in notable side effects such as anorexia, weight loss, dizziness, etc. Furthermore, it requires the hyperactive children to be dosed in school thus causing hardship to school authorities as well as parents. The drawback of methylphenidate is that it also produces a euphoric effect when administered intravenously or through inhalation, thus presenting a high potential for substance abuse. Sustained release formulations for once-a-day dosing, such as 20 mg Ritalin SR.RTM. tablets currently available from Novartis and Geneva (generic version), were developed with the objective of providing efficacy for 8 hours, thereby improving compliance and reducing the incidence of diversion. However, there are reports which strongly suggest that the sustained release formulations exhibit a slower onset of action/efficacy compared to the immediate release dosage forms (W.E. Pelham et al., "Sustained Release And Standard Methylphenidate Effects On Cognitive And Social Behavior In Children With Attention Deficit Disorder," Pediatrics, Vol. 80, pp 491-501 (1987)). ... Recently, OROS.RTM. (methylphenidate HCl) has been approved by FDA. It is a new osmotic controlled release once-a-day oral dosage form with a drug overcoat, that is designed to deliver a portion of the dose for rapid onset of action and deliver the remainder of the dose in a controlled manner for about 10 hours. The manufacturing cost of this complicated dosage form is expected to be very high and hence resulting in a high cost of treatment. Hence, there is a dire need to develop modified release dosage forms with moderate cost of goods and having not only a rapid onset of action but also with a significantly longer duration of action. ... U.S. Pat. No. 5,908,850 assigned to Celgene Corporation discloses a method for treating children with the above disability to be treated using a sustained release dosage form containing d-threo-methylphenidate or pharmaceutically acceptable salts thereof thus minimizing hyperactivity and side effects. However, it does not address how it avoids dosing in school, thereby minimizing potential drug abuse.

Web site: http://www.delphion.com/details?pn=US06344215__

- **Modular microprocessor-based diagnostic measurement apparatus and method for psychological conditions**

  Inventor(s): Brown; Stephen James (Palo Alto, CA)

  Assignee(s): Health Hero Network, Inc. (Mt. View, CA)

  Patent Number: 5,828,943

  Date filed: April 16, 1997

  Abstract: A method and modular apparatus for diagnostic assessment of psychological conditions which employs a compact microprocessor-based unit such as a video game. In accordance with the invention, the microprocessor-based unit is programmed to produce a video display that prompts a patient or user to interactively operate one or more switches. Information recorded during an interactive diagnostic assessment procedure is analyzed to provide a doctor or other health care professional with information that is helpful to determine whether clinical therapy and/or medication may be required. The disclosed embodiment of the invention relates to diagnostic assessment of Attention Deficit Hyperactivity Disorder and Attention Deficit Disorder with a game-like video display being used to obtain a measure of various neuropsychologic indicia of attention.

  Excerpt(s): This invention relates to apparatus and methods for diagnostic assessment of psychological conditions that enable a patient or user to collect important diagnostic measures of psychological conditions or behavior for transmittal to and analysis by a health care professional. ... The traditional method of diagnosing and assessing psychological conditions involves periodic clinical sessions in which a clinician attempts to obtain insights of a patient's condition by conducting interviews and, in some cases, conducting tests. This traditional method of psychological testing and evaluation is often very lengthy and, as a result, costly. Moreover, many psychological conditions and behavior patterns are not easily diagnosed during a series of routine clinical visits because the condition or behavior is situation-dependent and, thus, may not be observable in a clinical setting. Further, the manifestations or behavior patterns of certain disorders are heterogeneous in nature, which complicates identification and diagnosis. Specifically, where a high degree of heterogeneity is present, standardized and normalized diagnostic measures intended to identify a particular or preferred regimen of therapy often do not exist. Under such conditions, the identification and diagnosis of a psychological condition or behavior pattern becomes very subjective, often resulting in an even larger number of diagnostic clinical sessions and higher costs. Lower rates of diagnostic accuracy and efficacy also result. ... Many people suffering from psychological disorders are unable to obtain clinical assistance because of the high cost of diagnosis and treatment. Further, even where cost is not of a major deterrent, many people lose confidence in the clinical procedure and cease attending clinical sessions when diagnostic assessment becomes difficult and lengthy. Difficulties can be encountered even by patients that persevere. Between their periodic clinical visits, they usually are left on their own with no encouragement or treatment.

  Web site: http://www.delphion.com/details?pn=US05828943__

- **Pharmaceutical agents for the treatment of Parkinson's disease, ADHD and microadenomas**

  Inventor(s): Zorn; Stevin H. (North Stonington, CT), Jackson; Elisa R. (Norwich, CT), McLean; Stafford (Stonington, CT)

  Assignee(s): Pfizer Inc (New York, NY)

  Patent Number: 6,608,064

  Date filed: May 3, 2001

  Abstract: The present invention is directed to the use of certain pyrido[1,2-a]-pyrazine derivatives, also described as bis-azabicyclic compounds and defined by the formula (I) herein, in the treatment of Parkinson's disease, attention deficit hyperactivity disorder and microadenomas in mammals, and to related compositions.

  Excerpt(s): The present invention is directed to the use of certain pyrido[1,2-a]-pyrazine derivatives, also described as bis-azabicyclic compounds, in the treatment of Parkinson's disease, attention deficit hyperactivity disorder ("ADHD") and microadenomas in mammals, including humans. It is also directed to the use of a dopamine-2 (D2) receptor agonist in combination with a serotonin-1A (5HT.sub.1A) receptor agonist for the treatment for Parkinson's Disease. It is also directed to the use of an alpha-2 (.alpha..sub.2) adrenergic receptor ligand in combination with either a D2 receptor agonist or a 5HT.sub.1A receptor agonist for the treatment of ADHD. It is also directed to the use of a D2 receptor agonist in combination with a 5HT.sub.1A receptor agonist for the treatment of ADHD. It is also directed to the use of an alpha-2 (.alpha..sub.2) adrenergic receptor ligand in combination with both a D2 receptor agonist and a 5HT.sub.1A receptor agonist for the treatment of ADHD. ... Serotonin plays a role in several psychiatric disorders, including anxiety, Alzheimer's disease, depression, nausea and vomiting, eating disorders, and migraine. (See Rasmussen et al., "Chapter 1. Recent Progress in Serotonin (5HT).sub.1A Receptor Modulators", in Annual Reports in Medicinal Chemistry, Section I, 30, pp. 1-9, 1995, Academic Press, Inc.; Antigas et al., Trends Neurosci., 19 (9), 1996, pp. 378-383; and Wolf et al., Drug Development Research, 40, 1997, pp. 17-34.) Serotonin also plays a role in both the positive and negative symptoms of schizophrenia. (See Sharma et al., Psychiatric Annals., 26 (2), February, 1996, pp. 88-92.) Serotonin 1A receptor agonists have been shown to increase prefrontal cortex dopamine (DA) release. See Wedzony et al., Eur. J. Pharmacol., 305: 73-78 (1996). Buspirone, a 5HT.sub.1A receptor agonist, has been shown to be efficacious in treating a variety of symptoms associated with ADHD. Serotonin 1A receptor agonists have also been shown to reverse neuroleptic induced dystonia in nonhuman primates, a condition that mimics symptoms of human Parkinson's disease. See Casey, D. E., Neuropsychopharmacol., 10:370S (1994). ... Symptoms associated with ADHD have been shown to be relieved by catecholamine releasing drugs such as methylphenidate, and by postsynaptic .alpha.2 adrenergic receptor agonists such as clonidine. Also, presynaptic .alpha.2 adrenergic receptor antagonists have been shown to increase norepinephrine (NE) release.

  Web site: http://www.delphion.com/details?pn=US06608064__

- **Pharmaceutically active morpholinol**

  Inventor(s): Partridge; John Joseph (Chapel Hill, NC), Musso; David Lee (Raleigh, NC), Morgan; Phillip Frederick (Apex, NC)

  Assignee(s): SmithKline Beecham Corporation (Philadelphia, PA)

  Patent Number: 6,391,875

  Date filed: June 22, 2001

  Abstract: Disclosed is the compound (+)-(2S,3S)-2-(3-chlorophenyl)-3,5,5-trimethyl-2-morpholinol and pharmaceutically acceptable salts and solvates thereof, pharmaceutical compositions comprising them; also disclosed is a method of treating depression, attention deficit hyperactivity disorder (ADHD), obesity, migraine, pain, sexual dysfunction, Parkinson's disease, Alzheimer's disease, or addiction to cocaine or nicotine-containing (especially tobacco) products using such compound, salts, solvates or compositions.

  Excerpt(s): This invention relates to an optically pure morpholinol, pharmaceutical formulations containing it and processes for their preparation and use. ... Bupropion is extensively metabolized in man as well as laboratory animals. Urinary and plasma metabolites include biotransformation products formed via hydroxylation of the tert-butyl group and/or reduction of the carbonyl group of bupropion. Four basic metabolites have been identified. They are the erythro- and threo-amino alcohols of bupropion, the erythro-amino diol of bupropion, and a morpholinol metabolite. These metabolites of bupropion are pharmacologically active, but their potency and toxicity relative to bupropion have not been fully characterized. Because the plasma concentrations of the metabolites are higher than those of bupropion, they may be of clinical importance. ... It has now been discovered that despite the (-) form of the morpholinol metabolite predominating in human plasma samples, it is the (+) enantiomer, (+)-(2S, 3S)-2-(3chlorophenyl)-3,5,5-trimethyl-2-morpholinol in which the activity resides.

  Web site: http://www.delphion.com/details?pn=US06391875__

- **Quantitative electroencephalographic (QEEG) process and apparatus for assessing attention deficit hyperactivity disorder**

  Inventor(s): Monastra; Vincent J. (927 S. Pines Dr., Endwell, NY 13760), Lubar; Joel F. (6423 Deane Hill Dr., Knoxville, TN 37919)

  Assignee(s): none reported

  Patent Number: 6,097,980

  Date filed: December 24, 1998

  Abstract: A simplified, quantitative electroencephalographic (QEEG) technique and apparatus for testing and assessing individuals for Attention Deficit Hyperactivity Disorder (ADHD) is described. The simplified procedure and apparatus is consistent with emerging neuroanatomical models of the etiology of ADHD, makes the testing affordable to the public, and allows for practitioners to conduct the testing on an outpatient basis within their offices. The process comprises a new scanning method that obtains quantitative EEG data from an electrode placed at a single, active cranial site (Cz, the vertex). Multiple short periods (90 seconds) of digitized EEG are obtained. The electrophysiological power in two frequency bands (theta: 4-8 Hz; beta: 13-21 Hz) is

examined. A computer that is programmed with the capacity to conduct a Fast Fourier Transformation selects and statistically analyzes the power in these specific EEG frequency bands. A baseline neurometric index is obtained by calculating the ratio of the electrophysiological power recorded within the theta band by that recorded in the beta band while the individual maintains an eyes open, fixed gaze. Thereafter, the individual being tested for ADHD is evaluated under conditions requiring attentive behavior (reading, listening, drawing). A theta/beta power ratio is calculated for each of these tasks. Finally, an average of the power ratios across the baseline, reading, listening and drawing tasks is calculated and an Attentional Index is obtained and compared to a database obtained through the evaluations of a normative sample of individuals not having ADHD or any other neurological disorder. The assessment of the presence and severity of ADHD is determined from this comparison.

Excerpt(s): The present invention relates to the diagnosis of individuals with Attention-Deficit Hyperactivity Disorder (ADHD) and, more specifically, to a simplified quantitative electroencephalographic (QEEG) process for assessing such patients. ... Attention Deficit Hyperactivity Disorder (ADHD) is a psychiatric disorder that has been characterized historically by the behavioral symptoms of inattention, impulsivity and hyperactivity. Estimates of the prevalence of this disorder range from five to fifteen percent of the school-aged population, making ADHD the most commonly diagnosed childhood psychiatric disorder [1]. The disorder occurs more commonly in males than in females, with ratios ranging from 4:1 to 9:1 [2]. Onset of the condition typically occurs prior to age seven. ... Despite the prevalence of ADHD, there are no current laboratory measures considered useful in the diagnosis of ADHD [1, 2, 3]. Nevertheless, although there are no reliable tests to evaluate the assumed neurophysiological foundation of this disorder, stimulant medications like Ritalin, Adderall, Dexedrine and Cylert are routinely prescribed to millions of American children [1]. Adverse side effects including decreased appetite, insomnia, anxiety, irritability, and affective lability have been reported to occur in approximately 50% of the patients [4] with stomachaches and headaches reported in one third of the patients. In addition, estimates of the percentage of children responding to medication has been reported to be as low as 55-65% for children diagnosed with ADHD, Inattentive Type and 70-90% for ADHD, Combined Type [1]. A recently published review of studies of stimulant therapies [5] concluded that no positive clinical response was noted in 25 to 40% of the patients.

Web site: http://www.delphion.com/details?pn=US06097980__

- **Technique for diagnosing attention deficit hyperactivity disorder**

Inventor(s): Blazey; Richard N. (Penfield, NY), Parks; Peter A. (Topeka, KS), Patton; David L. (Webster, NY), Miller; Paige (Rochester, NY)

Assignee(s): Eastman Kodak Company (Rochester, NY)

Patent Number: 6,565,518

Date filed: May 25, 2001

Abstract: A method for determining a threshold value of a parameter used to determine whether an individual has Attention Deficit Hyperactivity Disorder (ADHD). The method includes: providing a group of individuals a segment of which is known to have ADHD and a segment of which is known to be normal and not have ADHD; testing each individual in the group by sampling the peripheral skin temperature of the individual during a pre-determined time interval when the individual is in an inactive state to provide sampled peripheral skin temperature data, and analyzing the sampled

peripheral skin data to produce a parameter value for that individual. The method further includes: processing the individual parameter values for all of the members of the group to determine a threshold parameter value which is acceptable for determining whether or not an individual has ADHD when tested by the testing procedure.

Excerpt(s): This invention relates in general to a technique for diagnosing Attention Deficit Hyperactivity Disorder (ADHD) and more particularly to a technique for measuring an individual's peripheral temperature to determine values indicative of ADHD. ... 1. The eye problem called convergence insufficiency was found to be three times more common in children with ADHD than in other children by University of California, San Diego researchers. ... 2. Infrared tracking to measure difficult-to-detect movements of children during attention tests combined with functional MRI imaging of the brain were used by psychiatrists at McLean Hospital in Belmont, Mass. to diagnose ADHD in a small group of children (Nature Medicine, Vol. 6, No. 4, April 2000, Pages 470-473).

Web site: http://www.delphion.com/details?pn=US06565518__

- **Treatments for nervous disorders**

Inventor(s): Fong Wong; Erik Ho (Portage, MI), Taylor; Duncan Paul (Kalamazoo, MI), Hassan; Fred (Bridgewater, NJ), McCall; John Michael (Kalamazoo, MI), Von Voigtlander; Philip F. (Plainwell, MI)

Assignee(s): Pharmacia & Upjohn Company (Kalamazoo, MI)

Patent Number: 6,586,427

Date filed: August 13, 2001

Abstract: This patent application describes the treatment of Addictive disorders, Psychoactive Substance Use disorders, Intoxication disorders, Inhalation disorders, Alcohol addiction, Tobacco addiction and or Nicotine addiction; and Attention Deficit Hyperactivity Disorder (ADHD); comprising administering a therapeutically effective, nontoxic dose of Reboxetine and derivatives and or pharmaceutically acceptable salts thereof to a patient.

Excerpt(s): This invention describes new treatments for several nervous system disorders, including: Addictive Disorders, Psychoactive Substance Use Disorders, Nicotine Addiction or Tobacco Addiction resulting in Smoking Cessation and Attention Deficit Hyperactivity Disorder (ADHD). The treatment involves the administration of the drug Reboxetine to a patient in need. ... The introduction of tricyclic antidepressants in the early 1960s has provided a major advance in the treatment of neuropsychiatric disorders. Reactive and endogenous depressions, diagnoses formerly carrying grave prognostic implications, have become, with the introduction of the tricyclics, manageable disorders with a much smaller toll on the patient and the society as a whole. Electroconvulsive Shock Therapy once the only efficacious treatment in spite of its highly invasive nature, has now become, thanks to tricyclics, an obsolete form of treatment in most Countries. ... The early tricyclic compounds were reuptake inhibitors of all the catecholamines released in the synaptic cleft, thus resulting in prolongation and enhancement of the dopamine (DA), noradrenaline (NA) and serotonin (5-hydroxytryptamine=5-HT) action. Desipramine, for example, has been characterized as "one of the most studied of the tricyclic anti-depressants in ADHD children and adolescents." T. E. Wilens, et al. Am. J. Psychiatry 153:1147-1153, 1148 (1996). It has also been considered as a treatment for the disease in adults. Id. Unfortunately, a lack of

selectivity for most tricyclics, including desipramine can also cause undesired side effects particularly on the acetylcholine (especially the muscarinic component), and histamine mediated neurotransmission.

Web site: http://www.delphion.com/details?pn=US06586427__

Patent Applications on Attention Deficit Hyperactivity Disorder

As of December 2000, U.S. patent applications are open to public viewing.[10] Applications are patent requests which have yet to be granted. (The process to achieve a patent can take several years.) The following patent applications have been filed since December 2000 relating to attention deficit hyperactivity disorder:

- **Compositions including modafinil for treatment of attention deficit hyperactivity disorder and multiple sclerosis fatigue**

  Inventor(s): Miller, Matthew S. ; (Newtown, PA), Scammell, Thomas E. ; (Wellesley, MA)

  Correspondence: Cephalon, Inc.; 145 Brandywine Parkway; West Chester; PA; 19380; US

  Patent Application Number: 20030069313

  Date filed: October 30, 2002

  Abstract: Modafinil is effective in improving symptoms of attention deficit hyperactivity disorder and symptoms of multiple sclerosis fatigue. The administration of modafinil is also shown to activate the tuberomamillary neurons of the posterior hypothalamus, and thus exhibits activity in an area of the brain associated with normal wakefulness functions.

  Excerpt(s): The present invention is related to the fields of neuropharmacological agents, including agents that are useful in the treatment of attention deficit hyperactivity disorder and multiple sclerosis associated fatigue. ... Attention-deficit/hyperactivity disorder (ADHD) is a chronic neuropsychiatric disorder in children that is characterized by developmentally inappropriate hyperactivity, impulsivity, and inattention. ADHD is estimated to affect 3%-5% of school-age children. Historically ADHD was thought not to continue beyond adolescence; however, current research suggests that ADHD persists into adulthood in 10% to 60% of childhood-onset cases. ADHD persistence is associated with a high incidence of academic and occupational dysfunction, as well as a high incidence of psychiatric comorbidity (e.g., conduct, major depressive, and anxiety disorders). It is estimated that approximately 1% to 3% of adults have symptoms of ADHD. Adults with ADHD have a pattern of demographic, psychosocial, psychiatric, and cognitive features that mirrors well-documented findings among children with the disorder. This further supports the validity of the diagnosis for adults. The core ADHD symptoms in adults include a frequent and persistent pattern of inattention/distractibility and/or hyperactivity-impulsivity. The most common symptoms exhibited in ADHD adults are marked inattention, poor concentration, easy distractibility, day dreaming, forgetfulness and a frequent shift in activities. ADHD adults also report marked impulsivity, intrusiveness, low frustration/stress tolerance, temper tantrums, irritability, and extreme impatience. Less commonly reported symptoms in adults include hyperactivity, which may be confined to fidgeting, or an

[10] This has been a common practice outside the United States prior to December 2000.

inward feeling of jitteriness or restlessness. In addition to the core ADHD symptoms, adults with ADHD often exhibit associated clinical characteristics such as boredom, social inappropriateness, and chronic conflicts in social situations. These features may be responsible for the high incidence of: (1) separation and divorce and (2) poor academic performance and occupational achievement that exist despite adequate intellectual abilities. In addition, adults with ADHD have a high incidence of substance abuse disorders. ... While the pathogenesis of ADHD remains unclear, alterations in the dopaminergic and noradrenergic functions appear to be the neurochemical basis for the disorder. Brain positron emission tomography in adults with ADHD have revealed alterations in glucose metabolism in areas of the cerebral cortex that are involved with attention and motor activity, like the frontal lobe. The most common treatment for both adult and pediatric ADHD is stimulants (e.g., dextroamphetamine, methylphenidate, and pemoline). Stimulants are thought to work by increasing the amount of dopamine available in the synapses of the neuron. The stimulants appear to do this in multiple cerebral anatomical locations. Other therapies that have been used include: antidepressants (e.g., tricyclic antidepressants such as imipramine and desipramine; novel antidepressants such as buproorion and venlafaxine), antihypertensives (e.g., clonidine and guanfacine), monoamine oxidase inhibitors ([MAO's], e.g., selegiline), amino acids (e.g., levodopa, phenylalanine, and L-tyrosine), and combined pharmacotherapies (e.g., concurrent use of a serotonin-selective reuptake inhibitor and a stimulant medication; or a stimulant and catelcholaminergic antidepressant regimen) (Bhandary et al., Psychiatric Annals 27:545-555, 1997; Wilens et al., J. Clin. Psychopharmacol. 15:270-279, 1995; Finkel, The Neurologist 3:31-44, 1997; Miller and Catellanos, Pediatrics in Review 19:373-384, 1998).

Web site: http://appft1.uspto.gov/netahtml/PTO/search-bool.html

- **Dopamine D4 receptor antagonists as treatment for attention deficit-hyperactivity disorder**

  Inventor(s): Zhang, Kehong ; (Waltham, MA), Tarazi, Frank I. ; (Woburn, MA), Baldessarini, Ross J. ; (Newton, MA)

  Correspondence: CLARK & ELBING LLP; 101 FEDERAL STREET; BOSTON; MA; 02110; US

  Patent Application Number: 20020187920

  Date filed: March 12, 2002

  Abstract: A method of inhibiting motor hyperactivity in a mammal exhibiting the symptoms of attention deficit-hyperactivity disorder (ADHD) includes administering to a mammal a dopamine D.sub.4 receptor-selective antagonist.

  Excerpt(s): This application claims benefit of provisional application U.S. Ser. No. 60/275,198, filed Mar. 12, 2001, herein incorporated by reference. ... The invention relates to the role of dopamine D.sub.4 receptors in behavioral hyperactivity. In particular, it relates to treatments and therapies for inhibiting motor hyperactivity and attentional dysfunction associated with attention deficit-hyperactivity disorder (ADHD). ... Attention deficit-hyperactivity disorder (ADHD) is a prevalent neuropsychiatric syndrome that affects 2%-5% of school-aged boys, an uncertain proportion of girls, and some adults. See R. A. Barkley, Attention Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment (Guilford Press, New York, 1990). ADHD is characterized by excesses of hyperactive, inattentive and impulsive behavior. For several decades, the primary treatment available has been with psychostimulants for dopamine-enhancing

effects, such as methylphenidate (Ritalin.RTM.) and amphetamines. Clinical use of these drugs is unsatisfactory owing to their short-lived benefits, risk of impaired sleep and appetite, of abnormal movements, and of abuse and illicit trade. See Goldman et al., JAMA, 279:1100 (1998).

Web site: http://appft1.uspto.gov/netahtml/PTO/search-bool.html

- **Method of profiling genes as risk factors for attention deficit hyperactivity disorder**

  Inventor(s): Comings, David E. ; (Duarte, CA)

  Correspondence: ROTHWELL, FIGG, ERNST & MANBECK, P.C.; 555 13TH STREET, N.W.; SUITE 701, EAST TOWER; WASHINGTON; DC; 20004; US

  Patent Application Number: 20020045171

  Date filed: April 5, 2001

  Abstract: The present invention relates to methods of profiling candidate genes as risk factors for attention deficit hyperactivity disorder, oppositional defiant disorder and conduct disorder. In one embodiment, the invention relates to a method of determining a genetic predisposition of a subject to ADHD, comprising detecting at least one allele from the group comprising the TPH, PNMT, ADO42A, NOS3, and NAT1 genes. By focusing on the additive effect of multiple genes and on the cumulative effect of functionally related groups of genes, a powerful approach is provided for the dissection of the genetic basis of ADHD, ODD and CD.

  Excerpt(s): This application is related to provisional application Serial No. 60/195,312, filed Apr. 10 , 2000, which is incorporated herein by reference. ... Attention deficit hyperactivity disorder is the most common behavioral disorder affecting children. Recent twin studies have indicated that 75 to 90 percent of the variance of ADHD is attributable to additive genetic factors (Stevenson 1992; Stevenson 1993; Sherman et al. 1997a; Sherman et al. 1997b, Gillis et al. 1992; and Hudziak et al. 1997). The publications and other materials used herein to illuminate the background of the invention or provide additional details respecting its practice, are incorporated by reference, and for convenience are respectively grouped in the appended Lists of References. Some of the specific genes involved are just beginning to be identified. They include the dopamine D.sub.2 receptor (DRD2) (Comings et al. 1991; 1996a), dopamine D.sub.4 receptor (DRD4) (Lahoste et al. 1996; Swanson et al. 1998; Rowe et al. 1998; Faraone et al. 1998), dopamine D.sub.5 receptor (DRD5) (Daly et al. 1999), dopamine transporter (DAT1) (Cook et al. 1995; Comings et al. 1996a; Gill et al. 1997; Waldman et al. 1996; Daly et al. 1999), dopamine .beta.-hydroxylase (Comings et al. 1996a; Daly et al. 1999), adrenergic .alpha.2A (Comings et al. 1999a), adrenergic .alpha.2C (Comings et al. 1999b), and monoamine oxidase A (Comings et al. 1999a). Some studies for these genes have been negative (Lau et al. 1997). ... Most complex behavioral disorders are inherited as polygenic traits interacting with the environment. A major characteristic of polygenic inheritance is that multiple genes are involved with each gene contributing a small effect. The effects can be additive, heterotic (over-dominant) or epistatic. While numerous examples of epistasis have been reported, the additive effects and heterotic effects are considered to be predominant (Falconer 1981; Loehlin 1992; Lynch 1998). A phenotypic effect is obtained when an individual inherits enough of these genes to exceed a threshold that puts them at increased risk of expressing a given trait (Falconer 1965). The major implications of such a model are that studies that examine one gene at a time provide an incomplete picture, and tend to produce a series of both successful and unsuccessful attempts at replication. The present study is based on the assumption

that the most effective way to identify the individual genes and groups of genes for disorders that are due to the additive effect of multiple genes is to study the additive effect of multiple candidate genes.

Web site: http://appft1.uspto.gov/netahtml/PTO/search-bool.html

- **Pharmaceutical composition for the treatment of attention deficit hyperactivity disorder (ADHD)**

  Inventor(s): Coe, Jotham Wadsworth ; (Niantic, CT), Harrigan, Edmund Patrick ; (Old Lyme, CT), Sands, Steven Bradley ; (Stonington, CT), Watsky, Eric Jacob ; (Stonington, CT), O'Neill, Brian Thomas ; (Old Saybrook, CT)

  Correspondence: Paul H. Ginsburg; Pfizer Inc.; 235 East 42nd Street, 20th Floor; New York; NY; 10017-5755; US

  Patent Application Number: 20020016334

  Date filed: May 25, 2001

  Abstract: Pharmaceutical compositions are disclosed for the treatment of attention deficit hyperactivity disorder (ADHD). The pharmaceutical compositions are comprised of a therapeutically effective combination of a nicotine receptor partial agonist and an anti-ADHD agent and a pharmaceutically acceptable carrier. The method of using these compounds is also disclosed.

  Excerpt(s): The present invention relates to pharmaceutical compositions for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in a mammal (e.g. human) comprising a nicotine receptor partial agonist (NRPA) in combination with one of the following: an alpha-1 (.alpha.1) adrenergic receptor ligand, an alpha-2(.alpha.2) adrenergic receptor ligand, a D.sub.2 receptor agonist, a 5HT.sub.1A receptor agonist, a cholinesterase inhibitor, or a norepinephrine re-uptake inhibitor (NERUI). The term NRPA refers to all chemical compounds which bind at neuronal nicotinic acetylcholine specific receptor sites in mammalian tissue and elicit a partial agonist response. A partial agonist response is defined here to mean a partial, or incomplete functional effect in a given functional assay. Additionally, a partial agonist will also exhibit some degree of antagonist activity by its ability to block the action of a full agonist (Feldman, R. S., Meyer, J. S. & Quenzer, L. F. Principles of Neuropsychopharmacology, 1997; Sinauer Assoc. Inc.). The present invention may be used to treat mammals (e.g. humans) for ADHD. ... Evidence in the literature suggests that nicotine may improve attentiveness (for review, see Levin, E., Psychopharmacology 108:417-431, 1992). In animal studies, nicotine can reverse deficits in working memory in brain-lesioned rats (Levin et al., Cognitive Brain Research 1:137-143, 1993) and also improves performance on serial choice tasks which are thought to partially model symptoms of ADHD (Muir, et al., Psychopharmacology 118;82-92, 1995). In humans, nicotine significantly improves clinical ADHD symptoms as measured by the Clinical Global Impression scale (Levin, et al., Psychopharmacology 123:55-63, 1996). Thus nicotinic agents may have therapeutic utility in the treatment of ADHD. ... wherein the active agents "a" and "b" above are present in amounts that render the composition effective in treating Attention Deficit Hyperactivity Disorder (ADHD).

  Web site: http://appft1.uspto.gov/netahtml/PTO/search-bool.html

- **Technique for diagnosing attention deficit hyperactivity disorder using complimentary tests**

  Inventor(s): Patton, David L. ; (Webster, NY), Miller, Paige ; (Rochester, NY), Parks, Peter A. ; (Topeka, KS), Blazey, Richard N. ; (Penfield, NY), Keirsbilck, Richard S. ; (Rochester, NY),

  Correspondence: Paul T. Clark; Clark & Elbing LLP; 101 Federal Street; Boston; MA; 02110; US

  Patent Application Number: 20030158496

  Date filed: February 14, 2002

  Abstract: A method of determining threshold values, subsequently used to determine whether an individual has Attention Deficit Hyperactivity Disorder (ADHD) comprising: providing a group of subjects a segment of which is know to have ADHD and a segment known to not have ADHD; testing each subject in the group by: (a) sampling the peripheral skin temperature of left and right like extremities during a predetermined time interval when the subject is in a sensory deprived state to provide respective left and right sampled peripheral skin temperature data; (b) processing the sampled peripheral skin temperature data, including filtering, differentiation, and conversion to the frequency domain to derive spectral signatures having magnitude values; and (c) final processing of spectral signatures for all of the subjects of the group to determine threshold values which are complimentarily effective for determining whether or not an individual has ADHD when tested by said testing method.

  Excerpt(s): This invention relates in general to a technique for diagnosing Attention Deficit Hyperactivity Disorder (ADHD) and more particularly to a technique for measuring and objectively analyzing an individual's peripheral temperature variability to determine values indicative of ADHD. ADHD is the most common neurobehavioral disorder of childhood as well as among the most prevalent health conditions affecting school-aged children. Between 4% and 12% of school age children (several millions) are affected. $3 billion is spent annually on behalf of students with ADHD. Moreover, in the general population, 9.2% of males and 2.9% of females are found to have behavior consistent with ADHD. Upwards of 10 million adults may be affected. Upwards of 10 million adults may be affected. ADHD is a difficult disorder to diagnose. The core symptoms of ADHD in children include inattention, hyperactivity, and impulsivity. ADHD children may experience significant functional problems, such as school difficulties, academic underachievement, poor relationships with family and peers, and low self-esteem. Adults with ADHD often have a history of losing jobs, impulsive actions, substance abuse, and broken marriages. ADHD often goes undiagnosed if not caught at an early age and affects many adults who may not be aware of the condition. ADHD has many look-alike causes (family situations, motivations) and co-morbid conditions (depression, anxiety, and learning disabilities) are common.

  Web site: http://appft1.uspto.gov/netahtml/PTO/search-bool.html

- **Treatment for attention-deficit hyperactivity disorder**

  Inventor(s): Brunner, Daniela ; (Riverdale, NY), Goodman, Daniel W. ; (Riverside, CT)

  Correspondence: MORGAN & FINNEGAN, L.L.P.; 345 Park Avenue; New York; NY; 10154-0053; US

  Patent Application Number: 20030050308

  Date filed: July 19, 2002

  Abstract: A method for treating Attention Deficit/Hyperactivity Disorder (ADHD) in humans and the symptoms associated therewith, inattentiveness, and hyperactivity with impulsivity, using eltoprazine and related compounds is provided.

  Excerpt(s): The present invention is directed to a novel method of treating Attention-Deficit/Hyperactivity Disorder ("ADHD"). This invention also relates to improving cognitive functioning. ... Attention-Deficit/Hyperactivity Disorder (ADHD) is a behavior disorder characterized by problems with control of attention and hyperactivity-impulsivity. The attentional difficulties and impulsivity associated with ADHD have been persuasively documented in laboratory investigations using cognitive tasks. Although these problems typically present together, one may be present without the other to qualify for a diagnosis (Am. Psychiatric Assoc. Diagnostic and Statistical Manual of Mental Disorders, 4.sup.th Ed., Text Revision, 2000) (DSM-IV-TR). Generally, attention deficit or inattention becomes apparent when a child enters elementary school. A modified form of the disorder can persist into adulthood (Am. Psychiatric Assoc. Diagnostic and Statistical Manual of Mental Disorders, 3.sup.rd Ed., 1987). With respect to the attention component, the child is easily distracted by outside stimuli, neglects finishing tasks, and has difficulty maintaining attention. Regarding the activity component, the child is often fidgety, impulsive, and overactive. The symptoms of ADHD may be apparent as young as preschoolers and are virtually always present prior to the age of 7 (Halperin et al., J. Am. Acad. Child Adolescent Psychiatry, 32:1038-1043, 1993). ... According to the DSM-IV-TR, diagnostic criteria for Attention-Deficit/Hyperactivity Disorder relate to symptoms associated with inattention and/or hyperactivity-impulsivity. Three subtypes of ADHD are diagnosed based on the predominant symptoms presented.

  Web site: http://appft1.uspto.gov/netahtml/PTO/search-bool.html

Keeping Current

In order to stay informed about patents and patent applications dealing with attention deficit hyperactivity disorder, you can access the U.S. Patent Office archive via the Internet at the following Web address: **http://www.uspto.gov/patft/index.html**. You will see two broad options: (1) Issued Patent, and (2) Published Applications. To see a list of issued patents, perform the following steps: Under “Issued Patents,” click “Quick Search.” Then, type “attention deficit hyperactivity disorder” (or synonyms) into the “Term 1” box. After clicking on the search button, scroll down to see the various patents which have been granted to date on attention deficit hyperactivity disorder.

You can also use this procedure to view pending patent applications concerning attention deficit hyperactivity disorder. Simply go back to **http://www.uspto.gov/patft/index.html**.

Select “Quick Search” under “Published Applications.” Then proceed with the steps listed above.

CHAPTER 7. BOOKS ON ATTENTION DEFICIT HYPERACTIVITY DISORDER

Overview

This chapter provides bibliographic book references relating to attention deficit hyperactivity disorder. In addition to online booksellers such as **www.amazon.com** and **www.bn.com**, excellent sources for book titles on attention deficit hyperactivity disorder include the Combined Health Information Database and the National Library of Medicine. Your local medical library also may have these titles available for loan.

Book Summaries: Federal Agencies

The Combined Health Information Database collects various book abstracts from a variety of healthcare institutions and federal agencies. To access these summaries, go directly to the following hyperlink: **http://chid.nih.gov/detail/detail.html**. You will need to use the "Detailed Search" option. To find book summaries, use the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer. For the format option, select "Monograph/Book." Now type "attention deficit hyperactivity disorder" (or synonyms) into the "For these words:" box. You should check back periodically with this database which is updated every three months. The following is a typical result when searching for books on attention deficit hyperactivity disorder:

- **Attention-Deficit Hyperactivity Disorder: What Every Parent Wants to Know. 2nd ed**

  Source: Baltimore, MD: Paul H. Brookes Publishing Co. 2000. 304 p.

  Contact: Available from Paul H. Brookes Publishing Co. P.O. Box 10624, Baltimore, MD 21285. (800) 638-3775. Fax (410) 337-8539. Website: www.brookespublishing.com. PRICE: $21.95 plus shipping and handling. ISBN: 155766398X.

  Summary: This book offers parents an overview of attention deficit hyperactivity disorder (ADHD), a disorder that can result in challenging parenting situations. Understanding how ADHD affects children, the ways in which one can parent and teach the children through behavioral management skills, and whether medication treatment is an appropriate option are some of the issues to be considered. The book includes 15 chapters that cover the definition and characteristics of ADHD, causes of ADHD,

diagnosing ADHD by observing behavior, diagnosing ADHD by interviewing, diagnosing ADHD using parent and teacher ratings, diagnosing ADHD from physical, biomedical, laboratory, and mental measures, case examples in assessing children, behavior management to help the child with ADHD, drug therapy for ADHD, ADHD and eligibility for special school services, finding the best school placement, classroom techniques, counseling, case examples in treatment, and financial considerations (for financing treatment). Although it was written with parents in mind, this book may also address concerns of teachers. Much of the information that parents find useful in understanding and living with their child proves valuable for classroom teachers as well. The author cautions that the book can only provide general information; each child or adult with ADHD is an individual and will show different symptoms and respond to different treatments. The book includes sample fictional case examples to reinforce the concepts presented. The book concludes with a list of references and a subject index. 99 references.

Book Summaries: Online Booksellers

Commercial Internet-based booksellers, such as Amazon.com and Barnes&Noble.com, offer summaries which have been supplied by each title's publisher. Some summaries also include customer reviews. Your local bookseller may have access to in-house and commercial databases that index all published books (e.g. Books in Print®). **IMPORTANT NOTE:** Online booksellers typically produce search results for medical and non-medical books. When searching for "attention deficit hyperactivity disorder" at online booksellers' Web sites, you may discover non-medical books that use the generic term "attention deficit hyperactivity disorder" (or a synonym) in their titles. The following is indicative of the results you might find when searching for "attention deficit hyperactivity disorder" (sorted alphabetically by title; follow the hyperlink to view more details at Amazon.com):

- **ADHD Alternatives: A Natural Approach to Treating Attention Deficit Hyperactivity Disorder** by Aviva Jill Romm, et al; ISBN: 1580172482; http://www.amazon.com/exec/obidos/ASIN/1580172482/icongroupinterna
- **Attention Deficit Hyperactivity Disorder** by AMA, American Medical Association; ISBN: 1579470033; http://www.amazon.com/exec/obidos/ASIN/1579470033/icongroupinterna
- **Attention Deficit Hyperactivity Disorder** by Sharyn Neuwirth (1994); ISBN: 0160452570; http://www.amazon.com/exec/obidos/ASIN/0160452570/icongroupinterna
- **Attention Deficit Hyperactivity Disorder (In Adults and Children): The Latest Assessment and Treatment Strategies** by C. Keith Conners, Juliet L. Jett (1999); ISBN: 1887537112; http://www.amazon.com/exec/obidos/ASIN/1887537112/icongroupinterna
- **Attention Deficit Hyperactivity Disorder Kit: Manual and Forms** by James E. Gilliam (1995); ISBN: 9996228576; http://www.amazon.com/exec/obidos/ASIN/9996228576/icongroupinterna
- **Attention Deficit Hyperactivity Disorder: A Practical Guide for Teachers** by Paul Cooper, Katherine M. Bilton; ISBN: 1853467316; http://www.amazon.com/exec/obidos/ASIN/1853467316/icongroupinterna

- **Attention Deficit Hyperactivity Disorder: Diagnosis, Causes and Treatment** by Michael Levin; ISBN: 1581110081; http://www.amazon.com/exec/obidos/ASIN/1581110081/icongroupinterna
- **Attention Deficit Hyperactivity Disorder: Questions & Answers for Parents** by Gregory S. Greenberg, Wade F. Horn (1991); ISBN: 0878223223; http://www.amazon.com/exec/obidos/ASIN/0878223223/icongroupinterna
- **Attention Deficit Hyperactivity Disorder: Recognition, Reality and Resolution** by G. D. Kewley; ISBN: 1853468150; http://www.amazon.com/exec/obidos/ASIN/1853468150/icongroupinterna
- **Attention Deficit Hyperactivity Disorder: What Every Parent Wants to Know** by David L. Wodrich (Editor); ISBN: 1557661413; http://www.amazon.com/exec/obidos/ASIN/1557661413/icongroupinterna
- **Attention Deficit Hyperactivity Disorders** by Steven E. Hyman (Editor); ISBN: 0815337477; http://www.amazon.com/exec/obidos/ASIN/0815337477/icongroupinterna
- **Born To Be Wild: Attention Deficit Hyperactivity Disorder, Alcoholism & Adiiction** by Will Beyer, et al; ISBN: 1886021120; http://www.amazon.com/exec/obidos/ASIN/1886021120/icongroupinterna
- **Brainstorms: Understanding and Treating the Emotional Storms of Attention Deficit Hyperactivity Disorder from Childhood Through Adulthood** by H. Joseph, Md. Horacek (2000); ISBN: 0765702835; http://www.amazon.com/exec/obidos/ASIN/0765702835/icongroupinterna
- **Can't You Sit Still? Adoption and Attention Deficit Hyperactivity Disorder** by Randolph W. Severson; ISBN: 1880856018; http://www.amazon.com/exec/obidos/ASIN/1880856018/icongroupinterna
- **Cries Unheard: A New Look at Attention Deficit Hyperactivity Disorder** by George Halasz, et al; ISBN: 1863354972; http://www.amazon.com/exec/obidos/ASIN/1863354972/icongroupinterna
- **Do We Really Need Ritalin?: A Family Guide to Attention Deficit Hyperactivity Disorder (Adhd)** by Josephine, Md. Wright; ISBN: 0380793563; http://www.amazon.com/exec/obidos/ASIN/0380793563/icongroupinterna
- **Dr. Larry Silver's Advice to Parents on Attention Deficit Hyperactivity Disorder** by Larry B. Silver (1999); ISBN: 0812930525; http://www.amazon.com/exec/obidos/ASIN/0812930525/icongroupinterna
- **Hyperactive Child: Attention Deficit Hyperactivity Disorder: a Practical Self Help Guide for Parents** by Belinda Barnes, Irene Colquhoun; ISBN: 0722535317; http://www.amazon.com/exec/obidos/ASIN/0722535317/icongroupinterna
- **Living With ADHD: A Practical Guide to Coping With Attention Deficit Hyperactivity Disorder** by Rebecca Kajander, Institute for Research & Education (Contributor); ISBN: 1884153089; http://www.amazon.com/exec/obidos/ASIN/1884153089/icongroupinterna
- **Managing Attention Deficit Hyperactivity Disorder in Children : A Guide for Practitioners** by Sam Goldstein (Author), Michael Goldstein (Author) (1998); ISBN: 0471121584; http://www.amazon.com/exec/obidos/ASIN/0471121584/icongroupinterna

- **Maybe You Know My Kid: A Parent's Guide to Identifying, Understanding, and Helping Your Child With Attention Deficit Hyperactivity Disorder** by Mary Cahill Fowler (1999); ISBN: 1559724900; http://www.amazon.com/exec/obidos/ASIN/1559724900/icongroupinterna
- **Personal Insights on Children with Attention Deficit Hyperactivity Disorder from a Positive Parenting Perspective** by Vickie Carlson; ISBN: 1581110073; http://www.amazon.com/exec/obidos/ASIN/1581110073/icongroupinterna
- **Putting on the Brakes: Young People's Guide to Understanding Attention Deficit Hyperactivity Disorder** by Patricia O. Quinn, Judith M. Stern (2001); ISBN: 1557987955; http://www.amazon.com/exec/obidos/ASIN/1557987955/icongroupinterna
- **Putting Yourself in Their Shoes: Understanding Teenagers With Attention Deficit Hyperactivity Disorder** by Harvey C. Parker (1998); ISBN: 188694119X; http://www.amazon.com/exec/obidos/ASIN/188694119X/icongroupinterna
- **Taking A.D.D. to School: A School Story About Attention Deficit Disorder And/or Attention Deficit Hyperactivity Disorder (Special Kids in School)** by Ellen Weiner, et al (1999); ISBN: 189138306X; http://www.amazon.com/exec/obidos/ASIN/189138306X/icongroupinterna
- **The Effects of the Use of Methylphenidate in the Treatment of Attention Deficit Hyperactivity Disorder Diagnosed Children** (1991); ISBN: 0788102281; http://www.amazon.com/exec/obidos/ASIN/0788102281/icongroupinterna
- **The Hidden Disorder: A Clinician's Guide to Attention Deficit Hyperactivity Disorder in Adults** by Robert J., Phd Resnick; ISBN: 1557987246; http://www.amazon.com/exec/obidos/ASIN/1557987246/icongroupinterna
- **The Official Parent's Sourcebook on Attention Deficit Hyperactivity Disorder: A Revised and Updated Directory for the Internet Age** by Icon Health Publications (2002); ISBN: 0597830177; http://www.amazon.com/exec/obidos/ASIN/0597830177/icongroupinterna
- **The Official Parent's Sourcebook on Attention Deficit Hyperactivity Disorder: A Revised and Updated Directory for the Internet Age** by Icon Health Publications (2002); ISBN: 0597830177; http://www.amazon.com/exec/obidos/ASIN/0597830177/icongroupinterna
- **The Principal's Guide to ADHD : Attention Deficit Hyperactivity Disorder** by Elaine K. McEwan (Author) (1998); ISBN: 080396532X; http://www.amazon.com/exec/obidos/ASIN/080396532X/icongroupinterna
- **Tictionary: A Reference Guide to the World of Tourette Syndrome, Asperger Syndrome, Attention Deficit Hyperactivity Disorder and Obsessive Compulsive Disorder for Parents and Professionals** by Becky Ottinger, Fred Engh; ISBN: 1931282161; http://www.amazon.com/exec/obidos/ASIN/1931282161/icongroupinterna
- **Tourette's and attention deficit hyperactivity disorder : toughing it out at home and at school**; ISBN: 0962519413; http://www.amazon.com/exec/obidos/ASIN/0962519413/icongroupinterna
- **Understanding ADHD : Attention Deficit Hyperactivity Disorder and the Feeling Brain** by Sandra K. Woods (Author), Willis H. Ploof (Author) (1997); ISBN: 080397423X; http://www.amazon.com/exec/obidos/ASIN/080397423X/icongroupinterna

- **Understanding Attention Deficit Hyperactivity Disorder** (1997); ISBN: 1874690669; http://www.amazon.com/exec/obidos/ASIN/1874690669/icongroupinterna
- **Understanding Hyperactivity: An Audio Program for Parents on Attention Deficit Hyperactivity Disorder/2 Cassettes** by James C. Foster (1989); ISBN: 0962492000; http://www.amazon.com/exec/obidos/ASIN/0962492000/icongroupinterna
- **What Does It Mean to Have Attention Deficit Hyperactivity Disorder? (What Does It Mean to Have/be..?)** by Louise Spillsbury; ISBN: 0431139229; http://www.amazon.com/exec/obidos/ASIN/0431139229/icongroupinterna

The National Library of Medicine Book Index

The National Library of Medicine at the National Institutes of Health has a massive database of books published on healthcare and biomedicine. Go to the following Internet site, **http://locatorplus.gov/**, and then select "Search LOCATORplus." Once you are in the search area, simply type "attention deficit hyperactivity disorder" (or synonyms) into the search box, and select "books only." From there, results can be sorted by publication date, author, or relevance. The following was recently catalogued by the National Library of Medicine:[11]

- **The Hyperkinetic syndrome and minimal brain dysfunction.**; Year: 1973; [New York, Insight Pub. Co.] 1973

Chapters on Attention Deficit Hyperactivity Disorder

In order to find chapters that specifically relate to attention deficit hyperactivity disorder, an excellent source of abstracts is the Combined Health Information Database. You will need to limit your search to book chapters and attention deficit hyperactivity disorder using the "Detailed Search" option. Go to the following hyperlink: **http://chid.nih.gov/detail/detail.html**. To find book chapters, use the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer, and the format option "Book Chapter." Type "attention deficit hyperactivity disorder" (or synonyms) into the "For these words:" box. The following is a typical result when searching for book chapters on attention deficit hyperactivity disorder:

- **Understanding and Managing Attention-Deficit Hyperactivity Disorder**

  Source: in Mather, N. and Goldstein, S. Learning Disabilities and Challenging Behaviors: A Guide to Intervention and Classroom Management. Baltimore, MD: Paul H. Brookes Publishing. 2001. p. 45-79.

  Contact: Available from Paul H. Brookes Publishing Co. P.O. Box 10624, Baltimore, MD 21285. (800) 638-3775. Fax (410) 337-8539. Website: www.brookespublishing.com. PRICE: $44.95 plus shipping and handling. ISBN: 1557665001.

[11] In addition to LOCATORPlus, in collaboration with authors and publishers, the National Center for Biotechnology Information (NCBI) is currently adapting biomedical books for the Web. The books may be accessed in two ways: (1) by searching directly using any search term or phrase (in the same way as the bibliographic database PubMed), or (2) by following the links to PubMed abstracts. Each PubMed abstract has a "Books" button that displays a facsimile of the abstract in which some phrases are hypertext links. These phrases are also found in the books available at NCBI. Click on hyperlinked results in the list of books in which the phrase is found. Currently, the majority of the links are between the books and PubMed. In the future, more links will be created between the books and other types of information, such as gene and protein sequences and macromolecular structures. See **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Books**.

Summary: This chapter is from a book in which the authors propose a model called the Building Blocks of Learning to explain why some children experience learning and behavior problems in the classroom and to detail the ways to help these students. The model includes 10 building blocks important to learning success, divided into three levels: the foundational level, the symbolic level, and the conceptual level. This chapter helps readers to understand and manage attention deficit hyperactivity disorder (ADHD). The authors describe characteristics of ADHD, including school problems, ADHD in adulthood, biology and environment, incidence, other causes of inattention and hyperactivity, a cluster of symptomatic problems, faulty performance, core symptoms, diagnostic criteria, and legal protections. Other topics include the causes of ADHD, the developmental course and comorbidity (including with language disorders, learning disabilities, social difficulties, and behavior problems), the teacher's role in the evaluation of ADHD, medication (the effects of medication and the role of neurotransmitters), and a classroom model for managing ADHD. A final section offers interactive strategies: be positive, give clear directions, state rules, provide cues, structure and minimize transitions, provide a consistent routine, keep things changing, allow nondisruptive movement, offer feedback, pair an undesirable task with a desirable task, build success, prepare the child with ADHD for changes, use preventive strategies, use class time effectively, adapt the curriculum, and use color coding. The text is designed for teaching preservice educators and specialists to understand how specific developmental, behavioral, and academic problems influence school success. 4 tables. 7 figures.

- **What Is Attention-Deficit-Hyperactivity Disorder?**

  Source: in Barkley, R.A. Taking Charge of ADHD: The Complete, Authoritative Guide for Parents. New York, NY: Guilford Press. 2000. p. 19-48.

  Contact: Available from Guilford Publications. 72 Spring Street, New York, NY 10012. (800) 365-7006. Fax (212) 966-6708. E-mail: info@guilford.com. Website: www.guilford.com. PRICE: $18.95 plus shipping and handling. ISBN: 1572305606.

  Summary: Children whose problems with attention, overactivity, and lack of inhibition reach a certain level have a developmental disability known as attention deficit hyperactivity disorder (ADHD). This chapter defining ADHD is from a book intended to help parents who are raising a child with ADHD and for others who wish to know more about the disorder and its management. The author's main goal is to empower parents to take charge of the care of these often demanding children in a way that ensures the health of the entire family, collectively and individually. The author encourages an approach that accepts ADHD as a chronic developmental disability with real impairments and real consequences; after that acceptance, parents and others can move toward behaviors and parenting approaches that will help the child with ADHD live a happy, healthy, creative life. The author reviews myths about ADHD, considers the costs to society of this disorder, presents a group of case studies to illustrate some of the manifestations of ADHD, reviews the history of the disorder and its diagnoses, and describes the typical symptoms of ADHD.

Directories

In addition to the references and resources discussed earlier in this chapter, a number of directories relating to attention deficit hyperactivity disorder have been published that

consolidate information across various sources. The Combined Health Information Database lists the following, which you may wish to consult in your local medical library:[12]

- **Brain Connections: Your Source Guide to Information on Brain Diseases and Disorders. 5th ed**

  Source: New York, NY: Dana Alliance for Brain Initiatives. 2000. 49 p.

  Contact: Available from Dana Press. Charles A. Dana Foundation, 745 Fifth Avenue, Suite 700, New York, NY 10151. Fax (212) 593-7623. Website: www.dana.org. PRICE: Single copy free.

  Summary: This guide lists organizations that assist people with a brain-related disorder or disease as well as those organizations that assist caregivers and health care providers in these areas. The guide lists more than 275 organizations alphabetically by disease or disorder. Listings of particular relevance to communication disorders include: acoustic neuroma, aphasia, ataxia, **attention deficit hyperactivity disorder**, autism, deafness and hearing loss, disability and rehabilitation, dizziness, dyslexia, dystonia, head injury, learning disabilities, neurofibromatosis, smell and taste (chemosensory) disorders, spasmodic dysphonia, stuttering, tinnitus, Tourette syndrome, and vestibular disorders. Emphasis is placed on organizations that have a national focus, however, many of these groups sponsor local chapters or affiliates and make referrals to local medical professionals and organizations. For each organization listed, the guide notes mailing address, telephone numbers, e-mail and web sites; also provided are symbols which indicate that the organization offers support groups, referrals to doctors, referrals to other sources of information, regional chapters, availability of literature, availability of speakers, and volunteer opportunities. The guide also describes the publishing body, the Dana Alliance for Brain Initiatives, and provides a list of ways in which readers can support and further brain research.

[12] You will need to limit your search to "Directory" and "attention deficit hyperactivity disorder" using the "Detailed Search" option. Go directly to the following hyperlink: **http://chid.nih.gov/detail/detail.html**. To find directories, use the drop boxes at the bottom of the search page where "You may refine your search by." For publication date, select "All Years." Select your preferred language and the format option "Directory." Type "attention deficit hyperactivity disorder" (or synonyms) into the "For these words:" box. You should check back periodically with this database as it is updated every three months.

CHAPTER 8. MULTIMEDIA ON ATTENTION DEFICIT HYPERACTIVITY DISORDER

Overview

In this chapter, we show you how to keep current on multimedia sources of information on attention deficit hyperactivity disorder. We start with sources that have been summarized by federal agencies, and then show you how to find bibliographic information catalogued by the National Library of Medicine.

Video Recordings

An excellent source of multimedia information on attention deficit hyperactivity disorder is the Combined Health Information Database. You will need to limit your search to "Videorecording" and "attention deficit hyperactivity disorder" using the "Detailed Search" option. Go directly to the following hyperlink: **http://chid.nih.gov/detail/detail.html**. To find video productions, use the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer, and the format option "Videorecording (videotape, videocassette, etc.)." Type "attention deficit hyperactivity disorder" (or synonyms) into the "For these words:" box. The following is a typical result when searching for video recordings on attention deficit hyperactivity disorder:

- **ADHD: What Do We Know?**

  Source: New York, NY: Guilford Press. 1992. (instructional package).

  Contact: Available from Guilford Publications. 72 Spring Street, New York, NY 10012. (800) 365-7006. Fax (212) 966-6708. E-mail: info@guilford.com. Website: www.guilford.com. PRICE: $95.00 plus shipping and handling. ISBN: 0898629713.

  Summary: At this time, it seems best to view **attention deficit hyperactivity disorder** (ADHD) as a developmental disability that comprises impairments in persistence of effort (sustained attention), the ability to delay responding and inhibit behavior (impulsivity), and the regulation of excessive activity level or responding in situations (hyperactivity). In this videotape and manual, the author discusses the nature of ADHD, its frequently attendant problems, its developmental course, and its likely causes. The known causes of ADHD are predominantly biological ones, chief among them a strong

hereditary predisposition to underactivity of the brain's orbital front and frontal limbic pathways. Environmental factors, such as social adversity, family dysfunction, and poor parental management of the ADHD child, do not appear to be primary causes of ADHD, but may act to exacerbate the severity of the disorder, contribute to its persistence, and probably contribute to the development of problems with defiant, aggressive, and even antisocial behavior. Despite its persistence into adulthood in many cases, most people with ADHD can lead successful, creative, and personally fulfilling lives provided that appropriate educational, occupational, and social accommodations are made for their disability. The video includes on location footage in common scenes such as in the classroom and at a shopping mall; comments from parents and teachers underscore the points being presented in the narrative. The packet includes a leader's guide to assist those who are using these materials for inservice training programs.

- **ADHD: What Can We Do?**

  Source: New York, NY: Guilford Press. 1992. (instructional package).

  Contact: Available from Guilford Publications. 72 Spring Street, New York, NY 10012. (800) 365-7006. Fax (212) 966-6708. E-mail: info@guilford.com. Website: www.guilford.com. PRICE: $95.00 plus shipping and handling. ISBN: 0898629721.

  Summary: Attention deficit hyperactivity disorder (ADHD) involves significant deficits in sustained attention and effort, inhibition of behavior, and the self control or regulation of activity level that are developmentally appropriate for the person's age. Designed for parent support groups, this videotape and manual focus on the most effective ways for managing ADHD. Parent training strategies are detailed, and effective techniques, such as home token systems, are demonstrated. The types of conversations shown at the beginning of the video take place countless times each day between children and adults. Through such encounters, children learn the rules, norms, and general wisdom of their community. Children with ADHD require that such rules and instructions be repeated more frequently and be associated with stronger and more obvious consequences for both obeying and disobeying those rules and instructions than to normally developing children of similar age. The author notes that it is important to understand that no existing therapy permanently corrects the underlying problem in the brain that seems to give rise to ADHD. In this way, ADHD is like other chronic medical conditions (such as diabetes) in which changes in one's lifestyle combined with medication, in many cases, are the best means at present for coping with the disorder and minimizing its consequences in one's life. The author reviews unproven and disproven treatments for ADHD, then outlines five major approaches to treatment: parent education and counseling, parent training in child and adolescent behavior management, teacher education, classroom curriculum adjustments and behavior management, and medications. The video includes on location footage from everyday life; comments from parents and teachers underscore the points being presented in the narrative. The packet includes a leader's guide to assist those who are using these materials for inservice training programs.

Bibliography: Multimedia on Attention Deficit Hyperactivity Disorder

The National Library of Medicine is a rich source of information on healthcare-related multimedia productions including slides, computer software, and databases. To access the multimedia database, go to the following Web site: **http://locatorplus.gov/**. Select "Search LOCATORplus." Once in the search area, simply type in attention deficit hyperactivity disorder (or synonyms). Then, in the option box provided below the search box, select "Audiovisuals and Computer Files." From there, you can choose to sort results by publication date, author, or relevance. The following multimedia has been indexed on attention deficit hyperactivity disorder:

- **Childhood behavioral disorders [electronic resource]: attention deficit hyperactivity disorder** Source: text author, Mark Wolraich; jointly sponsored by the University of Oklahoma College of Medicine and Challenger Corporation; Year: 2002; Format: Electronic resource; Memphis, TN: Challenger Corp., 2002
- **Coping with attention deficit hyperactivity disorder [videorecording]: taming the turmoil** Source: a presentation of Films for the Humanities & Sciences; produced with the participation of Saskatchewan Communications Network, produced with the participation of; Year: 1996; Format: Videorecording; Princeton, N.J.: Films for the Humanities & Sciences, c1996
- **Hyperactivity [videorecording]** Source: a production of Clinical Center Communications and Medical Arts & Photography Branch; Year: 1992; Format: Videorecording; [Bethesda, Md.]: National Institutes of Health, 1992
- **Psychopharmacology of attention deficit hyperactivity disorder [sound recording]** Source: American Academy of Pediatrics; Year: 1989; Format: Sound recording; Chicago, IL: Teach'em, [1989]
- **Treatment strategies in attention-deficit hyperactivity disorder [videorecording]** Source: produced by the Office of Continuing Medical Education, Medical College of Virginia, Virginia Commonwealth University; Year: 1995; Format: Videorecording; Richmond, Va.: The University, 1996, c1995

APPENDICES

APPENDIX A. PHYSICIAN RESOURCES

Overview

In this chapter, we focus on databases and Internet-based guidelines and information resources created or written for a professional audience.

NIH Guidelines

Commonly referred to as "clinical" or "professional" guidelines, the National Institutes of Health publish physician guidelines for the most common diseases. Publications are available at the following by relevant Institute[13]:

- Office of the Director (OD); guidelines consolidated across agencies available at **http://www.nih.gov/health/consumer/conkey.htm**
- National Institute of General Medical Sciences (NIGMS); fact sheets available at **http://www.nigms.nih.gov/news/facts/**
- National Library of Medicine (NLM); extensive encyclopedia (A.D.A.M., Inc.) with guidelines: **http://www.nlm.nih.gov/medlineplus/healthtopics.html**
- National Cancer Institute (NCI); guidelines available at **http://www.cancer.gov/cancerinfo/list.aspx?viewid=5f35036e-5497-4d86-8c2c-714a9f7c8d25**
- National Eye Institute (NEI); guidelines available at **http://www.nei.nih.gov/order/index.htm**
- National Heart, Lung, and Blood Institute (NHLBI); guidelines available at **http://www.nhlbi.nih.gov/guidelines/index.htm**
- National Human Genome Research Institute (NHGRI); research available at **http://www.genome.gov/page.cfm?pageID=10000375**
- National Institute on Aging (NIA); guidelines available at **http://www.nia.nih.gov/health/**

[13] These publications are typically written by one or more of the various NIH Institutes.

- National Institute on Alcohol Abuse and Alcoholism (NIAAA); guidelines available at **http://www.niaaa.nih.gov/publications/publications.htm**
- National Institute of Allergy and Infectious Diseases (NIAID); guidelines available at **http://www.niaid.nih.gov/publications/**
- National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS); fact sheets and guidelines available at **http://www.niams.nih.gov/hi/index.htm**
- National Institute of Child Health and Human Development (NICHD); guidelines available at **http://www.nichd.nih.gov/publications/pubskey.cfm**
- National Institute on Deafness and Other Communication Disorders (NIDCD); fact sheets and guidelines at **http://www.nidcd.nih.gov/health/**
- National Institute of Dental and Craniofacial Research (NIDCR); guidelines available at **http://www.nidr.nih.gov/health/**
- National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK); guidelines available at **http://www.niddk.nih.gov/health/health.htm**
- National Institute on Drug Abuse (NIDA); guidelines available at **http://www.nida.nih.gov/DrugAbuse.html**
- National Institute of Environmental Health Sciences (NIEHS); environmental health information available at **http://www.niehs.nih.gov/external/facts.htm**
- National Institute of Mental Health (NIMH); guidelines available at **http://www.nimh.nih.gov/practitioners/index.cfm**
- National Institute of Neurological Disorders and Stroke (NINDS); neurological disorder information pages available at **http://www.ninds.nih.gov/health_and_medical/disorder_index.htm**
- National Institute of Nursing Research (NINR); publications on selected illnesses at **http://www.nih.gov/ninr/news-info/publications.html**
- National Institute of Biomedical Imaging and Bioengineering; general information at **http://grants.nih.gov/grants/becon/becon_info.htm**
- Center for Information Technology (CIT); referrals to other agencies based on keyword searches available at **http://kb.nih.gov/www_query_main.asp**
- National Center for Complementary and Alternative Medicine (NCCAM); health information available at **http://nccam.nih.gov/health/**
- National Center for Research Resources (NCRR); various information directories available at **http://www.ncrr.nih.gov/publications.asp**
- Office of Rare Diseases; various fact sheets available at **http://rarediseases.info.nih.gov/html/resources/rep_pubs.html**
- Centers for Disease Control and Prevention; various fact sheets on infectious diseases available at **http://www.cdc.gov/publications.htm**

NIH Databases

In addition to the various Institutes of Health that publish professional guidelines, the NIH has designed a number of databases for professionals.[14] Physician-oriented resources provide a wide variety of information related to the biomedical and health sciences, both past and present. The format of these resources varies. Searchable databases, bibliographic citations, full-text articles (when available), archival collections, and images are all available. The following are referenced by the National Library of Medicine:[15]

- **Bioethics:** Access to published literature on the ethical, legal, and public policy issues surrounding healthcare and biomedical research. This information is provided in conjunction with the Kennedy Institute of Ethics located at Georgetown University, Washington, D.C.: **http://www.nlm.nih.gov/databases/databases_bioethics.html**
- **HIV/AIDS Resources:** Describes various links and databases dedicated to HIV/AIDS research: **http://www.nlm.nih.gov/pubs/factsheets/aidsinfs.html**
- **NLM Online Exhibitions:** Describes "Exhibitions in the History of Medicine": **http://www.nlm.nih.gov/exhibition/exhibition.html**. Additional resources for historical scholarship in medicine: **http://www.nlm.nih.gov/hmd/hmd.html**
- **Biotechnology Information:** Access to public databases. The National Center for Biotechnology Information conducts research in computational biology, develops software tools for analyzing genome data, and disseminates biomedical information for the better understanding of molecular processes affecting human health and disease: **http://www.ncbi.nlm.nih.gov/**
- **Population Information:** The National Library of Medicine provides access to worldwide coverage of population, family planning, and related health issues, including family planning technology and programs, fertility, and population law and policy: **http://www.nlm.nih.gov/databases/databases_population.html**
- **Cancer Information:** Access to cancer-oriented databases: **http://www.nlm.nih.gov/databases/databases_cancer.html**
- **Profiles in Science:** Offering the archival collections of prominent twentieth-century biomedical scientists to the public through modern digital technology: **http://www.profiles.nlm.nih.gov/**
- **Chemical Information:** Provides links to various chemical databases and references: **http://sis.nlm.nih.gov/Chem/ChemMain.html**
- **Clinical Alerts:** Reports the release of findings from the NIH-funded clinical trials where such release could significantly affect morbidity and mortality: **http://www.nlm.nih.gov/databases/alerts/clinical_alerts.html**
- **Space Life Sciences:** Provides links and information to space-based research (including NASA): **http://www.nlm.nih.gov/databases/databases_space.html**
- **MEDLINE:** Bibliographic database covering the fields of medicine, nursing, dentistry, veterinary medicine, the healthcare system, and the pre-clinical sciences: **http://www.nlm.nih.gov/databases/databases_medline.html**

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[14] Remember, for the general public, the National Library of Medicine recommends the databases referenced in MEDLINE*plus* (**http://medlineplus.gov/** or **http://www.nlm.nih.gov/medlineplus/databases.html**).
[15] See **http://www.nlm.nih.gov/databases/databases.html**.

- **Toxicology and Environmental Health Information (TOXNET):** Databases covering toxicology and environmental health: **http://sis.nlm.nih.gov/Tox/ToxMain.html**
- **Visible Human Interface:** Anatomically detailed, three-dimensional representations of normal male and female human bodies: **http://www.nlm.nih.gov/research/visible/visible_human.html**

The NLM Gateway[16]

The NLM (National Library of Medicine) Gateway is a Web-based system that lets users search simultaneously in multiple retrieval systems at the U.S. National Library of Medicine (NLM). It allows users of NLM services to initiate searches from one Web interface, providing one-stop searching for many of NLM's information resources or databases.[17] To use the NLM Gateway, simply go to the search site at **http://gateway.nlm.nih.gov/gw/Cmd**. Type "attention deficit hyperactivity disorder" (or synonyms) into the search box and click "Search." The results will be presented in a tabular form, indicating the number of references in each database category.

Results Summary

Category	Items Found
Journal Articles	7974
Books / Periodicals / Audio Visual	348
Consumer Health	52
Meeting Abstracts	22
Other Collections	14
Total	8410

HSTAT[18]

HSTAT is a free, Web-based resource that provides access to full-text documents used in healthcare decision-making.[19] These documents include clinical practice guidelines, quick-reference guides for clinicians, consumer health brochures, evidence reports and technology assessments from the Agency for Healthcare Research and Quality (AHRQ), as well as AHRQ's Put Prevention Into Practice.[20] Simply search by "attention deficit hyperactivity disorder" (or synonyms) at the following Web site: **http://text.nlm.nih.gov**.

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[16] Adapted from NLM: **http://gateway.nlm.nih.gov/gw/Cmd?Overview.x**.

[17] The NLM Gateway is currently being developed by the Lister Hill National Center for Biomedical Communications (LHNCBC) at the National Library of Medicine (NLM) of the National Institutes of Health (NIH).

[18] Adapted from HSTAT: **http://www.nlm.nih.gov/pubs/factsheets/hstat.html**.

[19] The HSTAT URL is **http://hstat.nlm.nih.gov/**.

[20] Other important documents in HSTAT include: the National Institutes of Health (NIH) Consensus Conference Reports and Technology Assessment Reports; the HIV/AIDS Treatment Information Service (ATIS) resource documents; the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (SAMHSA/CSAT) Treatment Improvement Protocols (TIP) and Center for Substance Abuse Prevention (SAMHSA/CSAP) Prevention Enhancement Protocols System (PEPS); the Public Health Service (PHS) Preventive Services Task Force's *Guide to Clinical Preventive Services*; the independent, nonfederal Task Force on Community Services' *Guide to Community Preventive Services*; and the Health Technology Advisory Committee (HTAC) of the Minnesota Health Care Commission (MHCC) health technology evaluations.

Coffee Break: Tutorials for Biologists[21]

Coffee Break is a general healthcare site that takes a scientific view of the news and covers recent breakthroughs in biology that may one day assist physicians in developing treatments. Here you will find a collection of short reports on recent biological discoveries. Each report incorporates interactive tutorials that demonstrate how bioinformatics tools are used as a part of the research process. Currently, all Coffee Breaks are written by NCBI staff.[22] Each report is about 400 words and is usually based on a discovery reported in one or more articles from recently published, peer-reviewed literature.[23] This site has new articles every few weeks, so it can be considered an online magazine of sorts. It is intended for general background information. You can access the Coffee Break Web site at the following hyperlink: **http://www.ncbi.nlm.nih.gov/Coffeebreak/**.

The Genome Project and Attention Deficit Hyperactivity Disorder

In the following section, we will discuss databases and references which relate to the Genome Project and attention deficit hyperactivity disorder.

Online Mendelian Inheritance in Man (OMIM)

The Online Mendelian Inheritance in Man (OMIM) database is a catalog of human genes and genetic disorders authored and edited by Dr. Victor A. McKusick and his colleagues at Johns Hopkins and elsewhere. OMIM was developed for the World Wide Web by the National Center for Biotechnology Information (NCBI).[24] The database contains textual information, pictures, and reference information. It also contains copious links to NCBI's Entrez database of MEDLINE articles and sequence information.

To search the database, go to **http://www.ncbi.nlm.nih.gov/Omim/searchomim.html**. Type "attention deficit hyperactivity disorder" (or synonyms) into the search box, and click "Submit Search." If too many results appear, you can narrow the search by adding the word "clinical." Each report will have additional links to related research and databases. In particular, the option "Database Links" will search across technical databases that offer an abundance of information. The following is an example of the results you can obtain from the OMIM for attention deficit hyperactivity disorder:

- **Attention Deficit-Hyperactivity Disorder**
  Web site: http://www.ncbi.nlm.nih.gov/htbin-post/Omim/dispmim?143465

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[21] Adapted from **http://www.ncbi.nlm.nih.gov/Coffeebreak/Archive/FAQ.html**.
[22] The figure that accompanies each article is frequently supplied by an expert external to NCBI, in which case the source of the figure is cited. The result is an interactive tutorial that tells a biological story.
[23] After a brief introduction that sets the work described into a broader context, the report focuses on how a molecular understanding can provide explanations of observed biology and lead to therapies for diseases. Each vignette is accompanied by a figure and hypertext links that lead to a series of pages that interactively show how NCBI tools and resources are used in the research process.
[24] Adapted from **http://www.ncbi.nlm.nih.gov/**. Established in 1988 as a national resource for molecular biology information, NCBI creates public databases, conducts research in computational biology, develops software tools for analyzing genome data, and disseminates biomedical information--all for the better understanding of molecular processes affecting human health and disease.

Genes and Disease (NCBI - Map)

The Genes and Disease database is produced by the National Center for Biotechnology Information of the National Library of Medicine at the National Institutes of Health. This Web site categorizes each disorder by system of the body. Go to **http://www.ncbi.nlm.nih.gov/disease/**, and browse the system pages to have a full view of important conditions linked to human genes. Since this site is regularly updated, you may wish to revisit it from time to time. The following systems and associated disorders are addressed:

- **Cancer:** Uncontrolled cell division.
  Examples: Breast and ovarian cancer, Burkitt lymphoma, chronic myeloid leukemia, colon cancer, lung cancer, malignant melanoma, multiple endocrine neoplasia, neurofibromatosis, p53 tumor suppressor, pancreatic cancer, prostate cancer, Ras oncogene, RB: retinoblastoma, von Hippel-Lindau syndrome.
  Web site: **http://www.ncbi.nlm.nih.gov/disease/Cancer.html**
- **Immune System:** Fights invaders.
  Examples: Asthma, autoimmune polyglandular syndrome, Crohn's disease, DiGeorge syndrome, familial Mediterranean fever, immunodeficiency with Hyper-IgM, severe combined immunodeficiency.
  Web site: **http://www.ncbi.nlm.nih.gov/disease/Immune.html**
- **Metabolism:** Food and energy.
  Examples: Adreno-leukodystrophy, atherosclerosis, Best disease, Gaucher disease, glucose galactose malabsorption, gyrate atrophy, juvenile-onset diabetes, obesity, paroxysmal nocturnal hemoglobinuria, phenylketonuria, Refsum disease, Tangier disease, Tay-Sachs disease.
  Web site: **http://www.ncbi.nlm.nih.gov/disease/Metabolism.html**
- **Muscle and Bone:** Movement and growth.
  Examples: Duchenne muscular dystrophy, Ellis-van Creveld syndrome, Marfan syndrome, myotonic dystrophy, spinal muscular atrophy.
  Web site: **http://www.ncbi.nlm.nih.gov/disease/Muscle.html**
- **Nervous System:** Mind and body.
  Examples: Alzheimer disease, amyotrophic lateral sclerosis, Angelman syndrome, Charcot-Marie-Tooth disease, epilepsy, essential tremor, fragile X syndrome, Friedreich's ataxia, Huntington disease, Niemann-Pick disease, Parkinson disease, Prader-Willi syndrome, Rett syndrome, spinocerebellar atrophy, Williams syndrome.
  Web site: **http://www.ncbi.nlm.nih.gov/disease/Brain.html**
- **Signals:** Cellular messages.
  Examples: Ataxia telangiectasia, Cockayne syndrome, glaucoma, male-patterned baldness, SRY: sex determination, tuberous sclerosis, Waardenburg syndrome, Werner syndrome.
  Web site: **http://www.ncbi.nlm.nih.gov/disease/Signals.html**
- **Transporters:** Pumps and channels.
  Examples: Cystic fibrosis, deafness, diastrophic dysplasia, Hemophilia A, long-QT syndrome, Menkes syndrome, Pendred syndrome, polycystic kidney disease, sickle cell anemia, Wilson's disease, Zellweger syndrome.
  Web site: **http://www.ncbi.nlm.nih.gov/disease/Transporters.html**

Entrez

Entrez is a search and retrieval system that integrates several linked databases at the National Center for Biotechnology Information (NCBI). These databases include nucleotide sequences, protein sequences, macromolecular structures, whole genomes, and MEDLINE through PubMed. Entrez provides access to the following databases:

- **3D Domains:** Domains from Entrez Structure,
  Web site: **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=geo**
- **Books:** Online books,
  Web site: **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=books**
- **Genome:** Complete genome assemblies,
  Web site: **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Genome**
- **NCBI's Protein Sequence Information Survey Results:**
  Web site: **http://www.ncbi.nlm.nih.gov/About/proteinsurvey/**
- **Nucleotide Sequence Database (Genbank):**
  Web site: **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Nucleotide**
- **OMIM:** Online Mendelian Inheritance in Man,
  Web site: **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=OMIM**
- **PopSet:** Population study data sets,
  Web site: **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Popset**
- **ProbeSet:** Gene Expression Omnibus (GEO),
  Web site: **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=geo**
- **Protein Sequence Database:**
  Web site: **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Protein**
- **PubMed:** Biomedical literature (PubMed),
  Web site: **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed**
- **Structure:** Three-dimensional macromolecular structures,
  Web site: **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Structure**
- **Taxonomy:** Organisms in GenBank,
  Web site: **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Taxonomy**

To access the Entrez system at the National Center for Biotechnology Information, go to **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?CMD=search&DB=genome**, and then select the database that you would like to search. The databases available are listed in the drop box next to "Search." Enter "attention deficit hyperactivity disorder" (or synonyms) into the search box and click "Go."

Jablonski's Multiple Congenital Anomaly/Mental Retardation (MCA/MR) Syndromes Database[25]

This online resource has been developed to facilitate the identification and differentiation of syndromic entities. Special attention is given to the type of information that is usually

[25] Adapted from the National Library of Medicine:
http://www.nlm.nih.gov/mesh/jablonski/about_syndrome.html.

limited or completely omitted in existing reference sources due to space limitations of the printed form.

At **http://www.nlm.nih.gov/mesh/jablonski/syndrome_toc/toc_a.html**, you can search across syndromes using an alphabetical index**.** Search by keywords at **http://www.nlm.nih.gov/mesh/jablonski/syndrome_db.html**.

The Genome Database[26]

Established at Johns Hopkins University in Baltimore, Maryland in 1990, the Genome Database (GDB) is the official central repository for genomic mapping data resulting from the Human Genome Initiative. In the spring of 1999, the Bioinformatics Supercomputing Centre (BiSC) at the Hospital for Sick Children in Toronto, Ontario assumed the management of GDB. The Human Genome Initiative is a worldwide research effort focusing on structural analysis of human DNA to determine the location and sequence of the estimated 100,000 human genes. In support of this project, GDB stores and curates data generated by researchers worldwide who are engaged in the mapping effort of the Human Genome Project (HGP). GDB's mission is to provide scientists with an encyclopedia of the human genome which is continually revised and updated to reflect the current state of scientific knowledge. Although GDB has historically focused on gene mapping, its focus will broaden as the Genome Project moves from mapping to sequence, and finally, to functional analysis.

To access the GDB, simply go to the following hyperlink: **http://www.gdb.org/**. Search "All Biological Data" by "Keyword." Type "attention deficit hyperactivity disorder" (or synonyms) into the search box, and review the results. If more than one word is used in the search box, then separate each one with the word "and" or "or" (using "or" might be useful when using synonyms).

Other Commercial Databases

In addition to resources maintained by official agencies, other databases exist that are commercial ventures addressing medical professionals. Here are some examples that may interest you:

- **CliniWeb International:** Index and table of contents to selected clinical information on the Internet; see **http://www.ohsu.edu/cliniweb/**.
- **Medical World Search:** Searches full text from thousands of selected medical sites on the Internet; see **http://www.mwsearch.com/**.

[26] Adapted from the Genome Database: **http://gdbwww.gdb.org/gdb/aboutGDB.html - mission**.

APPENDIX B. PATIENT RESOURCES

Overview

Official agencies, as well as federally funded institutions supported by national grants, frequently publish a variety of guidelines written with the patient in mind. These are typically called "Fact Sheets" or "Guidelines." They can take the form of a brochure, information kit, pamphlet, or flyer. Often they are only a few pages in length. Since new guidelines on attention deficit hyperactivity disorder can appear at any moment and be published by a number of sources, the best approach to finding guidelines is to systematically scan the Internet-based services that post them.

Patient Guideline Sources

The remainder of this chapter directs you to sources which either publish or can help you find additional guidelines on topics related to attention deficit hyperactivity disorder. Due to space limitations, these sources are listed in a concise manner. Do not hesitate to consult the following sources by either using the Internet hyperlink provided, or, in cases where the contact information is provided, contacting the publisher or author directly.

The National Institutes of Health

The NIH gateway to patients is located at **http://health.nih.gov/**. From this site, you can search across various sources and institutes, a number of which are summarized below.

Topic Pages: MEDLINEplus

The National Library of Medicine has created a vast and patient-oriented healthcare information portal called MEDLINEplus. Within this Internet-based system are "health topic pages" which list links to available materials relevant to attention deficit hyperactivity disorder. To access this system, log on to **http://www.nlm.nih.gov/medlineplus/healthtopics.html**. From there you can either search using the alphabetical index or browse by broad topic areas. Recently, MEDLINEplus listed the following when searched for "attention deficit hyperactivity disorder":

- Other guides

  Attention Deficit Disorder with Hyperactivity
  http://www.nlm.nih.gov/medlineplus/attentiondeficitdisorderwithhyperactivity.html

  Bipolar Disorder
  http://www.nlm.nih.gov/medlineplus/bipolardisorder.html

  Child Mental Health
  http://www.nlm.nih.gov/medlineplus/childmentalhealth.html

  Huntington's Disease
  http://www.nlm.nih.gov/medlineplus/huntingtonsdisease.html

  Learning Disorders
  http://www.nlm.nih.gov/medlineplus/learningdisorders.html

  Mental Health
  http://www.nlm.nih.gov/medlineplus/mentalhealth.html

  Movement Disorders
  http://www.nlm.nih.gov/medlineplus/movementdisorders.html

  Neuromuscular Disorders
  http://www.nlm.nih.gov/medlineplus/neuromusculardisorders.html

  Restless Legs
  http://www.nlm.nih.gov/medlineplus/restlesslegs.html

  Tourette Syndrome
  http://www.nlm.nih.gov/medlineplus/tourettesyndrome.html

Within the health topic page dedicated to attention deficit hyperactivity disorder, the following was listed:

- General/Overviews

  Attention Deficit/Hyperactivity Disorder
  http://www.psych.org/public_info/adhdfactsheet42401.pdf

  Attention-Deficit/Hyperactivity Disorder (AD/HD)
  Source: National Information Center for Children and Youth with Disabilities
  http://www.nichcy.org/pubs/factshe/fs19txt.htm

  Frequently Asked Questions about AD/HD
  Source: Children and Adults with Attention-Deficit/Hyperactivity Disorder
  http://www.chadd.org/webpage.cfm?cat_id=7&subcat_id=41

  What is Attention-Deficit Hyperactivity Disorder (ADHD)?
  Source: National Center on Birth Defects and Developmental Disabilities
  http://www.cdc.gov/ncbddd/adhd/what.htm

- Diagnosis/Symptoms

  ADHD -- Common Behaviors and Symptoms
  Source: American Academy of Pediatrics
  http://www.medem.com/MedLB/article_detaillb.cfm?article_ID=ZZZCEF4MXSC&sub_cat=21

  ADHD -- Making the Diagnosis
  Source: American Academy of Pediatrics
  http://www.medem.com/MedLB/article_detaillb.cfm?article_ID=ZZZY612KXSC&sub_cat=21

  ADHD: Does My Child Have It?
  Source: American Academy of Family Physicians
  http://familydoctor.org/handouts/230.html

  Attention-Deficit/Hyperactivity Disorder - Symptoms of ADHD
  Source: National Center on Birth Defects and Developmental Disabilities
  http://www.cdc.gov/ncbddd/adhd/symptom.htm

- Treatment

  ADHD -- Establishing a Treatment Plan
  Source: American Academy of Pediatrics
  http://www.medem.com/MedLB/article_detaillb.cfm?article_ID=ZZZDIHDTXSC&sub_cat=21

  ADHD -- Evaluating the Treatment Plan
  Source: American Academy of Pediatrics
  http://www.medem.com/MedLB/article_detaillb.cfm?article_ID=ZZZJ3EDTXSC&sub_cat=21

  ADHD -- Treatment Through Behavior Therapy
  Source: American Academy of Pediatrics
  http://www.medem.com/MedLB/article_detaillb.cfm?article_ID=ZZZWWPFTXSC&sub_cat=21

  ADHD -- Unproven Treatments
  Source: American Academy of Pediatrics
  http://www.medem.com/MedLB/article_detaillb.cfm?article_ID=ZZZXL1ITXSC&sub_cat=21

  ADHD Medicines
  Source: American Academy of Family Physicians
  http://familydoctor.org/handouts/103.html

  Medical Management of Children and Adults with Attention-Deficit/Hyperactivity Disorder
  Source: Children and Adults with Attention-Deficit/Hyperactivity Disorder
  http://www.chadd.org/fs/fs3.htm

  Medications
  Source: National Institute of Mental Health
  http://www.nimh.nih.gov/publicat/medicate.cfm

  Methylphenidate and Clonidine Help Children with ADHD and Tics
  Source: National Institute of Neurological Disorders and Stroke
  http://www.ninds.nih.gov/news_and_events/news_article_adhd.htm

- Alternative Therapy

  Assessing Complementary and / or Controversial Interventions
  Source: Children and Adults with Attention-Deficit/Hyperactivity Disorder
  http://www.chadd.org/fs/fs6.htm

- **Coping**

  ADHD: Info and Advice for Parents
  Source: American Academy of Family Physicians
  http://familydoctor.org/handouts/583.html

  Individualized Education Plans (IEPs)
  Source: Nemours Foundation
  http://kidshealth.org/parent/growth/learning/iep.html

  Parenting a Child with Attention-Deficit/Hyperactivity Disorder
  Source: Children and Adults with Attention-Deficit/Hyperactivity Disorder
  http://www.chadd.org/fs/fs2.htm

  Peer Relationships and ADHD
  Source: National Center on Birth Defects and Developmental Disabilities
  http://www.cdc.gov/ncbddd/adhd/peer.htm

- Specific Conditions/Aspects

  ADHD -- Coexisting Conditions
  Source: American Academy of Pediatrics
  http://www.medem.com/MedLB/article_detaillb.cfm?article_ID=ZZZ6ZRWVYSC&sub_cat=21

  ADHD and Risk of Injuries
  Source: National Center on Birth Defects and Developmental Disabilities
  http://www.cdc.gov/ncbddd/adhd/injury.htm

  Attention-Deficit / Hyperactivity Disorder in Adults
  Source: Children and Adults with Attention-Deficit/Hyperactivity Disorder
  http://www.chadd.org/fs/fs7.htm

  Couples and ADD
  Source: National Attention Deficit Disorder Association
  http://www.add.org/content/family/couple.htm

- Children

  ADHD in Children
  Source: American Academy of Family Physicians
  http://familydoctor.org/handouts/118.html

  Friends and Me and ADD
  Source: National Attention Deficit Disorder Association
  http://www.add.org/content/kids/friends.htm

  What is AD/HD?
  Source: Nemours Foundation
  http://kidshealth.org/parent/emotions/behavior/adhd.html

- From the National Institutes of Health

  Attention Deficit Hyperactivity Disorder
  Source: National Institute of Mental Health
  http://www.nimh.nih.gov/publicat/adhd.cfm

  Attention Deficit-Hyperactivity Disorder
  http://www.ninds.nih.gov/health_and_medical/disorders/adhd.htm

- Latest News

  Severe Attention Disorder Linked with Drug Abuse
  Source: 08/18/2003, Reuters Health
  http://www.nlm.nih.gov//www.nlm.nih.gov/medlineplus/news/fullstory_13714.html

  Severe Childhood ADHD May Predict Alcohol, Substance Use Problems in Teen Years
  Source: 08/17/2003, National Institute on Alcohol Abuse and Alcoholism
  http://www.nih.gov/news/pr/aug2003/niaaa-17.htm

- Law and Policy

  Educational Rights for Children with AD/HD
  Source: Children and Adults with Attention-Deficit/Hyperactivity Disorder
  http://www.chadd.org/fs/fs4.htm

- Organizations

  American Academy of Child and Adolescent Psychiatry
  http://www.aacap.org/

  Children and Adults with Attention-Deficit/Hyperactivity Disorder
  http://www.chadd.org

  National Attention Deficit Disorder Association
  http://www.add.org/

  National Institute of Mental Health
  http://www.nimh.nih.gov/

- Research

  Attention-Deficit/Hyperactivity Disorder in School-Aged Children: Association with Maternal Mental Health and Use of Health Care Resources
  http://www.cdc.gov/ncbddd/factsheets/pediatrics/Pediatrics_ADHD.pdf

  Brain Shrinkage in ADHD Not Caused by Medications
  Source: National Institute of Mental Health
  http://www.nih.gov/news/pr/oct2002/nimh-08.htm

  Impact of Attention-Deficit Hyperactivity May Be Underestimated
  Source: National Institute of Environmental Health Sciences
  http://www.nih.gov/news/pr/feb2002/niehs-04.htm

Severe Childhood ADHD May Predict Alcohol, Substance Use Problems in Teen Years
Source: National Institute on Alcohol Abuse and Alcoholism
http://www.nih.gov/news/pr/aug2003/niaaa-17.htm

Testing of a New Medication to Treat AD/HD
Source: Nemours Foundation
http://kidshealth.org/research/medication_adhd.html

- Teenagers

ADHD and Teens
Source: American Academy of Pediatrics
http://www.medem.com/MedLB/article_detaillb.cfm?article_ID=ZZZ16OWVYSC&sub_cat=21

Attention Deficit Disorder in College
Source: National Attention Deficit Disorder Association
http://www.add.org/content/legal/college.htm

Understanding AD/HD
Source: Nemours Foundation
http://kidshealth.org/teen/diseases_conditions/learning/adhd.html

What is Ritalin?
Source: Nemours Foundation
http://kidshealth.org/teen/question/health_basics/ritalin.html

- Women

Feeling Overwhelmed, Disorganized, Scattered?
Source: National Attention Deficit Disorder Association
http://www.add.org/content/women/addvance.htm

You may also choose to use the search utility provided by MEDLINEplus at the following Web address: **http://www.nlm.nih.gov/medlineplus/**. Simply type a keyword into the search box and click "Search." This utility is similar to the NIH search utility, with the exception that it only includes materials that are linked within the MEDLINEplus system (mostly patient-oriented information). It also has the disadvantage of generating unstructured results. We recommend, therefore, that you use this method only if you have a very targeted search.

The Combined Health Information Database (CHID)

CHID Online is a reference tool that maintains a database directory of thousands of journal articles and patient education guidelines on attention deficit hyperactivity disorder. CHID offers summaries that describe the guidelines available, including contact information and pricing. CHID's general Web site is **http://chid.nih.gov/**. To search this database, go to **http://chid.nih.gov/detail/detail.html**. In particular, you can use the advanced search options to look up pamphlets, reports, brochures, and information kits. The following was recently posted in this archive:

- **Educating Students with Attention Deficit Hyperactivity Disorder**

  Source: National Information Center for Children and Youth with Disabilities.

  Contact: National Information Center for Children and Youth with Disabilities. P.O. Box 1492, Washington, DC, 20013-1492. Voice (202) 884-8200. Voice/TTY 1-800-695-0285. E-mail: nichcy@aed.org. Web site: www.nichcy.org. PRICE: single copy free.

  Summary: This bibliography of ADHD resources was compiled to help individuals involved with the education and support of children and youth diagnosed with ADHD. The selected resources provide in-depth information about ADHD and the accommodations and educational practices that can be effective with students who have this disability. Many documents in this bibliography are available through the ERIC system. The list includes print and audiovisuals. 12pp.

- **Attention deficit hyperactivity disorder: A guide for parents**

  Source: Pittsburgh, PA: Learning Disabilities Association. n.d. 2 pp.

  Contact: Available from Learning Disabilities Association of America, 4156 Library Road, Pittsburgh, PA 15234. Telephone: (412) 341-1515 / fax: (412) 344-0224 / e-mail: ldanatl@usaor.net / Web site: http://www.ldanatl.org.

  Summary: This brochure for parents provides an overview of attention deficit hyperactivity disorder. It asks a series of questions about behavior to help parents determine if their child may have the disorder. It also includes information about the effects on behavior, diagnosis, causes, and treatment. A suggested reading list is also provided.

The National Guideline Clearinghouse™

The National Guideline Clearinghouse™ offers hundreds of evidence-based clinical practice guidelines published in the United States and other countries. You can search this site located at **http://www.guideline.gov/** by using the keyword "attention deficit hyperactivity disorder" (or synonyms). The following was recently posted:

- **Clinical practice guideline: diagnosis and evaluation of the child with attention-deficit/hyperactivity disorder**

  Source: American Academy of Pediatrics - Medical Specialty Society; 2000 May; 13 pages

  http://www.guideline.gov/summary/summary.aspx?doc_id=2280&nbr=1506&string=attention+AND+deficit+AND+hyperactivity+AND+disorder

- **Clinical practice guideline: treatment of the school-aged child with attention-deficit/hyperactivity disorder**

  Source: American Academy of Pediatrics - Medical Specialty Society; 2001 October; 12 pages

  http://www.guideline.gov/summary/summary.aspx?doc_id=3072&nbr=2298&string=attention+AND+deficit+AND+hyperactivity+AND+disorder

- **Diagnosis and management of attention deficit hyperactivity disorder in primary care**

  Source: Institute for Clinical Systems Improvement - Private Nonprofit Organization; 1997 January (revised 2000 Jan); 60 pages

  http://www.guideline.gov/summary/summary.aspx?doc_id=2245&nbr=1471&string=hyperactivity

- **Diagnosis and treatment of attention deficit hyperactivity disorder**

  Source: National Institutes of Health (NIH) Consensus Development Panel on Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder (ADHD) - Independent Expert Panel; 1998 October; 32 pages

  http://www.guideline.gov/summary/summary.aspx?doc_id=2105&nbr=1331&string=attention+AND+deficit+AND+hyperactivity+AND+disorder

Healthfinder™

Healthfinder™ is sponsored by the U.S. Department of Health and Human Services and offers links to hundreds of other sites that contain healthcare information. This Web site is located at **http://www.healthfinder.gov**. Again, keyword searches can be used to find guidelines. The following was recently found in this database:

- **Attention Deficit Hyperactivity Disorder**

  Summary: This fact sheet gives a brief overview of attention deficit hyperactivity disorder: its diagnosis and treatment, problems faced by families, and research findings.

  Source: National Institute of Mental Health, National Institutes of Health

  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=6569

- **Attention Deficit Hyperactivity Disorder Fact Sheets**

  Summary: Also available In:

  Source: National Institute of Mental Health, National Institutes of Health

  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=50

- **Attention Deficit/Hyperactivity Disorder**

  Summary: Also available In:

  Source: National Information Center for Children and Youth with Disabilities, U.S. Department of Education

  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=3402

- **Attention Deficit-Hyperactivity Disorder Information Page**

  Summary: A general overview of Attention Deficit-Hyperactivity Disorder that includes a description and information about treatment, prognosis and research.

  Source: National Institute of Neurological Disorders and Stroke, National Institutes of Health

  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=772

- **Helping the School Age Child with Attention Deficit / Hyperactivity Disorder**

  Summary: Attention deficit/hyperactivity disorder is currently thought to have both biochemical and behavioral components.

  Source: American Occupational Therapy Association

  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=7297

- **Mental Health Publications & Education Programs**

  Summary: Conference proceedings, consumer publications, and public education program materials on anxiety, attention deficit hyperactivity disorder, depression, panic disorder, learning disabilities, bipolar

  Source: National Institute of Mental Health, National Institutes of Health

  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=358

- **NIH Consensus Statement: Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder**

  Summary: Examines the evidence to support ADHD as a disorder; the impact of ADHD on individuals, families, and society, and the diagnosis and treatment of the disorder.

  Source: National Institutes of Health, U.S. Department of Health and Human Services

  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=6367

- **Someone I Know is Hyperactive**

  Summary: Information for children about what it's like to have Attention Deficit Hyperactivity Disorder, also known as ADHD.

  Source: Nemours Foundation

  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=5878

The NIH Search Utility

The NIH search utility allows you to search for documents on over 100 selected Web sites that comprise the NIH-WEB-SPACE. Each of these servers is "crawled" and indexed on an ongoing basis. Your search will produce a list of various documents, all of which will relate in some way to attention deficit hyperactivity disorder. The drawbacks of this approach are that the information is not organized by theme and that the references are often a mix of information for professionals and patients. Nevertheless, a large number of the listed Web

sites provide useful background information. We can only recommend this route, therefore, for relatively rare or specific disorders, or when using highly targeted searches. To use the NIH search utility, visit the following Web page: **http://search.nih.gov/index.html**.

Additional Web Sources

A number of Web sites are available to the public that often link to government sites. These can also point you in the direction of essential information. The following is a representative sample:

- AOL: **http://search.aol.com/cat.adp?id=168&layer=&from=subcats**
- Family Village: **http://www.familyvillage.wisc.edu/specific.htm**
- Google: **http://directory.google.com/Top/Health/Conditions_and_Diseases/**
- Med Help International: **http://www.medhelp.org/HealthTopics/A.html**
- Open Directory Project: **http://dmoz.org/Health/Conditions_and_Diseases/**
- Yahoo.com: **http://dir.yahoo.com/Health/Diseases_and_Conditions/**
- WebMD®Health: **http://my.webmd.com/health_topics**

Associations and Attention Deficit Hyperactivity Disorder

The following is a list of associations that provide information on and resources relating to attention deficit hyperactivity disorder:

- **CHADD (Children and Adults with Attention-Deficit/HyperactivityDisorder**

  Telephone: (302) 306-7070 Toll-free: (800) 233-4050

  Fax: (301) 306-7090

  Email: national@chadd.org

  Web Site: http://www.chadd.org

  Background: CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder) is a non-profit organization working to improve the lives of individuals and families affected by attention-deficit/hyperactivity disorder (AD/HD). With over 20,000 members in 250 local chapters nationwide, CHADD achieves its mission through collaborative leadership, advocacy, research, education and support. CHADD provides a support network for parents, caregivers, and individuals with AD/HD; offers a forum for continuing education; disseminates accurate, evidence-based information about AD/HD to parents, educators, adults, professionals and the media; promotes ongoing research; and advocates on behalf of the AD/HD community. Members receive CHADD's bi-monthly Attention! magazine, and have access to the members-only section of the CHADD Web site. CHADD's National Resource Center on AD/HD is staffed by knowledgeable Information Specialists who can answer most questions about AD/HD. Contact the National Resource Center at 1-800-233-4050, or visit it online at www.help4adhd.org.

  Relevant area(s) of interest: Attention Deficit Hyperactivity Disorder

- **Child and Adolescent Bipolar Foundation (CABF)**

  Telephone: (847) 256-8525

  Fax: (847) 920-9498

  Email: CABF@bpkids.org

  Web Site: http://www.bpkids.org

  Background: The Child and Adolescent Bipolar Foundation (CABF) is a not-for-profit organization dedicated to educate families, professionals, and the public about early-onset bipolar disorder; support families to maximize the well-being of the child while minimizing the adverse impact of bipolar disorders on the family; and advocate for increased services to families and research on the nature, causes, and treatment of bipolar disorders in the young. CABF was established in 1999, and currently consists of more than 12,500 members.

  Relevant area(s) of interest: Attention Deficit Hyperactivity Disorder

- **Delta Society**

  Telephone: (425) 226-7357 Toll-free: (800) 869-6898

  Fax: (425) 235-1076

  Email: deltasociety@cis.compuserve.com

  Web Site: http://www.deltasociety.org

  Background: The Delta Society is a not-for-profit, voluntary organization dedicated to bringing pets into the lives of people who are ill in an effort to improve healing and to helping individuals with disabilities overcome barriers and lead healthier lifestyles. The Society s Pet Partners Program was established in 1977 to train volunteers and screen their pets for visiting animal programs in hospitals, nursing homes, rehabilitation centers, and schools. The organization currently consists of 5,000 members with 2,000 pet partners teams operating in 45 states. Animal assisted therapy is incorporated as part of the treatment program for depression, attention deficit hyperactivity disorder, head injuries, and speech disorders as well as many other conditions. Training is provided through Delta certified instructors, a home study course and videotape, and a continuing education newsletter. In addition, the Society offers an 800 Action Line, which provides immediate and comprehensive assistance to people with service dogs who are denied access to places of public accommodation, housing, and employment.

  Relevant area(s) of interest: Attention Deficit Hyperactivity Disorder

- **Learning Disabilities Association of America**

  Telephone: (412) 341-1515 Toll-free: (888) 300-6710

  Fax: (412) 344-0224

  Email: info@ldaamerica.org

  Web Site: http://www.ldaamerica.org

  Background: The Learning Disabilities Association of America (LDA) is a national not-for-profit voluntary and advocacy organization that was established in 1964 by a group of concerned parents. The only organization of its kind, the Association is dedicated to defining and finding solutions for the broad spectrum of learning disabilities (e.g., visual, auditory, motor, communication, and logical thinking problems). The Association has 50 state affiliates and more than 550 local chapters. Members include

parents, professionals from many different disciplines, and other concerned citizens. The Association works directly with school systems in planning and implementing programs for the early identification and diagnosis of children with learning disabilities. The Learning Disabilities Association s Governmental Affairs Committee provides information and recommends action on pending legislation that may affect children with learning disabilities and/or their families. Educational materials produced by the Association include a newsletter published six times a year and numerous brochures, pamphlets, and books related to a variety of topics including adolescents with learning disabilities, LD assessment, and Attention Deficit Hyperactivity Disorder. LDA also publishes a biannual professional journal.

Relevant area(s) of interest: Attention Deficit Hyperactivity Disorder

- **National Alliance for the Mentally Ill**

  Telephone: (703) 524-7600 Toll-free: (800) 950-6264

  Fax: (703) 524-9094

  Email: membership@nami.org

  Web Site: http://www.nami.org

  Background: The National Alliance for the Mentally Ill (NAMI) is a not-for-profit voluntary health organization dedicated to providing mutual support, education, advocacy, and research funding for people affected by mental illness, their families, and friends. The organization also serves those who have been diagnosed with schizophrenic depression and other related disorders. Established in 1979, this self-help organization refers individuals to nationwide support groups, services, and outreach programs. Educational materials produced by the organization include a database, directories, annual reports, informational brochures, pamphlets, a bimonthly newsletter entitled 'The Advocate,' and 'The Decade of the Brain,' NAMI's quarterly publication for presenting research, clinical practices and advances, and policy updates relevant to serious brain disorders.

  Relevant area(s) of interest: Attention Deficit Hyperactivity Disorder

- **National Association for Adults with Special Learning Needs**

  Telephone: (610) 446-6126

  Fax: (610) 446-6129

  Email: 75250.1273@compuserve.com

  Background: The National Association For Adults With Special Learning Needs (NAASLN) is a professional organization dedicated to organizing, establishing, and promoting an effective national and international coalition of professionals, advocates, and consumers of lifelong learning for the purpose of educating adults with special learning needs. Established in 1987, NAASLN is governed by a volunteer board of directors comprised of adult education, human service, and rehabilitation professionals; advocates; and consumers representing public and private schools, colleges and universities, correction facilities, government agencies, community organizations, businesses and industry, and a host of adult education and literacy programs. The organization produces educational materials including a brochure entitled 'National Association For Adults With Special Learning Needs,' a newsletter entitled 'Learning disAbilities Newsletter,' and a pamphlet entitled 'Services for Families.'.

  Relevant area(s) of interest: Attention Deficit Hyperactivity Disorder

- **National Attention Deficit Disorder Association**

  Telephone: (847) 432-2332

  Fax: (847) 432-5874

  Email: mail@add.org

  Web Site: http://www.add.org

  Background: National Attention Deficit Disorders Association is a non-profit organization devoted to the needs of people with attention deficit disorder (AD/HD). Its mission is to educate the public, healthcare professionals, educators, members of the media and legislators on the challenges faced by individuals with AD/HD and the benefits that derive from appropriate treatment. ADDA is focused on the particular needs of adults, young adults, and families living with AD/HD with respect to work issues, relationship and family issues, parenting, medication, organization, time management and life in the home when more than one individual has AD/HD. For its members, it provides information, support, and a connection to others with AD/HD around the world.

  Relevant area(s) of interest: Attention Deficit Hyperactivity Disorder

- **National Center for Learning Disabilities**

  Telephone: (212) 545-7510 Toll-free: (888) 575-7373

  Fax: (212) 545-9665

  Web Site: http://www.ncld.org

  Background: The National Center for Learning Disabilities (NCLD) is a national voluntary not-for-profit organization dedicated to improving the lives of millions of Americans affected by learning disabilities. Established in 1977, NCLD works toward several goals: advocating for increased research in learning disabilities; providing information and support to teaching professionals so that they are better equipped to assist individuals with learning disabilities; advocating in Washington, DC on behalf of individuals with learning disabilities; and raising public awareness and understanding of learning disabilities throughout the lifespan. In addition, NCLD disseminates information to the public, medical professionals, and individuals with learning disabilities and offers local and regional referrals through an information and referral service. The Center for Learning Disabilities produces a wide variety of educational and support materials including brochures, pamphlets, videotapes, a newsletter, an annual magazine entitled 'Their World,' and assorted reports.

  Relevant area(s) of interest: Attention Deficit Hyperactivity Disorder

- **National Mental Health Association**

  Address:

  Telephone: (703) 684-7722 Toll-free: (800) 969-6642

  Fax: (703) 684-5968

  Email: nmhainfo@aol.com

  Web Site: http://www.nmha.org

  Background: Established in 1909, the National Mental Health Association (NMHA) is a not-for-profit voluntary organization that addresses the mental health needs of

individuals throughout the United States. The Association, which has over 300 affiliates in 35 states, has a network of volunteers across the country that work to meet the mental health needs of their communities. Activities include support groups, community outreach and education, information and referral programs, patient advocacy, and a wide array of other services. Nationally, the Association works with the media to keep the public informed about mental health and mental illness and with the Federal government to promote research and services for people with mental health problems. The Association also works with other major organizations to ensure that the nation s mental health needs are understood and addressed. Services include fact sheet and pamphlet distribution; buddy and companion programs; client services and case management; education and training programs; referral services; and social and recreational programs, workshops, and seminars. Educational materials distributed by the Association include quarterly newsletters entitled 'Prevention Update' and 'The Bell.'.

Relevant area(s) of interest: Attention Deficit Hyperactivity Disorder

- **National Mental Health Consumer Self-Help Clearinghouse**

  Telephone: Toll-free: (800) 553-4539

  Fax: (215) 636-6312

  Email: info@mhselfhelp.org

  Web Site: http://www.mhselfhelp.org

  Background: The National Mental Health Consumers' Self-Help Clearinghouse is a self-help technical assistance organization that was established in 1985. The Clearinghouse handles thousands of inquiries annually from people who are concerned with mental health issues. Clients include mental health care consumers, family members, professionals, and other interested people who request information and technical assistance about starting and developing self-help projects, self-advocacy projects, and consumer-run mental health services. The Clearinghouse also provides on-site consultations to individuals and groups interested in self-help group and consumer-run service development. In addition, the Clearinghouse sponsors conferences and training events and has developed a wide variety of printed pamphlets and manuals on issues related to developing self-help and self-advocacy projects. A national quarterly newsletter entitled 'The Key' provides assistance to consumers, their families, advocates, and physicians.

  Relevant area(s) of interest: Attention Deficit Hyperactivity Disorder

- **Organization For Anti-Convulsant Syndrome**

  Telephone: 0161-343-6079

  Fax: 0161-343-6079

  Email: oacssupport@group20.freeserve.co.uk

  Web Site: Http://www.oacs-uk.co.uk

  Background: The Organization for Anti-Convulsant Syndrome provides help and support to families of children suffering with anti-convulsant syndrome. It provides advice related to special educational needs, assistance in obtaining a diagnosis, and information to increase awareness of risks related to the use of anti-convulsant medication and steps to minimise them. Anti-convulsant syndrome is caused by the use of anti-convulsant medication during pregnancy. The syndrome is known by other

names, including anti-epileptic drug syndrome and fetal Valproate syndrome. It may result in learning difficulties or behavioral problems or any of various movement disorders. Established ni 1999, the Organization is based in the United Kingdom.

Relevant area(s) of interest: Attention Deficit Hyperactivity Disorder

- **The Arc (a national organization on mental retardation)**

  Telephone: (301) 565-3842 Toll-free: (800) 433-5255

  Fax: (301) 565-3843

  Email: info@thearc.org

  Web Site: http://thearc.org/

  Background: The Arc is the largest organization in the United States that is solely devoted to improving the lives of all children and adults with mental retardation. The organization offers support to families affected by mental retardation and fosters research and educational programs on the prevention of mental retardation. The Arc is committed to securing opportunities for all people with mental retardation. To this end, the organization emphasizes personal opportunities for choice in education, housing, employment, and entertainment. The Arc is further committed to reducing the incidence and limiting the consequences of mental retardation through research, advocacy, and mutual support. The Arc provides leadership in the field of mental retardation and develops necessary human and financial resources to attain its goals. In addition, the Arc provides a wide variety of educational materials for parents, teachers, health care professionals, and others, including a regular newsletter, handbooks, instruction packets, reports, booklets, audio-visual aids, posters, and brochures. Many materials are available in Spanish.

  Relevant area(s) of interest: Attention Deficit Hyperactivity Disorder

- **Tourette Syndrome Foundation of Canada**

  Telephone: (416) 861-8398 Toll-free: (800) 361-3120

  Fax: (416) 861-2472

  Email: tsfc@tourette.ca

  Web Site: http://www.tourette.ca

  Background: The Tourette Syndrome Foundation of Canada (TSFC) is a national voluntary health organization dedicated to providing support and information to Canadian families affected by Tourette Syndrome. Tourette Syndrome (TS) is a hereditary neurologic movement disorder characterized by repetitive motor and vocal tics. Symptoms may include involuntary movements of the extremities, shoulders, and face accompanied by uncontrollable sounds and/or inappropriate words. Symptoms tend to be variable and follow a chronic waxing and waning course. TSFC's mission is to help families affected by Tourette Syndrome by gathering and distributing information about the disorder; promoting local self-help and professional services; and stimulating and funding research into the cause, treatment, and potential cure of TS. TSFC organizes workshops and symposiums for healthcare professionals; develops and maintains lists of physicians who diagnose and treat TS; and supports the Brain Bank Program and collaborates with other agencies dealing with neurological disorders. The Foundation publishes a tri-annual newsletter entitled 'The Green Leaflet' and provides brochures, pamphlets, reports, and audiovisual aids.
  Relevant area(s) of interest: Attention Deficit Hyperactivity Disorder

Finding Associations

There are several Internet directories that provide lists of medical associations with information on or resources relating to attention deficit hyperactivity disorder. By consulting all of associations listed in this chapter, you will have nearly exhausted all sources for patient associations concerned with attention deficit hyperactivity disorder.

The National Health Information Center (NHIC)

The National Health Information Center (NHIC) offers a free referral service to help people find organizations that provide information about attention deficit hyperactivity disorder. For more information, see the NHIC's Web site at **http://www.health.gov/NHIC/** or contact an information specialist by calling 1-800-336-4797.

Directory of Health Organizations

The Directory of Health Organizations, provided by the National Library of Medicine Specialized Information Services, is a comprehensive source of information on associations. The Directory of Health Organizations database can be accessed via the Internet at **http://www.sis.nlm.nih.gov/Dir/DirMain.html**. It is composed of two parts: DIRLINE and Health Hotlines.

The DIRLINE database comprises some 10,000 records of organizations, research centers, and government institutes and associations that primarily focus on health and biomedicine. To access DIRLINE directly, go to the following Web site: **http://dirline.nlm.nih.gov/**. Simply type in "attention deficit hyperactivity disorder" (or a synonym), and you will receive information on all relevant organizations listed in the database.

Health Hotlines directs you to toll-free numbers to over 300 organizations. You can access this database directly at **http://www.sis.nlm.nih.gov/hotlines/**. On this page, you are given the option to search by keyword or by browsing the subject list. When you have received your search results, click on the name of the organization for its description and contact information.

The Combined Health Information Database

Another comprehensive source of information on healthcare associations is the Combined Health Information Database. Using the "Detailed Search" option, you will need to limit your search to "Organizations" and "attention deficit hyperactivity disorder". Type the following hyperlink into your Web browser: **http://chid.nih.gov/detail/detail.html**. To find associations, use the drop boxes at the bottom of the search page where "You may refine your search by." For publication date, select "All Years." Then, select your preferred language and the format option "Organization Resource Sheet." Type "attention deficit hyperactivity disorder" (or synonyms) into the "For these words:" box. You should check back periodically with this database since it is updated every three months.

The National Organization for Rare Disorders, Inc.

The National Organization for Rare Disorders, Inc. has prepared a Web site that provides, at no charge, lists of associations organized by health topic. You can access this database at the following Web site: **http://www.rarediseases.org/search/orgsearch.html**. Type "attention deficit hyperactivity disorder" (or a synonym) into the search box, and click "Submit Query."

APPENDIX C. RESEARCHING MEDICATIONS

Overview

While a number of hard copy or CD-ROM resources are available for researching medications, a more flexible method is to use Internet-based databases. Broadly speaking, there are two sources of information on approved medications: public sources and private sources. We will emphasize free-to-use public sources.

U.S. Pharmacopeia

Because of historical investments by various organizations and the emergence of the Internet, it has become rather simple to learn about the medications recommended for attention deficit hyperactivity disorder. One such source is the United States Pharmacopeia. In 1820, eleven physicians met in Washington, D.C. to establish the first compendium of standard drugs for the United States. They called this compendium the U.S. Pharmacopeia (USP). Today, the USP is a non-profit organization consisting of 800 volunteer scientists, eleven elected officials, and 400 representatives of state associations and colleges of medicine and pharmacy. The USP is located in Rockville, Maryland, and its home page is located at **http://www.usp.org/**. The USP currently provides standards for over 3,700 medications. The resulting USP DI® Advice for the Patient® can be accessed through the National Library of Medicine of the National Institutes of Health. The database is partially derived from lists of federally approved medications in the Food and Drug Administration's (FDA) Drug Approvals database, located at **http://www.fda.gov/cder/da/da.htm**.

While the FDA database is rather large and difficult to navigate, the Phamacopeia is both user-friendly and free to use. It covers more than 9,000 prescription and over-the-counter medications. To access this database, simply type the following hyperlink into your Web browser: **http://www.nlm.nih.gov/medlineplus/druginformation.html**. To view examples of a given medication (brand names, category, description, preparation, proper use, precautions, side effects, etc.), simply follow the hyperlinks indicated within the United States Pharmacopeia (USP).

Below, we have compiled a list of medications associated with attention deficit hyperactivity disorder. If you would like more information on a particular medication, the provided hyperlinks will direct you to ample documentation (e.g. typical dosage, side effects, drug-

interaction risks, etc.). The following drugs have been mentioned in the Pharmacopeia and other sources as being potentially applicable to attention deficit hyperactivity disorder:

Amphetamines

- **Systemic - U.S. Brands:** Adderall; Desoxyn; Desoxyn Gradumet; Dexedrine; Dexedrine Spansule; DextroStat
  http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202031.html

Antidepressants, Tricyclic

- **Systemic - U.S. Brands:** Anafranil; Asendin; Aventyl; Elavil; Endep; Norfranil; Norpramin; Pamelor; Sinequan; Surmontil; Tipramine; Tofranil; Tofranil-PM; Vivactil
  http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202055.html

Clonidine

- **Parenteral-Local - U.S.** Brands: Duraclon
  http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/203089.html
- **Systemic - U.S. Brands:** Catapres; Catapres-TTS
  http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202152.html

Methylphenidate

- **Systemic - U.S. Brands:** Concerta; Ritalin; Ritalin-SR
  http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202361.html

Pemoline

- **Systemic - U.S. Brands:** Cylert
  http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202444.html

Commercial Databases

In addition to the medications listed in the USP above, a number of commercial sites are available by subscription to physicians and their institutions. Or, you may be able to access these sources from your local medical library.

Mosby's Drug Consult™

Mosby's Drug Consult™ database (also available on CD-ROM and book format) covers 45,000 drug products including generics and international brands. It provides prescribing information, drug interactions, and patient information. Subscription information is available at the following hyperlink: **http://www.mosbysdrugconsult.com/**.

PDR*health*

The PDR*health* database is a free-to-use, drug information search engine that has been written for the public in layman's terms. It contains FDA-approved drug information adapted from the Physicians' Desk Reference (PDR) database. PDR*health* can be searched by

brand name, generic name, or indication. It features multiple drug interactions reports. Search PDR*health* at **http://www.pdrhealth.com/drug_info/index.html**.

Other Web Sites

Drugs.com (**www.drugs.com**) reproduces the information in the Pharmacopeia as well as commercial information. You may also want to consider the Web site of the Medical Letter, Inc. (**http://www.medletter.com/**) which allows users to download articles on various drugs and therapeutics for a nominal fee.

If you have any questions about a medical treatment, the FDA may have an office near you. Look for their number in the blue pages of the phone book. You can also contact the FDA through its toll-free number, 1-888-INFO-FDA (1-888-463-6332), or on the World Wide Web at **www.fda.gov**.

APPENDIX D. FINDING MEDICAL LIBRARIES

Overview

In this Appendix, we show you how to quickly find a medical library in your area.

Preparation

Your local public library and medical libraries have interlibrary loan programs with the National Library of Medicine (NLM), one of the largest medical collections in the world. According to the NLM, most of the literature in the general and historical collections of the National Library of Medicine is available on interlibrary loan to any library. If you would like to access NLM medical literature, then visit a library in your area that can request the publications for you.[27]

Finding a Local Medical Library

The quickest method to locate medical libraries is to use the Internet-based directory published by the National Network of Libraries of Medicine (NN/LM). This network includes 4626 members and affiliates that provide many services to librarians, health professionals, and the public. To find a library in your area, simply visit **http://nnlm.gov/members/adv.html** or call 1-800-338-7657.

Medical Libraries in the U.S. and Canada

In addition to the NN/LM, the National Library of Medicine (NLM) lists a number of libraries with reference facilities that are open to the public. The following is the NLM's list and includes hyperlinks to each library's Web site. These Web pages can provide information on hours of operation and other restrictions. The list below is a small sample of

[27] Adapted from the NLM: **http://www.nlm.nih.gov/psd/cas/interlibrary.html**.

libraries recommended by the National Library of Medicine (sorted alphabetically by name of the U.S. state or Canadian province where the library is located)[28]:

- **Alabama:** Health InfoNet of Jefferson County (Jefferson County Library Cooperative, Lister Hill Library of the Health Sciences), **http://www.uab.edu/infonet/**
- **Alabama:** Richard M. Scrushy Library (American Sports Medicine Institute)
- **Arizona:** Samaritan Regional Medical Center: The Learning Center (Samaritan Health System, Phoenix, Arizona), **http://www.samaritan.edu/library/bannerlibs.htm**
- **California:** Kris Kelly Health Information Center (St. Joseph Health System, Humboldt), **http://www.humboldt1.com/~kkhic/index.html**
- **California:** Community Health Library of Los Gatos, **http://www.healthlib.org/orgresources.html**
- **California:** Consumer Health Program and Services (CHIPS) (County of Los Angeles Public Library, Los Angeles County Harbor-UCLA Medical Center Library) - Carson, CA, **http://www.colapublib.org/services/chips.html**
- **California:** Gateway Health Library (Sutter Gould Medical Foundation)
- **California:** Health Library (Stanford University Medical Center), **http://www-med.stanford.edu/healthlibrary/**
- **California:** Patient Education Resource Center - Health Information and Resources (University of California, San Francisco), **http://sfghdean.ucsf.edu/barnett/PERC/default.asp**
- **California:** Redwood Health Library (Petaluma Health Care District), **http://www.phcd.org/rdwdlib.html**
- **California:** Los Gatos PlaneTree Health Library, **http://planetreesanjose.org/**
- **California:** Sutter Resource Library (Sutter Hospitals Foundation, Sacramento), **http://suttermedicalcenter.org/library/**
- **California:** Health Sciences Libraries (University of California, Davis), **http://www.lib.ucdavis.edu/healthsci/**
- **California:** ValleyCare Health Library & Ryan Comer Cancer Resource Center (ValleyCare Health System, Pleasanton), **http://gaelnet.stmarys-ca.edu/other.libs/gbal/east/vchl.html**
- **California:** Washington Community Health Resource Library (Fremont), **http://www.healthlibrary.org/**
- **Colorado:** William V. Gervasini Memorial Library (Exempla Healthcare), **http://www.saintjosephdenver.org/yourhealth/libraries/**
- **Connecticut:** Hartford Hospital Health Science Libraries (Hartford Hospital), **http://www.harthosp.org/library/**
- **Connecticut:** Healthnet: Connecticut Consumer Health Information Center (University of Connecticut Health Center, Lyman Maynard Stowe Library), **http://library.uchc.edu/departm/hnet/**

[28] Abstracted from **http://www.nlm.nih.gov/medlineplus/libraries.html**.

- **Connecticut:** Waterbury Hospital Health Center Library (Waterbury Hospital, Waterbury), **http://www.waterburyhospital.com/library/consumer.shtml**
- **Delaware:** Consumer Health Library (Christiana Care Health System, Eugene du Pont Preventive Medicine & Rehabilitation Institute, Wilmington), **http://www.christianacare.org/health_guide/health_guide_pmri_health_info.cfm**
- **Delaware:** Lewis B. Flinn Library (Delaware Academy of Medicine, Wilmington), **http://www.delamed.org/chls.html**
- **Georgia:** Family Resource Library (Medical College of Georgia, Augusta), **http://cmc.mcg.edu/kids_families/fam_resources/fam_res_lib/frl.htm**
- **Georgia:** Health Resource Center (Medical Center of Central Georgia, Macon), **http://www.mccg.org/hrc/hrchome.asp**
- **Hawaii:** Hawaii Medical Library: Consumer Health Information Service (Hawaii Medical Library, Honolulu), **http://hml.org/CHIS/**
- **Idaho:** DeArmond Consumer Health Library (Kootenai Medical Center, Coeur d'Alene), **http://www.nicon.org/DeArmond/index.htm**
- **Illinois:** Health Learning Center of Northwestern Memorial Hospital (Chicago), **http://www.nmh.org/health_info/hlc.html**
- **Illinois:** Medical Library (OSF Saint Francis Medical Center, Peoria), **http://www.osfsaintfrancis.org/general/library/**
- **Kentucky:** Medical Library - Services for Patients, Families, Students & the Public (Central Baptist Hospital, Lexington), **http://www.centralbap.com/education/community/library.cfm**
- **Kentucky:** University of Kentucky - Health Information Library (Chandler Medical Center, Lexington), **http://www.mc.uky.edu/PatientEd/**
- **Louisiana:** Alton Ochsner Medical Foundation Library (Alton Ochsner Medical Foundation, New Orleans), **http://www.ochsner.org/library/**
- **Louisiana:** Louisiana State University Health Sciences Center Medical Library-Shreveport, **http://lib-sh.lsuhsc.edu/**
- **Maine:** Franklin Memorial Hospital Medical Library (Franklin Memorial Hospital, Farmington), **http://www.fchn.org/fmh/lib.htm**
- **Maine:** Gerrish-True Health Sciences Library (Central Maine Medical Center, Lewiston), **http://www.cmmc.org/library/library.html**
- **Maine:** Hadley Parrot Health Science Library (Eastern Maine Healthcare, Bangor), **http://www.emh.org/hll/hpl/guide.htm**
- **Maine:** Maine Medical Center Library (Maine Medical Center, Portland), **http://www.mmc.org/library/**
- **Maine:** Parkview Hospital (Brunswick), **http://www.parkviewhospital.org/**
- **Maine:** Southern Maine Medical Center Health Sciences Library (Southern Maine Medical Center, Biddeford), **http://www.smmc.org/services/service.php3?choice=10**
- **Maine:** Stephens Memorial Hospital's Health Information Library (Western Maine Health, Norway), **http://www.wmhcc.org/Library/**

- **Manitoba, Canada:** Consumer & Patient Health Information Service (University of Manitoba Libraries), **http://www.umanitoba.ca/libraries/units/health/reference/chis.html**
- **Manitoba, Canada:** J.W. Crane Memorial Library (Deer Lodge Centre, Winnipeg), **http://www.deerlodge.mb.ca/crane_library/about.asp**
- **Maryland:** Health Information Center at the Wheaton Regional Library (Montgomery County, Dept. of Public Libraries, Wheaton Regional Library), **http://www.mont.lib.md.us/healthinfo/hic.asp**
- **Massachusetts:** Baystate Medical Center Library (Baystate Health System), **http://www.baystatehealth.com/1024/**
- **Massachusetts:** Boston University Medical Center Alumni Medical Library (Boston University Medical Center), **http://med-libwww.bu.edu/library/lib.html**
- **Massachusetts:** Lowell General Hospital Health Sciences Library (Lowell General Hospital, Lowell), **http://www.lowellgeneral.org/library/HomePageLinks/WWW.htm**
- **Massachusetts:** Paul E. Woodard Health Sciences Library (New England Baptist Hospital, Boston), **http://www.nebh.org/health_lib.asp**
- **Massachusetts:** St. Luke's Hospital Health Sciences Library (St. Luke's Hospital, Southcoast Health System, New Bedford), **http://www.southcoast.org/library/**
- **Massachusetts:** Treadwell Library Consumer Health Reference Center (Massachusetts General Hospital), **http://www.mgh.harvard.edu/library/chrcindex.html**
- **Massachusetts:** UMass HealthNet (University of Massachusetts Medical School, Worchester), **http://healthnet.umassmed.edu/**
- **Michigan:** Botsford General Hospital Library - Consumer Health (Botsford General Hospital, Library & Internet Services), **http://www.botsfordlibrary.org/consumer.htm**
- **Michigan:** Helen DeRoy Medical Library (Providence Hospital and Medical Centers), **http://www.providence-hospital.org/library/**
- **Michigan:** Marquette General Hospital - Consumer Health Library (Marquette General Hospital, Health Information Center), **http://www.mgh.org/center.html**
- **Michigan:** Patient Education Resouce Center - University of Michigan Cancer Center (University of Michigan Comprehensive Cancer Center, Ann Arbor), **http://www.cancer.med.umich.edu/learn/leares.htm**
- **Michigan:** Sladen Library & Center for Health Information Resources - Consumer Health Information (Detroit), **http://www.henryford.com/body.cfm?id=39330**
- **Montana:** Center for Health Information (St. Patrick Hospital and Health Sciences Center, Missoula)
- **National:** Consumer Health Library Directory (Medical Library Association, Consumer and Patient Health Information Section), **http://caphis.mlanet.org/directory/index.html**
- **National:** National Network of Libraries of Medicine (National Library of Medicine) - provides library services for health professionals in the United States who do not have access to a medical library, **http://nnlm.gov/**
- **National:** NN/LM List of Libraries Serving the Public (National Network of Libraries of Medicine), **http://nnlm.gov/members/**

- **Nevada:** Health Science Library, West Charleston Library (Las Vegas-Clark County Library District, Las Vegas), **http://www.lvccld.org/special_collections/medical/index.htm**
- **New Hampshire:** Dartmouth Biomedical Libraries (Dartmouth College Library, Hanover), **http://www.dartmouth.edu/~biomed/resources.htmld/conshealth.htmld/**
- **New Jersey:** Consumer Health Library (Rahway Hospital, Rahway), **http://www.rahwayhospital.com/library.htm**
- **New Jersey:** Dr. Walter Phillips Health Sciences Library (Englewood Hospital and Medical Center, Englewood), **http://www.englewoodhospital.com/links/index.htm**
- **New Jersey:** Meland Foundation (Englewood Hospital and Medical Center, Englewood), **http://www.geocities.com/ResearchTriangle/9360/**
- **New York:** Choices in Health Information (New York Public Library) - NLM Consumer Pilot Project participant, **http://www.nypl.org/branch/health/links.html**
- **New York:** Health Information Center (Upstate Medical University, State University of New York, Syracuse), **http://www.upstate.edu/library/hic/**
- **New York:** Health Sciences Library (Long Island Jewish Medical Center, New Hyde Park), **http://www.lij.edu/library/library.html**
- **New York:** ViaHealth Medical Library (Rochester General Hospital), **http://www.nyam.org/library/**
- **Ohio:** Consumer Health Library (Akron General Medical Center, Medical & Consumer Health Library), **http://www.akrongeneral.org/hwlibrary.htm**
- **Oklahoma:** The Health Information Center at Saint Francis Hospital (Saint Francis Health System, Tulsa), **http://www.sfh-tulsa.com/services/healthinfo.asp**
- **Oregon:** Planetree Health Resource Center (Mid-Columbia Medical Center, The Dalles), **http://www.mcmc.net/phrc/**
- **Pennsylvania:** Community Health Information Library (Milton S. Hershey Medical Center, Hershey), **http://www.hmc.psu.edu/commhealth/**
- **Pennsylvania:** Community Health Resource Library (Geisinger Medical Center, Danville), **http://www.geisinger.edu/education/commlib.shtml**
- **Pennsylvania:** HealthInfo Library (Moses Taylor Hospital, Scranton), **http://www.mth.org/healthwellness.html**
- **Pennsylvania:** Hopwood Library (University of Pittsburgh, Health Sciences Library System, Pittsburgh), **http://www.hsls.pitt.edu/guides/chi/hopwood/index_html**
- **Pennsylvania:** Koop Community Health Information Center (College of Physicians of Philadelphia), **http://www.collphyphil.org/kooppg1.shtml**
- **Pennsylvania:** Learning Resources Center - Medical Library (Susquehanna Health System, Williamsport), **http://www.shscares.org/services/lrc/index.asp**
- **Pennsylvania:** Medical Library (UPMC Health System, Pittsburgh), **http://www.upmc.edu/passavant/library.htm**
- **Quebec, Canada:** Medical Library (Montreal General Hospital), **http://www.mghlib.mcgill.ca/**

- **South Dakota:** Rapid City Regional Hospital Medical Library (Rapid City Regional Hospital), **http://www.rcrh.org/Services/Library/Default.asp**
- **Texas:** Houston HealthWays (Houston Academy of Medicine-Texas Medical Center Library), **http://hhw.library.tmc.edu/**
- **Washington:** Community Health Library (Kittitas Valley Community Hospital), **http://www.kvch.com/**
- **Washington:** Southwest Washington Medical Center Library (Southwest Washington Medical Center, Vancouver), **http://www.swmedicalcenter.com/body.cfm?id=72**

ONLINE GLOSSARIES

The Internet provides access to a number of free-to-use medical dictionaries. The National Library of Medicine has compiled the following list of online dictionaries:

- ADAM Medical Encyclopedia (A.D.A.M., Inc.), comprehensive medical reference: **http://www.nlm.nih.gov/medlineplus/encyclopedia.html**
- MedicineNet.com Medical Dictionary (MedicineNet, Inc.): **http://www.medterms.com/Script/Main/hp.asp**
- Merriam-Webster Medical Dictionary (Inteli-Health, Inc.): **http://www.intelihealth.com/IH/**
- Multilingual Glossary of Technical and Popular Medical Terms in Eight European Languages (European Commission) - Danish, Dutch, English, French, German, Italian, Portuguese, and Spanish: **http://allserv.rug.ac.be/~rvdstich/eugloss/welcome.html**
- On-line Medical Dictionary (CancerWEB): **http://cancerweb.ncl.ac.uk/omd/**
- Rare Diseases Terms (Office of Rare Diseases): **http://ord.aspensys.com/asp/diseases/diseases.asp**
- Technology Glossary (National Library of Medicine) - Health Care Technology: **http://www.nlm.nih.gov/nichsr/ta101/ta10108.htm**

Beyond these, MEDLINEplus contains a very patient-friendly encyclopedia covering every aspect of medicine (licensed from A.D.A.M., Inc.). The ADAM Medical Encyclopedia can be accessed at **http://www.nlm.nih.gov/medlineplus/encyclopedia.html**. ADAM is also available on commercial Web sites such as drkoop.com (**http://www.drkoop.com/**) and Web MD (**http://my.webmd.com/adam/asset/adam_disease_articles/a_to_z/a**). The NIH suggests the following Web sites in the ADAM Medical Encyclopedia when searching for information on attention deficit hyperactivity disorder:

- **Basic Guidelines for Attention Deficit Hyperactivity Disorder**

  ADD
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/001551.htm

  ADHD
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/001551.htm

  Bipolar disorder
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/001528.htm

  Hyperactivity
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003256.htm

  Hyperactivity and children
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/001984.htm

  Hyperactivity and sugar
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/002426.htm

- **Signs & Symptoms for Attention Deficit Hyperactivity Disorder**

  Hearing loss
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003044.htm

  Hyperactive
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003256.htm

  Hyperactivity
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003256.htm

- **Diagnostics and Tests for Attention Deficit Hyperactivity Disorder**

  ADH
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003702.htm

  Attention span
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003326.htm

- **Nutrition for Attention Deficit Hyperactivity Disorder**

  Sweeteners
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/002444.htm

  Vitamins
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/002399.htm

- **Background Topics for Attention Deficit Hyperactivity Disorder**

  Central nervous system
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/002311.htm

  Physical activity
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/001941.htm

  Physical examination
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/002274.htm

Online Dictionary Directories

The following are additional online directories compiled by the National Library of Medicine, including a number of specialized medical dictionaries:

- Medical Dictionaries: Medical & Biological (World Health Organization): **http://www.who.int/hlt/virtuallibrary/English/diction.htm#Medical**
- MEL-Michigan Electronic Library List of Online Health and Medical Dictionaries (Michigan Electronic Library): **http://mel.lib.mi.us/health/health-dictionaries.html**
- Patient Education: Glossaries (DMOZ Open Directory Project): **http://dmoz.org/Health/Education/Patient_Education/Glossaries/**

- Web of Online Dictionaries (Bucknell University):
  http://www.yourdictionary.com/diction5.html#medicine

ATTENTION DEFICIT HYPERACTIVITY DISORDER DICTIONARY

The definitions below are derived from official public sources, including the National Institutes of Health [NIH] and the European Union [EU].

Acetylcholine: A neurotransmitter. Acetylcholine in vertebrates is the major transmitter at neuromuscular junctions, autonomic ganglia, parasympathetic effector junctions, a subset of sympathetic effector junctions, and at many sites in the central nervous system. It is generally not used as an administered drug because it is broken down very rapidly by cholinesterases, but it is useful in some ophthalmological applications. [NIH]

Achievement: Success in bringing an effort to the desired end; the degree or level of success attained in some specified area (esp. scholastic) or in general. [NIH]

Acidity: The quality of being acid or sour; containing acid (hydrogen ions). [EU]

Acoustic: Having to do with sound or hearing. [NIH]

Acuity: Clarity or clearness, especially of the vision. [EU]

Adaptation: 1. The adjustment of an organism to its environment, or the process by which it enhances such fitness. 2. The normal ability of the eye to adjust itself to variations in the intensity of light; the adjustment to such variations. 3. The decline in the frequency of firing of a neuron, particularly of a receptor, under conditions of constant stimulation. 4. In dentistry, (a) the proper fitting of a denture, (b) the degree of proximity and interlocking of restorative material to a tooth preparation, (c) the exact adjustment of bands to teeth. 5. In microbiology, the adjustment of bacterial physiology to a new environment. [EU]

Adenosine: A nucleoside that is composed of adenine and d-ribose. Adenosine or adenosine derivatives play many important biological roles in addition to being components of DNA and RNA. Adenosine itself is a neurotransmitter. [NIH]

Adjustment: The dynamic process wherein the thoughts, feelings, behavior, and biophysiological mechanisms of the individual continually change to adjust to the environment. [NIH]

Adolescence: The period of life beginning with the appearance of secondary sex characteristics and terminating with the cessation of somatic growth. The years usually referred to as adolescence lie between 13 and 18 years of age. [NIH]

Adolescent Behavior: Any observable response or action of an adolescent. [NIH]

Adrenal Cortex: The outer layer of the adrenal gland. It secretes mineralocorticoids, androgens, and glucocorticoids. [NIH]

Adrenal Medulla: The inner part of the adrenal gland; it synthesizes, stores and releases catecholamines. [NIH]

Adrenergic: Activated by, characteristic of, or secreting epinephrine or substances with similar activity; the term is applied to those nerve fibres that liberate norepinephrine at a synapse when a nerve impulse passes, i.e., the sympathetic fibres. [EU]

Adverse Effect: An unwanted side effect of treatment. [NIH]

Affective Symptoms: Mood or emotional responses dissonant with or inappropriate to the behavior and/or stimulus. [NIH]

Afferent: Concerned with the transmission of neural impulse toward the central part of the

nervous system. [NIH]

Affinity: 1. Inherent likeness or relationship. 2. A special attraction for a specific element, organ, or structure. 3. Chemical affinity; the force that binds atoms in molecules; the tendency of substances to combine by chemical reaction. 4. The strength of noncovalent chemical binding between two substances as measured by the dissociation constant of the complex. 5. In immunology, a thermodynamic expression of the strength of interaction between a single antigen-binding site and a single antigenic determinant (and thus of the stereochemical compatibility between them), most accurately applied to interactions among simple, uniform antigenic determinants such as haptens. Expressed as the association constant (K litres mole -1), which, owing to the heterogeneity of affinities in a population of antibody molecules of a given specificity, actually represents an average value (mean intrinsic association constant). 6. The reciprocal of the dissociation constant. [EU]

Age of Onset: The age or period of life at which a disease or the initial symptoms or manifestations of a disease appear in an individual. [NIH]

Aggressiveness: The quality of being aggressive (= characterized by aggression; militant; enterprising; spreading with vigour; chemically active; variable and adaptable). [EU]

Agonists: Drugs that trigger an action from a cell or another drug. [NIH]

Agoraphobia: Obsessive, persistent, intense fear of open places. [NIH]

Akathisia: 1. A condition of motor restlessness in which there is a feeling of muscular quivering, an urge to move about constantly, and an inability to sit still, a common extrapyramidal side effect of neuroleptic drugs. 2. An inability to sit down because of intense anxiety at the thought of doing so. [EU]

Alcohol-Related Disorders: Disorders related to or resulting from abuse or misuse of alcohol. [NIH]

Alertness: A state of readiness to detect and respond to certain specified small changes occurring at random intervals in the environment. [NIH]

Alkaline: Having the reactions of an alkali. [EU]

Alkaloid: A member of a large group of chemicals that are made by plants and have nitrogen in them. Some alkaloids have been shown to work against cancer. [NIH]

Alleles: Mutually exclusive forms of the same gene, occupying the same locus on homologous chromosomes, and governing the same biochemical and developmental process. [NIH]

Alpha Particles: Positively charged particles composed of two protons and two neutrons, i.e., helium nuclei, emitted during disintegration of very heavy isotopes; a beam of alpha particles or an alpha ray has very strong ionizing power, but weak penetrability. [NIH]

Alternative medicine: Practices not generally recognized by the medical community as standard or conventional medical approaches and used instead of standard treatments. Alternative medicine includes the taking of dietary supplements, megadose vitamins, and herbal preparations; the drinking of special teas; and practices such as massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Ambulatory Care: Health care services provided to patients on an ambulatory basis, rather than by admission to a hospital or other health care facility. The services may be a part of a hospital, augmenting its inpatient services, or may be provided at a free-standing facility. [NIH]

Amino acid: Any organic compound containing an amino (-NH2 and a carboxyl (- COOH) group. The 20 a-amino acids listed in the accompanying table are the amino acids from which proteins are synthesized by formation of peptide bonds during ribosomal translation

of messenger RNA; all except glycine, which is not optically active, have the L configuration. Other amino acids occurring in proteins, such as hydroxyproline in collagen, are formed by posttranslational enzymatic modification of amino acids residues in polypeptide chains. There are also several important amino acids, such as the neurotransmitter y-aminobutyric acid, that have no relation to proteins. Abbreviated AA. [EU]

Amino Acid Sequence: The order of amino acids as they occur in a polypeptide chain. This is referred to as the primary structure of proteins. It is of fundamental importance in determining protein conformation. [NIH]

Amnestic: Nominal aphasia; a difficulty in finding the right name for an object. [NIH]

Amphetamine: A powerful central nervous system stimulant and sympathomimetic. Amphetamine has multiple mechanisms of action including blocking uptake of adrenergics and dopamine, stimulation of release of monamines, and inhibiting monoamine oxidase. Amphetamine is also a drug of abuse and a psychotomimetic. The l- and the d,l-forms are included here. The l-form has less central nervous system activity but stronger cardiovascular effects. The d-form is dextroamphetamine. [NIH]

Anal: Having to do with the anus, which is the posterior opening of the large bowel. [NIH]

Analgesic: An agent that alleviates pain without causing loss of consciousness. [EU]

Anaphylatoxins: The family of peptides C3a, C4a, C5a, and C5a des-arginine produced in the serum during complement activation. They produce smooth muscle contraction, mast cell histamine release, affect platelet aggregation, and act as mediators of the local inflammatory process. The order of anaphylatoxin activity from strongest to weakest is C5a, C3a, C4a, and C5a des-arginine. The latter is the so-called "classical" anaphylatoxin but shows no spasmogenic activity though it contains some chemotactic ability. [NIH]

Anatomical: Pertaining to anatomy, or to the structure of the organism. [EU]

Animal model: An animal with a disease either the same as or like a disease in humans. Animal models are used to study the development and progression of diseases and to test new treatments before they are given to humans. Animals with transplanted human cancers or other tissues are called xenograft models. [NIH]

Antagonism: Interference with, or inhibition of, the growth of a living organism by another living organism, due either to creation of unfavorable conditions (e. g. exhaustion of food supplies) or to production of a specific antibiotic substance (e. g. penicillin). [NIH]

Antibacterial: A substance that destroys bacteria or suppresses their growth or reproduction. [EU]

Antibiotic: A drug used to treat infections caused by bacteria and other microorganisms. [NIH]

Antibody: A type of protein made by certain white blood cells in response to a foreign substance (antigen). Each antibody can bind to only a specific antigen. The purpose of this binding is to help destroy the antigen. Antibodies can work in several ways, depending on the nature of the antigen. Some antibodies destroy antigens directly. Others make it easier for white blood cells to destroy the antigen. [NIH]

Anticoagulant: A drug that helps prevent blood clots from forming. Also called a blood thinner. [NIH]

Antidepressant: A drug used to treat depression. [NIH]

Antidote: A remedy for counteracting a poison. [EU]

Antigen: Any substance which is capable, under appropriate conditions, of inducing a specific immune response and of reacting with the products of that response, that is, with specific antibody or specifically sensitized T-lymphocytes, or both. Antigens may be soluble

substances, such as toxins and foreign proteins, or particulate, such as bacteria and tissue cells; however, only the portion of the protein or polysaccharide molecule known as the antigenic determinant (q.v.) combines with antibody or a specific receptor on a lymphocyte. Abbreviated Ag. [EU]

Antigen-Antibody Complex: The complex formed by the binding of antigen and antibody molecules. The deposition of large antigen-antibody complexes leading to tissue damage causes immune complex diseases. [NIH]

Antihypertensive: An agent that reduces high blood pressure. [EU]

Anti-inflammatory: Having to do with reducing inflammation. [NIH]

Antipyretic: An agent that relieves or reduces fever. Called also antifebrile, antithermic and febrifuge. [EU]

Antiseptic: A substance that inhibits the growth and development of microorganisms without necessarily killing them. [EU]

Anus: The opening of the rectum to the outside of the body. [NIH]

Anxiety: Persistent feeling of dread, apprehension, and impending disaster. [NIH]

Anxiety Disorders: Disorders in which anxiety (persistent feelings of apprehension, tension, or uneasiness) is the predominant disturbance. [NIH]

Aphasia: A cognitive disorder marked by an impaired ability to comprehend or express language in its written or spoken form. This condition is caused by diseases which affect the language areas of the dominant hemisphere. Clinical features are used to classify the various subtypes of this condition. General categories include receptive, expressive, and mixed forms of aphasia. [NIH]

Apnea: A transient absence of spontaneous respiration. [NIH]

Aptitude: The ability to acquire general or special types of knowledge or skill. [NIH]

Arterial: Pertaining to an artery or to the arteries. [EU]

Arteries: The vessels carrying blood away from the heart. [NIH]

Astringent: Causing contraction, usually locally after topical application. [EU]

Astrocytes: The largest and most numerous neuroglial cells in the brain and spinal cord. Astrocytes (from "star" cells) are irregularly shaped with many long processes, including those with "end feet" which form the glial (limiting) membrane and directly and indirectly contribute to the blood brain barrier. They regulate the extracellular ionic and chemical environment, and "reactive astrocytes" (along with microglia) respond to injury. Astrocytes have high- affinity transmitter uptake systems, voltage-dependent and transmitter-gated ion channels, and can release transmitter, but their role in signaling (as in many other functions) is not well understood. [NIH]

Ataxia: Impairment of the ability to perform smoothly coordinated voluntary movements. This condition may affect the limbs, trunk, eyes, pharnyx, larnyx, and other structures. Ataxia may result from impaired sensory or motor function. Sensory ataxia may result from posterior column injury or peripheral nerve diseases. Motor ataxia may be associated with cerebellar diseases; cerebral cortex diseases; thalamic diseases; basal ganglia diseases; injury to the red nucleus; and other conditions. [NIH]

Atypical: Irregular; not conformable to the type; in microbiology, applied specifically to strains of unusual type. [EU]

Auditory: Pertaining to the sense of hearing. [EU]

Autonomic: Self-controlling; functionally independent. [EU]

Bacteria: Unicellular prokaryotic microorganisms which generally possess rigid cell walls, multiply by cell division, and exhibit three principal forms: round or coccal, rodlike or bacillary, and spiral or spirochetal. [NIH]

Bacterial Physiology: Physiological processes and activities of bacteria. [NIH]

Basal Ganglia: Large subcortical nuclear masses derived from the telencephalon and located in the basal regions of the cerebral hemispheres. [NIH]

Base: In chemistry, the nonacid part of a salt; a substance that combines with acids to form salts; a substance that dissociates to give hydroxide ions in aqueous solutions; a substance whose molecule or ion can combine with a proton (hydrogen ion); a substance capable of donating a pair of electrons (to an acid) for the formation of a coordinate covalent bond. [EU]

Benzodiazepines: A two-ring heterocyclic compound consisting of a benzene ring fused to a diazepine ring. Permitted is any degree of hydrogenation, any substituents and any H-isomer. [NIH]

Bilateral: Affecting both the right and left side of body. [NIH]

Bile: An emulsifying agent produced in the liver and secreted into the duodenum. Its composition includes bile acids and salts, cholesterol, and electrolytes. It aids digestion of fats in the duodenum. [NIH]

Biochemical: Relating to biochemistry; characterized by, produced by, or involving chemical reactions in living organisms. [EU]

Biotransformation: The chemical alteration of an exogenous substance by or in a biological system. The alteration may inactivate the compound or it may result in the production of an active metabolite of an inactive parent compound. The alteration may be either non-synthetic (oxidation-reduction, hydrolysis) or synthetic (glucuronide formation, sulfate conjugation, acetylation, methylation). This also includes metabolic detoxication and clearance. [NIH]

Bipolar Disorder: A major affective disorder marked by severe mood swings (manic or major depressive episodes) and a tendency to remission and recurrence. [NIH]

Bladder: The organ that stores urine. [NIH]

Blood Coagulation: The process of the interaction of blood coagulation factors that results in an insoluble fibrin clot. [NIH]

Blood Platelets: Non-nucleated disk-shaped cells formed in the megakaryocyte and found in the blood of all mammals. They are mainly involved in blood coagulation. [NIH]

Blood pressure: The pressure of blood against the walls of a blood vessel or heart chamber. Unless there is reference to another location, such as the pulmonary artery or one of the heart chambers, it refers to the pressure in the systemic arteries, as measured, for example, in the forearm. [NIH]

Blood vessel: A tube in the body through which blood circulates. Blood vessels include a network of arteries, arterioles, capillaries, venules, and veins. [NIH]

Body Fluids: Liquid components of living organisms. [NIH]

Bone scan: A technique to create images of bones on a computer screen or on film. A small amount of radioactive material is injected into a blood vessel and travels through the bloodstream; it collects in the bones and is detected by a scanner. [NIH]

Bowel: The long tube-shaped organ in the abdomen that completes the process of digestion. There is both a small and a large bowel. Also called the intestine. [NIH]

Bowel Movement: Body wastes passed through the rectum and anus. [NIH]

Brachytherapy: A collective term for interstitial, intracavity, and surface radiotherapy. It

uses small sealed or partly-sealed sources that may be placed on or near the body surface or within a natural body cavity or implanted directly into the tissues. [NIH]

Branch: Most commonly used for branches of nerves, but applied also to other structures. [NIH]

Breakdown: A physical, metal, or nervous collapse. [NIH]

Bupropion: A unicyclic, aminoketone antidepressant. The mechanism of its therapeutic actions is not well understood, but it does appear to block dopamine uptake. The hydrochloride is available as an aid to smoking cessation treatment. [NIH]

Caffeine: A methylxanthine naturally occurring in some beverages and also used as a pharmacological agent. Caffeine's most notable pharmacological effect is as a central nervous system stimulant, increasing alertness and producing agitation. It also relaxes smooth muscle, stimulates cardiac muscle, stimulates diuresis, and appears to be useful in the treatment of some types of headache. Several cellular actions of caffeine have been observed, but it is not entirely clear how each contributes to its pharmacological profile. Among the most important are inhibition of cyclic nucleotide phosphodiesterases, antagonism of adenosine receptors, and modulation of intracellular calcium handling. [NIH]

Calcium: A basic element found in nearly all organized tissues. It is a member of the alkaline earth family of metals with the atomic symbol Ca, atomic number 20, and atomic weight 40. Calcium is the most abundant mineral in the body and combines with phosphorus to form calcium phosphate in the bones and teeth. It is essential for the normal functioning of nerves and muscles and plays a role in blood coagulation (as factor IV) and in many enzymatic processes. [NIH]

Capital Financing: Institutional funding for facilities and for equipment which becomes a part of the assets of the institution. [NIH]

Capsaicin: Cytotoxic alkaloid from various species of Capsicum (pepper, paprika), of the Solanaceae. [NIH]

Capsules: Hard or soft soluble containers used for the oral administration of medicine. [NIH]

Carbamazepine: An anticonvulsant used to control grand mal and psychomotor or focal seizures. Its mode of action is not fully understood, but some of its actions resemble those of phenytoin; although there is little chemical resemblance between the two compounds, their three-dimensional structure is similar. [NIH]

Carbohydrate: An aldehyde or ketone derivative of a polyhydric alcohol, particularly of the pentahydric and hexahydric alcohols. They are so named because the hydrogen and oxygen are usually in the proportion to form water, (CH2O)n. The most important carbohydrates are the starches, sugars, celluloses, and gums. They are classified into mono-, di-, tri-, poly- and heterosaccharides. [EU]

Carcinogenic: Producing carcinoma. [EU]

Cardiac: Having to do with the heart. [NIH]

Cardiovascular: Having to do with the heart and blood vessels. [NIH]

Case report: A detailed report of the diagnosis, treatment, and follow-up of an individual patient. Case reports also contain some demographic information about the patient (for example, age, gender, ethnic origin). [NIH]

Case series: A group or series of case reports involving patients who were given similar treatment. Reports of case series usually contain detailed information about the individual patients. This includes demographic information (for example, age, gender, ethnic origin) and information on diagnosis, treatment, response to treatment, and follow-up after treatment. [NIH]

Catechol: A chemical originally isolated from a type of mimosa tree. Catechol is used as an astringent, an antiseptic, and in photography, electroplating, and making other chemicals. It can also be man-made. [NIH]

Catecholamine: A group of chemical substances manufactured by the adrenal medulla and secreted during physiological stress. [NIH]

Catheter: A flexible tube used to deliver fluids into or withdraw fluids from the body. [NIH]

Caudate Nucleus: Elongated gray mass of the neostriatum located adjacent to the lateral ventricle of the brain. [NIH]

Causal: Pertaining to a cause; directed against a cause. [EU]

Cell: The individual unit that makes up all of the tissues of the body. All living things are made up of one or more cells. [NIH]

Cell membrane: Cell membrane = plasma membrane. The structure enveloping a cell, enclosing the cytoplasm, and forming a selective permeability barrier; it consists of lipids, proteins, and some carbohydrates, the lipids thought to form a bilayer in which integral proteins are embedded to varying degrees. [EU]

Central Nervous System: The main information-processing organs of the nervous system, consisting of the brain, spinal cord, and meninges. [NIH]

Cerebellar: Pertaining to the cerebellum. [EU]

Cerebral: Of or pertaining of the cerebrum or the brain. [EU]

Cerebral Cortex: The thin layer of gray matter on the surface of the cerebral hemisphere that develops from the telencephalon and folds into gyri. It reaches its highest development in man and is responsible for intellectual faculties and higher mental functions. [NIH]

Cerebrum: The largest part of the brain. It is divided into two hemispheres, or halves, called the cerebral hemispheres. The cerebrum controls muscle functions of the body and also controls speech, emotions, reading, writing, and learning. [NIH]

Chemotactic Factors: Chemical substances that attract or repel cells or organisms. The concept denotes especially those factors released as a result of tissue injury, invasion, or immunologic activity, that attract leukocytes, macrophages, or other cells to the site of infection or insult. [NIH]

Chin: The anatomical frontal portion of the mandible, also known as the mentum, that contains the line of fusion of the two separate halves of the mandible (symphysis menti). This line of fusion divides inferiorly to enclose a triangular area called the mental protuberance. On each side, inferior to the second premolar tooth, is the mental foramen for the passage of blood vessels and a nerve. [NIH]

Choline: A basic constituent of lecithin that is found in many plants and animal organs. It is important as a precursor of acetylcholine, as a methyl donor in various metabolic processes, and in lipid metabolism. [NIH]

Cholinergic: Resembling acetylcholine in pharmacological action; stimulated by or releasing acetylcholine or a related compound. [EU]

Cholinesterase Inhibitors: Drugs that inhibit cholinesterases. The neurotransmitter acetylcholine is rapidly hydrolyzed, and thereby inactivated, by cholinesterases. When cholinesterases are inhibited, the action of endogenously released acetylcholine at cholinergic synapses is potentiated. Cholinesterase inhibitors are widely used clinically for their potentiation of cholinergic inputs to the gastrointestinal tract and urinary bladder, the eye, and skeletal muscles; they are also used for their effects on the heart and the central nervous system. [NIH]

Chromosome: Part of a cell that contains genetic information. Except for sperm and eggs, all human cells contain 46 chromosomes. [NIH]

Chronic: A disease or condition that persists or progresses over a long period of time. [NIH]

Clinical study: A research study in which patients receive treatment in a clinic or other medical facility. Reports of clinical studies can contain results for single patients (case reports) or many patients (case series or clinical trials). [NIH]

Clinical trial: A research study that tests how well new medical treatments or other interventions work in people. Each study is designed to test new methods of screening, prevention, diagnosis, or treatment of a disease. [NIH]

Coca: Any of several South American shrubs of the Erythroxylon genus (and family) that yield cocaine; the leaves are chewed with alum for CNS stimulation. [NIH]

Cocaine: An alkaloid ester extracted from the leaves of plants including coca. It is a local anesthetic and vasoconstrictor and is clinically used for that purpose, particularly in the eye, ear, nose, and throat. It also has powerful central nervous system effects similar to the amphetamines and is a drug of abuse. Cocaine, like amphetamines, acts by multiple mechanisms on brain catecholaminergic neurons; the mechanism of its reinforcing effects is thought to involve inhibition of dopamine uptake. [NIH]

Cochlear: Of or pertaining to the cochlea. [EU]

Cochlear Diseases: Diseases of the cochlea, the part of the inner ear that is concerned with hearing. [NIH]

Cofactor: A substance, microorganism or environmental factor that activates or enhances the action of another entity such as a disease-causing agent. [NIH]

Cognition: Intellectual or mental process whereby an organism becomes aware of or obtains knowledge. [NIH]

Collapse: 1. A state of extreme prostration and depression, with failure of circulation. 2. Abnormal falling in of the walls of any part of organ. [EU]

Communication Disorders: Disorders of verbal and nonverbal communication caused by receptive or expressive language disorders, cognitive dysfunction (e.g., mental retardation), psychiatric conditions, and hearing disorders. [NIH]

Comorbidity: The presence of co-existing or additional diseases with reference to an initial diagnosis or with reference to the index condition that is the subject of study. Comorbidity may affect the ability of affected individuals to function and also their survival; it may be used as a prognostic indicator for length of hospital stay, cost factors, and outcome or survival. [NIH]

Complement: A term originally used to refer to the heat-labile factor in serum that causes immune cytolysis, the lysis of antibody-coated cells, and now referring to the entire functionally related system comprising at least 20 distinct serum proteins that is the effector not only of immune cytolysis but also of other biologic functions. Complement activation occurs by two different sequences, the classic and alternative pathways. The proteins of the classic pathway are termed 'components of complement' and are designated by the symbols C1 through C9. C1 is a calcium-dependent complex of three distinct proteins C1q, C1r and C1s. The proteins of the alternative pathway (collectively referred to as the properdin system) and complement regulatory proteins are known by semisystematic or trivial names. Fragments resulting from proteolytic cleavage of complement proteins are designated with lower-case letter suffixes, e.g., C3a. Inactivated fragments may be designated with the suffix 'i', e.g. C3bi. Activated components or complexes with biological activity are designated by a bar over the symbol e.g. C1 or C4b,2a. The classic pathway is activated by the binding of C1

to classic pathway activators, primarily antigen-antibody complexes containing IgM, IgG1, IgG3; C1q binds to a single IgM molecule or two adjacent IgG molecules. The alternative pathway can be activated by IgA immune complexes and also by nonimmunologic materials including bacterial endotoxins, microbial polysaccharides, and cell walls. Activation of the classic pathway triggers an enzymatic cascade involving C1, C4, C2 and C3; activation of the alternative pathway triggers a cascade involving C3 and factors B, D and P. Both result in the cleavage of C5 and the formation of the membrane attack complex. Complement activation also results in the formation of many biologically active complement fragments that act as anaphylatoxins, opsonins, or chemotactic factors. [EU]

Complementary and alternative medicine: CAM. Forms of treatment that are used in addition to (complementary) or instead of (alternative) standard treatments. These practices are not considered standard medical approaches. CAM includes dietary supplements, megadose vitamins, herbal preparations, special teas, massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Complementary medicine: Practices not generally recognized by the medical community as standard or conventional medical approaches and used to enhance or complement the standard treatments. Complementary medicine includes the taking of dietary supplements, megadose vitamins, and herbal preparations; the drinking of special teas; and practices such as massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Complete remission: The disappearance of all signs of cancer. Also called a complete response. [NIH]

Compliance: Distensibility measure of a chamber such as the lungs (lung compliance) or bladder. Compliance is expressed as a change in volume per unit change in pressure. [NIH]

Compulsions: In psychology, an irresistible urge, sometimes amounting to obsession to perform a particular act which usually is carried out against the performer's will or better judgment. [NIH]

Computational Biology: A field of biology concerned with the development of techniques for the collection and manipulation of biological data, and the use of such data to make biological discoveries or predictions. This field encompasses all computational methods and theories applicable to molecular biology and areas of computer-based techniques for solving biological problems including manipulation of models and datasets. [NIH]

Computed tomography: CT scan. A series of detailed pictures of areas inside the body, taken from different angles; the pictures are created by a computer linked to an x-ray machine. Also called computerized tomography and computerized axial tomography (CAT) scan. [NIH]

Computerized axial tomography: A series of detailed pictures of areas inside the body, taken from different angles; the pictures are created by a computer linked to an x-ray machine. Also called CAT scan, computed tomography (CT scan), or computerized tomography. [NIH]

Computerized tomography: A series of detailed pictures of areas inside the body, taken from different angles; the pictures are created by a computer linked to an x-ray machine. Also called computerized axial tomography (CAT) scan and computed tomography (CT scan). [NIH]

Concomitant: Accompanying; accessory; joined with another. [EU]

Connective Tissue: Tissue that supports and binds other tissues. It consists of connective tissue cells embedded in a large amount of extracellular matrix. [NIH]

Connective Tissue: Tissue that supports and binds other tissues. It consists of connective tissue cells embedded in a large amount of extracellular matrix. [NIH]

Consciousness: Sense of awareness of self and of the environment. [NIH]

Constipation: Infrequent or difficult evacuation of feces. [NIH]

Continuum: An area over which the vegetation or animal population is of constantly changing composition so that homogeneous, separate communities cannot be distinguished. [NIH]

Contraindications: Any factor or sign that it is unwise to pursue a certain kind of action or treatment, e. g. giving a general anesthetic to a person with pneumonia. [NIH]

Controlled clinical trial: A clinical study that includes a comparison (control) group. The comparison group receives a placebo, another treatment, or no treatment at all. [NIH]

Controlled study: An experiment or clinical trial that includes a comparison (control) group. [NIH]

Coordination: Muscular or motor regulation or the harmonious cooperation of muscles or groups of muscles, in a complex action or series of actions. [NIH]

Coronary: Encircling in the manner of a crown; a term applied to vessels; nerves, ligaments, etc. The term usually denotes the arteries that supply the heart muscle and, by extension, a pathologic involvement of them. [EU]

Coronary Thrombosis: Presence of a thrombus in a coronary artery, often causing a myocardial infarction. [NIH]

Corpus: The body of the uterus. [NIH]

Corpus Callosum: Broad plate of dense myelinated fibers that reciprocally interconnect regions of the cortex in all lobes with corresponding regions of the opposite hemisphere. The corpus callosum is located deep in the longitudinal fissure. [NIH]

Cortex: The outer layer of an organ or other body structure, as distinguished from the internal substance. [EU]

Cortical: Pertaining to or of the nature of a cortex or bark. [EU]

Cortisol: A steroid hormone secreted by the adrenal cortex as part of the body's response to stress. [NIH]

Craniocerebral Trauma: Traumatic injuries involving the cranium and intracranial structures (i.e., brain; cranial nerves; meninges; and other structures). Injuries may be classified by whether or not the skull is penetrated (i.e., penetrating vs. nonpenetrating) or whether there is an associated hemorrhage. [NIH]

Cues: Signals for an action; that specific portion of a perceptual field or pattern of stimuli to which a subject has learned to respond. [NIH]

Curative: Tending to overcome disease and promote recovery. [EU]

Cyclic: Pertaining to or occurring in a cycle or cycles; the term is applied to chemical compounds that contain a ring of atoms in the nucleus. [EU]

Databases, Bibliographic: Extensive collections, reputedly complete, of references and citations to books, articles, publications, etc., generally on a single subject or specialized subject area. Databases can operate through automated files, libraries, or computer disks. The concept should be differentiated from factual databases which is used for collections of data and facts apart from bibliographic references to them. [NIH]

Deamination: The removal of an amino group (NH2) from a chemical compound. [NIH]

Decision Making: The process of making a selective intellectual judgment when presented with several complex alternatives consisting of several variables, and usually defining a course of action or an idea. [NIH]

Delusion: A false belief, not susceptible to argument or reason, and determined, pathologically, by some form of mental disorder. [NIH]

Density: The logarithm to the base 10 of the opacity of an exposed and processed film. [NIH]

Dental Caries: Localized destruction of the tooth surface initiated by decalcification of the enamel followed by enzymatic lysis of organic structures and leading to cavity formation. If left unchecked, the cavity may penetrate the enamel and dentin and reach the pulp. The three most prominent theories used to explain the etiology of the disase are that acids produced by bacteria lead to decalcification; that micro-organisms destroy the enamel protein; or that keratolytic micro-organisms produce chelates that lead to decalcification. [NIH]

Depersonalization: Alteration in the perception of the self so that the usual sense of one's own reality is lost, manifested in a sense of unreality or self-estrangement, in changes of body image, or in a feeling that one does not control his own actions and speech; seen in depersonalization disorder, schizophrenic disorders, and schizotypal personality disorder. Some do not draw a distinction between depersonalization and derealization, using depersonalization to include both. [EU]

Depolarization: The process or act of neutralizing polarity. In neurophysiology, the reversal of the resting potential in excitable cell membranes when stimulated, i.e., the tendency of the cell membrane potential to become positive with respect to the potential outside the cell. [EU]

Deprenyl: Substance that blocks the breakdown of dopamine, thus preserving its availability in the striatum. [NIH]

Depressive Disorder: An affective disorder manifested by either a dysphoric mood or loss of interest or pleasure in usual activities. The mood disturbance is prominent and relatively persistent. [NIH]

Derealization: Is characterized by the loss of the sense of reality concerning one's surroundings. [NIH]

Dermis: A layer of vascular connective tissue underneath the epidermis. The surface of the dermis contains sensitive papillae. Embedded in or beneath the dermis are sweat glands, hair follicles, and sebaceous glands. [NIH]

Desipramine: A tricyclic dibenzazepine compound that potentiates neurotransmission. Desipramine selectively blocks reuptake of norepinephrine from the neural synapse, and also appears to impair serotonin transport. This compound also possesses minor anticholingeric activity, through its affinity to muscarinic receptors. [NIH]

DEXA: A method (dual energy X-ray absortiometry) used to estimate total body fat and percent of body fat. Potential disadvantages include whole body radiation and the long time required for scanning while the subject lies on a hard table. [NIH]

Dextroamphetamine: The d-form of amphetamine. It is a central nervous system stimulant and a sympathomimetic. It has also been used in the treatment of narcolepsy and of attention deficit disorders and hyperactivity in children. Dextroamphetamine has multiple mechanisms of action including blocking uptake of adrenergics and dopamine, stimulating release of monamines, and inhibiting monoamine oxidase. It is also a drug of abuse and a psychotomimetic. [NIH]

Diastolic: Of or pertaining to the diastole. [EU]

Diastolic blood pressure: The minimum pressure that remains within the artery when the heart is at rest. [NIH]

Diencephalon: The paired caudal parts of the prosencephalon from which the thalamus,

hypothalamus, epithalamus, and subthalamus are derived. [NIH]

Digestive system: The organs that take in food and turn it into products that the body can use to stay healthy. Waste products the body cannot use leave the body through bowel movements. The digestive system includes the salivary glands, mouth, esophagus, stomach, liver, pancreas, gallbladder, small and large intestines, and rectum. [NIH]

Direct: 1. Straight; in a straight line. 2. Performed immediately and without the intervention of subsidiary means. [EU]

Discrimination: The act of qualitative and/or quantitative differentiation between two or more stimuli. [NIH]

Disparity: Failure of the two retinal images of an object to fall on corresponding retinal points. [NIH]

Dissociation: 1. The act of separating or state of being separated. 2. The separation of a molecule into two or more fragments (atoms, molecules, ions, or free radicals) produced by the absorption of light or thermal energy or by solvation. 3. In psychology, a defense mechanism in which a group of mental processes are segregated from the rest of a person's mental activity in order to avoid emotional distress, as in the dissociative disorders (q.v.), or in which an idea or object is segregated from its emotional significance; in the first sense it is roughly equivalent to splitting, in the second, to isolation. 4. A defect of mental integration in which one or more groups of mental processes become separated off from normal consciousness and, thus separated, function as a unitary whole. [EU]

Dissociative Disorders: Sudden temporary alterations in the normally integrative functions of consciousness. [NIH]

Diuresis: Increased excretion of urine. [EU]

Dizziness: An imprecise term which may refer to a sense of spatial disorientation, motion of the environment, or lightheadedness. [NIH]

Dominance: In genetics, the full phenotypic expression of a gene in both heterozygotes and homozygotes. [EU]

Donepezil: A drug used in the treatment of Alzheimer's disease. It belongs to the family of drugs called cholinesterase inhibitors. It is being studied as a treatment for side effects caused by radiation therapy to the brain. [NIH]

Dopamine: An endogenous catecholamine and prominent neurotransmitter in several systems of the brain. In the synthesis of catecholamines from tyrosine, it is the immediate precursor to norepinephrine and epinephrine. Dopamine is a major transmitter in the extrapyramidal system of the brain, and important in regulating movement. A family of dopaminergic receptor subtypes mediate its action. Dopamine is used pharmacologically for its direct (beta adrenergic agonist) and indirect (adrenergic releasing) sympathomimetic effects including its actions as an inotropic agent and as a renal vasodilator. [NIH]

Double-blind: Pertaining to a clinical trial or other experiment in which neither the subject nor the person administering treatment knows which treatment any particular subject is receiving. [EU]

Drosophila: A genus of small, two-winged flies containing approximately 900 described species. These organisms are the most extensively studied of all genera from the standpoint of genetics and cytology. [NIH]

Drug Interactions: The action of a drug that may affect the activity, metabolism, or toxicity of another drug. [NIH]

Drug Tolerance: Progressive diminution of the susceptibility of a human or animal to the effects of a drug, resulting from its continued administration. It should be differentiated

from drug resistance wherein an organism, disease, or tissue fails to respond to the intended effectiveness of a chemical or drug. It should also be differentiated from maximum tolerated dose and no-observed-adverse-effect level. [NIH]

Duct: A tube through which body fluids pass. [NIH]

Duke: A lamp which produces ultraviolet radiations for certain ophthalmologic therapy. [NIH]

Duodenum: The first part of the small intestine. [NIH]

Dura mater: The outermost, toughest, and most fibrous of the three membranes (meninges) covering the brain and spinal cord; called also pachymeninx. [EU]

Dysphonia: Difficulty or pain in speaking; impairment of the voice. [NIH]

Dyspnea: Difficult or labored breathing. [NIH]

Dystonia: Disordered tonicity of muscle. [EU]

Effector: It is often an enzyme that converts an inactive precursor molecule into an active second messenger. [NIH]

Effector cell: A cell that performs a specific function in response to a stimulus; usually used to describe cells in the immune system. [NIH]

Efficacy: The extent to which a specific intervention, procedure, regimen, or service produces a beneficial result under ideal conditions. Ideally, the determination of efficacy is based on the results of a randomized control trial. [NIH]

Elective: Subject to the choice or decision of the patient or physician; applied to procedures that are advantageous to the patient but not urgent. [EU]

Electroencephalography: Recording of electric currents developed in the brain by means of electrodes applied to the scalp, to the surface of the brain, or placed within the substance of the brain. [NIH]

Electrolyte: A substance that dissociates into ions when fused or in solution, and thus becomes capable of conducting electricity; an ionic solute. [EU]

Electrons: Stable elementary particles having the smallest known negative charge, present in all elements; also called negatrons. Positively charged electrons are called positrons. The numbers, energies and arrangement of electrons around atomic nuclei determine the chemical identities of elements. Beams of electrons are called cathode rays or beta rays, the latter being a high-energy biproduct of nuclear decay. [NIH]

Electroplating: Coating with a metal or alloy by electrolysis. [NIH]

Elementary Particles: Individual components of atoms, usually subatomic; subnuclear particles are usually detected only when the atomic nucleus decays and then only transiently, as most of them are unstable, often yielding pure energy without substance, i.e., radiation. [NIH]

Empirical: A treatment based on an assumed diagnosis, prior to receiving confirmatory laboratory test results. [NIH]

Endogenous: Produced inside an organism or cell. The opposite is external (exogenous) production. [NIH]

Endotoxins: Toxins closely associated with the living cytoplasm or cell wall of certain microorganisms, which do not readily diffuse into the culture medium, but are released upon lysis of the cells. [NIH]

Enuresis: Involuntary discharge of urine after the age at which urinary control should have been achieved; often used alone with specific reference to involuntary discharge of urine

occurring during sleep at night (bed-wetting, nocturnal enuresis). [EU]

Environmental Health: The science of controlling or modifying those conditions, influences, or forces surrounding man which relate to promoting, establishing, and maintaining health. [NIH]

Enzymatic: Phase where enzyme cuts the precursor protein. [NIH]

Enzyme: A protein that speeds up chemical reactions in the body. [NIH]

Epidemiological: Relating to, or involving epidemiology. [EU]

Epinephrine: The active sympathomimetic hormone from the adrenal medulla in most species. It stimulates both the alpha- and beta- adrenergic systems, causes systemic vasoconstriction and gastrointestinal relaxation, stimulates the heart, and dilates bronchi and cerebral vessels. It is used in asthma and cardiac failure and to delay absorption of local anesthetics. [NIH]

Esophagus: The muscular tube through which food passes from the throat to the stomach. [NIH]

Evoke: The electric response recorded from the cerebral cortex after stimulation of a peripheral sense organ. [NIH]

Exogenous: Developed or originating outside the organism, as exogenous disease. [EU]

Exon: The part of the DNA that encodes the information for the actual amino acid sequence of the protein. In many eucaryotic genes, the coding sequences consist of a series of exons alternating with intron sequences. [NIH]

External-beam radiation: Radiation therapy that uses a machine to aim high-energy rays at the cancer. Also called external radiation. [NIH]

Extracellular: Outside a cell or cells. [EU]

Extrapyramidal: Outside of the pyramidal tracts. [EU]

Family Planning: Programs or services designed to assist the family in controlling reproduction by either improving or diminishing fertility. [NIH]

Fat: Total lipids including phospholipids. [NIH]

Fatigue: The state of weariness following a period of exertion, mental or physical, characterized by a decreased capacity for work and reduced efficiency to respond to stimuli. [NIH]

Fatty acids: A major component of fats that are used by the body for energy and tissue development. [NIH]

Fetus: The developing offspring from 7 to 8 weeks after conception until birth. [NIH]

Fibrosis: Any pathological condition where fibrous connective tissue invades any organ, usually as a consequence of inflammation or other injury. [NIH]

Fissure: Any cleft or groove, normal or otherwise; especially a deep fold in the cerebral cortex which involves the entire thickness of the brain wall. [EU]

Flumazenil: A potent benzodiazepine receptor antagonist. Since it reverses the sedative and other actions of benzodiazepines, it has been suggested as an antidote to benzodiazepine overdoses. [NIH]

Fluorine: A nonmetallic, diatomic gas that is a trace element and member of the halogen family. It is used in dentistry as flouride to prevent dental caries. [NIH]

Fluvoxamine: A selective serotonin reuptake inhibitor. It is effective in the treatment of depression, obsessive-compulsive disorders, anxiety, panic disorders, and alcohol amnestic disorders. [NIH]

Forearm: The part between the elbow and the wrist. [NIH]

Free Radicals: Highly reactive molecules with an unsatisfied electron valence pair. Free radicals are produced in both normal and pathological processes. They are proven or suspected agents of tissue damage in a wide variety of circumstances including radiation, damage from environment chemicals, and aging. Natural and pharmacological prevention of free radical damage is being actively investigated. [NIH]

Frontal Lobe: The anterior part of the cerebral hemisphere. [NIH]

Gallbladder: The pear-shaped organ that sits below the liver. Bile is concentrated and stored in the gallbladder. [NIH]

Ganglia: Clusters of multipolar neurons surrounded by a capsule of loosely organized connective tissue located outside the central nervous system. [NIH]

Gas: Air that comes from normal breakdown of food. The gases are passed out of the body through the rectum (flatus) or the mouth (burp). [NIH]

Gastrin: A hormone released after eating. Gastrin causes the stomach to produce more acid. [NIH]

Gastrointestinal: Refers to the stomach and intestines. [NIH]

Gastrointestinal tract: The stomach and intestines. [NIH]

Gene: The functional and physical unit of heredity passed from parent to offspring. Genes are pieces of DNA, and most genes contain the information for making a specific protein. [NIH]

General practitioner: A medical practitioner who does not specialize in a particular branch of medicine or limit his practice to a specific class of diseases. [NIH]

Genetic Techniques: Chromosomal, biochemical, intracellular, and other methods used in the study of genetics. [NIH]

Genetics: The biological science that deals with the phenomena and mechanisms of heredity. [NIH]

Genotype: The genetic constitution of the individual; the characterization of the genes. [NIH]

Gestation: The period of development of the young in viviparous animals, from the time of fertilization of the ovum until birth. [EU]

Ginseng: An araliaceous genus of plants that contains a number of pharmacologically active agents used as stimulants, sedatives, and tonics, especially in traditional medicine. [NIH]

Gland: An organ that produces and releases one or more substances for use in the body. Some glands produce fluids that affect tissues or organs. Others produce hormones or participate in blood production. [NIH]

Glucose: D-Glucose. A primary source of energy for living organisms. It is naturally occurring and is found in fruits and other parts of plants in its free state. It is used therapeutically in fluid and nutrient replacement. [NIH]

Glutamate: Excitatory neurotransmitter of the brain. [NIH]

Glycoprotein: A protein that has sugar molecules attached to it. [NIH]

Governing Board: The group in which legal authority is vested for the control of health-related institutions and organizations. [NIH]

Grade: The grade of a tumor depends on how abnormal the cancer cells look under a microscope and how quickly the tumor is likely to grow and spread. Grading systems are different for each type of cancer. [NIH]

Granulocytes: Leukocytes with abundant granules in the cytoplasm. They are divided into three groups: neutrophils, eosinophils, and basophils. [NIH]

Growth: The progressive development of a living being or part of an organism from its earliest stage to maturity. [NIH]

Guanfacine: A centrally acting antihypertensive agent. The drug lowers both systolic and diastolic blood pressure by activating the central nervous system alpha-2 adrenoreceptors, which results in reduced sympathetic outflow leading to reduced vascular tone. Its adverse reactions include dry mouth, sedation, and constipation. [NIH]

Habituation: Decline in response of an organism to environmental or other stimuli with repeated or maintained exposure. [NIH]

Head Movements: Voluntary or involuntary motion of head that may be relative to or independent of body; includes animals and humans. [NIH]

Headache: Pain in the cranial region that may occur as an isolated and benign symptom or as a manifestation of a wide variety of conditions including subarachnoid hemorrhage; craniocerebral trauma; central nervous system infections; intracranial hypertension; and other disorders. In general, recurrent headaches that are not associated with a primary disease process are referred to as headache disorders (e.g., migraine). [NIH]

Hearing Disorders: Conditions that impair the transmission or perception of auditory impulses and information from the level of the ear to the temporal cortices, including the sensorineural pathways. [NIH]

Hemorrhage: Bleeding or escape of blood from a vessel. [NIH]

Hemostasis: The process which spontaneously arrests the flow of blood from vessels carrying blood under pressure. It is accomplished by contraction of the vessels, adhesion and aggregation of formed blood elements, and the process of blood or plasma coagulation. [NIH]

Hereditary: Of, relating to, or denoting factors that can be transmitted genetically from one generation to another. [NIH]

Heredity: 1. The genetic transmission of a particular quality or trait from parent to offspring. 2. The genetic constitution of an individual. [EU]

Heritability: The proportion of observed variation in a particular trait that can be attributed to inherited genetic factors in contrast to environmental ones. [NIH]

Heterozygotes: Having unlike alleles at one or more corresponding loci on homologous chromosomes. [NIH]

Homogeneous: Consisting of or composed of similar elements or ingredients; of a uniform quality throughout. [EU]

Homologous: Corresponding in structure, position, origin, etc., as (a) the feathers of a bird and the scales of a fish, (b) antigen and its specific antibody, (c) allelic chromosomes. [EU]

Homozygotes: An individual having a homozygous gene pair. [NIH]

Hormone: A substance in the body that regulates certain organs. Hormones such as gastrin help in breaking down food. Some hormones come from cells in the stomach and small intestine. [NIH]

Hydrogen: The first chemical element in the periodic table. It has the atomic symbol H, atomic number 1, and atomic weight 1. It exists, under normal conditions, as a colorless, odorless, tasteless, diatomic gas. Hydrogen ions are protons. Besides the common H1 isotope, hydrogen exists as the stable isotope deuterium and the unstable, radioactive isotope tritium. [NIH]

Id: The part of the personality structure which harbors the unconscious instinctive desires and strivings of the individual. [NIH]

Imipramine: The prototypical tricyclic antidepressant. It has been used in major depression, dysthymia, bipolar depression, attention-deficit disorders, agoraphobia, and panic disorders. It has less sedative effect than some other members of this therapeutic group. [NIH]

Immune response: The activity of the immune system against foreign substances (antigens). [NIH]

Immune system: The organs, cells, and molecules responsible for the recognition and disposal of foreign ("non-self") material which enters the body. [NIH]

Impairment: In the context of health experience, an impairment is any loss or abnormality of psychological, physiological, or anatomical structure or function. [NIH]

Implant radiation: A procedure in which radioactive material sealed in needles, seeds, wires, or catheters is placed directly into or near the tumor. Also called [NIH]

In situ: In the natural or normal place; confined to the site of origin without invasion of neighbouring tissues. [EU]

Incision: A cut made in the body during surgery. [NIH]

Incontinence: Inability to control the flow of urine from the bladder (urinary incontinence) or the escape of stool from the rectum (fecal incontinence). [NIH]

Infancy: The period of complete dependency prior to the acquisition of competence in walking, talking, and self-feeding. [NIH]

Infantile: Pertaining to an infant or to infancy. [EU]

Infarction: A pathological process consisting of a sudden insufficient blood supply to an area, which results in necrosis of that area. It is usually caused by a thrombus, an embolus, or a vascular torsion. [NIH]

Infection: 1. Invasion and multiplication of microorganisms in body tissues, which may be clinically unapparent or result in local cellular injury due to competitive metabolism, toxins, intracellular replication, or antigen-antibody response. The infection may remain localized, subclinical, and temporary if the body's defensive mechanisms are effective. A local infection may persist and spread by extension to become an acute, subacute, or chronic clinical infection or disease state. A local infection may also become systemic when the microorganisms gain access to the lymphatic or vascular system. 2. An infectious disease. [EU]

Inflammation: A pathological process characterized by injury or destruction of tissues caused by a variety of cytologic and chemical reactions. It is usually manifested by typical signs of pain, heat, redness, swelling, and loss of function. [NIH]

Initiation: Mutation induced by a chemical reactive substance causing cell changes; being a step in a carcinogenic process. [NIH]

Inotropic: Affecting the force or energy of muscular contractions. [EU]

Inservice Training: On the job training programs for personnel carried out within an institution or agency. It includes orientation programs. [NIH]

Intelligence Tests: Standardized tests that measure the present general ability or aptitude for intellectual performance. [NIH]

Interleukin-1: A soluble factor produced by monocytes, macrophages, and other cells which activates T-lymphocytes and potentiates their response to mitogens or antigens. IL-1 consists of two distinct forms, IL-1 alpha and IL-1 beta which perform the same functions

but are distinct proteins. The biological effects of IL-1 include the ability to replace macrophage requirements for T-cell activation. The factor is distinct from interleukin-2. [NIH]

Interleukin-2: Chemical mediator produced by activated T lymphocytes and which regulates the proliferation of T cells, as well as playing a role in the regulation of NK cell activity. [NIH]

Internal radiation: A procedure in which radioactive material sealed in needles, seeds, wires, or catheters is placed directly into or near the tumor. Also called brachytherapy, implant radiation, or interstitial radiation therapy. [NIH]

Interpersonal Relations: The reciprocal interaction of two or more persons. [NIH]

Interstitial: Pertaining to or situated between parts or in the interspaces of a tissue. [EU]

Intoxication: Poisoning, the state of being poisoned. [EU]

Intracellular: Inside a cell. [NIH]

Intracranial Hypertension: Increased pressure within the cranial vault. This may result from several conditions, including hydrocephalus; brain edema; intracranial masses; severe systemic hypertension; pseudotumor cerebri; and other disorders. [NIH]

Invasive: 1. Having the quality of invasiveness. 2. Involving puncture or incision of the skin or insertion of an instrument or foreign material into the body; said of diagnostic techniques. [EU]

Involuntary: Reaction occurring without intention or volition. [NIH]

Ion Channels: Gated, ion-selective glycoproteins that traverse membranes. The stimulus for channel gating can be a membrane potential, drug, transmitter, cytoplasmic messenger, or a mechanical deformation. Ion channels which are integral parts of ionotropic neurotransmitter receptors are not included. [NIH]

Ions: An atom or group of atoms that have a positive or negative electric charge due to a gain (negative charge) or loss (positive charge) of one or more electrons. Atoms with a positive charge are known as cations; those with a negative charge are anions. [NIH]

Irradiation: The use of high-energy radiation from x-rays, neutrons, and other sources to kill cancer cells and shrink tumors. Radiation may come from a machine outside the body (external-beam radiation therapy) or from materials called radioisotopes. Radioisotopes produce radiation and can be placed in or near the tumor or in the area near cancer cells. This type of radiation treatment is called internal radiation therapy, implant radiation, interstitial radiation, or brachytherapy. Systemic radiation therapy uses a radioactive substance, such as a radiolabeled monoclonal antibody, that circulates throughout the body. Irradiation is also called radiation therapy, radiotherapy, and x-ray therapy. [NIH]

Jealousy: An irrational reaction compounded of grief, loss of self-esteem, enmity against the rival and self criticism. [NIH]

Juvenile Delinquency: The antisocial acts of children or persons under age which are illegal or lawfully interpreted as constituting delinquency. [NIH]

Kb: A measure of the length of DNA fragments, 1 Kb = 1000 base pairs. The largest DNA fragments are up to 50 kilobases long. [NIH]

Kinetic: Pertaining to or producing motion. [EU]

Labile: 1. Gliding; moving from point to point over the surface; unstable; fluctuating. 2. Chemically unstable. [EU]

Language Disorders: Conditions characterized by deficiencies of comprehension or expression of written and spoken forms of language. These include acquired and developmental disorders. [NIH]

Large Intestine: The part of the intestine that goes from the cecum to the rectum. The large intestine absorbs water from stool and changes it from a liquid to a solid form. The large intestine is 5 feet long and includes the appendix, cecum, colon, and rectum. Also called colon. [NIH]

Latency: The period of apparent inactivity between the time when a stimulus is presented and the moment a response occurs. [NIH]

Latent: Phoria which occurs at one distance or another and which usually has no troublesome effect. [NIH]

Learning Disorders: Conditions characterized by a significant discrepancy between an individual's perceived level of intellect and their ability to acquire new language and other cognitive skills. These disorders may result from organic or psychological conditions. Relatively common subtypes include dyslexia, dyscalculia, and dysgraphia. [NIH]

Least-Squares Analysis: A principle of estimation in which the estimates of a set of parameters in a statistical model are those quantities minimizing the sum of squared differences between the observed values of a dependent variable and the values predicted by the model. [NIH]

Library Services: Services offered to the library user. They include reference and circulation. [NIH]

Likelihood Functions: Functions constructed from a statistical model and a set of observed data which give the probability of that data for various values of the unknown model parameters. Those parameter values that maximize the probability are the maximum likelihood estimates of the parameters. [NIH]

Limbic: Pertaining to a limbus, or margin; forming a border around. [EU]

Limbic System: A set of forebrain structures common to all mammals that is defined functionally and anatomically. It is implicated in the higher integration of visceral, olfactory, and somatic information as well as homeostatic responses including fundamental survival behaviors (feeding, mating, emotion). For most authors, it includes the amygdala, epithalamus, gyrus cinguli, hippocampal formation (see hippocampus), hypothalamus, parahippocampal gyrus, septal nuclei, anterior nuclear group of thalamus, and portions of the basal ganglia. (Parent, Carpenter's Human Neuroanatomy, 9th ed, p744; NeuroNames, http://rprcsgi.rprc.washington.edu/neuronames/index.html (September 2, 1998)). [NIH]

Lindane: An organochlorine insecticide that has been used as a pediculicide and a scabicide. It has been shown to cause cancer. [NIH]

Linear Models: Statistical models in which the value of a parameter for a given value of a factor is assumed to be equal to a + bx, where a and b are constants. The models predict a linear regression. [NIH]

Linkage: The tendency of two or more genes in the same chromosome to remain together from one generation to the next more frequently than expected according to the law of independent assortment. [NIH]

Linkage Disequilibrium: Nonrandom association of linked genes. This is the tendency of the alleles of two separate but already linked loci to be found together more frequently than would be expected by chance alone. [NIH]

Lipid: Fat. [NIH]

Lithium: An element in the alkali metals family. It has the atomic symbol Li, atomic number 3, and atomic weight 6.94. Salts of lithium are used in treating manic-depressive disorders. [NIH]

Liver: A large, glandular organ located in the upper abdomen. The liver cleanses the blood

and aids in digestion by secreting bile. [NIH]

Liver scan: An image of the liver created on a computer screen or on film. A radioactive substance is injected into a blood vessel and travels through the bloodstream. It collects in the liver, especially in abnormal areas, and can be detected by the scanner. [NIH]

Lobe: A portion of an organ such as the liver, lung, breast, or brain. [NIH]

Localized: Cancer which has not metastasized yet. [NIH]

Logistic Models: Statistical models which describe the relationship between a qualitative dependent variable (that is, one which can take only certain discrete values, such as the presence or absence of a disease) and an independent variable. A common application is in epidemiology for estimating an individual's risk (probability of a disease) as a function of a given risk factor. [NIH]

Lymphatic: The tissues and organs, including the bone marrow, spleen, thymus, and lymph nodes, that produce and store cells that fight infection and disease. [NIH]

Lymphocyte: A white blood cell. Lymphocytes have a number of roles in the immune system, including the production of antibodies and other substances that fight infection and diseases. [NIH]

Macrophage: A type of white blood cell that surrounds and kills microorganisms, removes dead cells, and stimulates the action of other immune system cells. [NIH]

Magnetic Resonance Imaging: Non-invasive method of demonstrating internal anatomy based on the principle that atomic nuclei in a strong magnetic field absorb pulses of radiofrequency energy and emit them as radiowaves which can be reconstructed into computerized images. The concept includes proton spin tomographic techniques. [NIH]

Magnetic Resonance Spectroscopy: Spectroscopic method of measuring the magnetic moment of elementary particles such as atomic nuclei, protons or electrons. It is employed in clinical applications such as NMR Tomography (magnetic resonance imaging). [NIH]

Major Histocompatibility Complex: The genetic region which contains the loci of genes which determine the structure of the serologically defined (SD) and lymphocyte-defined (LD) transplantation antigens, genes which control the structure of the immune response-associated (Ia) antigens, the immune response (Ir) genes which control the ability of an animal to respond immunologically to antigenic stimuli, and genes which determine the structure and/or level of the first four components of complement. [NIH]

Mania: Excitement of psychotic proportions manifested by mental and physical hyperactivity, disorganization of behaviour, and elevation of mood. [EU]

Manic: Affected with mania. [EU]

Manic-depressive psychosis: One of a group of psychotic reactions, fundamentally marked by severe mood swings and a tendency to remission and recurrence. [NIH]

Man-made: Ionizing radiation emitted by artificial or concentrated natural, radioactive material or resulting from the operation of high voltage apparatus, such as X-ray apparatus or particle accelerators, of nuclear reactors, or from nuclear explosions. [NIH]

Marital Status: A demographic parameter indicating a person's status with respect to marriage, divorce, widowhood, singleness, etc. [NIH]

Mediate: Indirect; accomplished by the aid of an intervening medium. [EU]

Mediator: An object or substance by which something is mediated, such as (1) a structure of the nervous system that transmits impulses eliciting a specific response; (2) a chemical substance (transmitter substance) that induces activity in an excitable tissue, such as nerve or muscle; or (3) a substance released from cells as the result of the interaction of antigen

with antibody or by the action of antigen with a sensitized lymphocyte. [EU]

Medical Records: Recording of pertinent information concerning patient's illness or illnesses. [NIH]

MEDLINE: An online database of MEDLARS, the computerized bibliographic Medical Literature Analysis and Retrieval System of the National Library of Medicine. [NIH]

Membrane: A very thin layer of tissue that covers a surface. [NIH]

Memory: Complex mental function having four distinct phases: (1) memorizing or learning, (2) retention, (3) recall, and (4) recognition. Clinically, it is usually subdivided into immediate, recent, and remote memory. [NIH]

Meninges: The three membranes that cover and protect the brain and spinal cord. [NIH]

Meningitis: Inflammation of the meninges. When it affects the dura mater, the disease is termed pachymeningitis; when the arachnoid and pia mater are involved, it is called leptomeningitis, or meningitis proper. [EU]

Mental: Pertaining to the mind; psychic. 2. (L. mentum chin) pertaining to the chin. [EU]

Mental Disorders: Psychiatric illness or diseases manifested by breakdowns in the adaptational process expressed primarily as abnormalities of thought, feeling, and behavior producing either distress or impairment of function. [NIH]

Mental Health: The state wherein the person is well adjusted. [NIH]

Mental Processes: Conceptual functions or thinking in all its forms. [NIH]

Mental Retardation: Refers to sub-average general intellectual functioning which originated during the developmental period and is associated with impairment in adaptive behavior. [NIH]

Meta-Analysis: A quantitative method of combining the results of independent studies (usually drawn from the published literature) and synthesizing summaries and conclusions which may be used to evaluate therapeutic effectiveness, plan new studies, etc., with application chiefly in the areas of research and medicine. [NIH]

Metabolite: Any substance produced by metabolism or by a metabolic process. [EU]

Methamphetamine: A central nervous system stimulant and sympathomimetic with actions and uses similar to dextroamphetamine. The smokable form is a drug of abuse and is referred to as crank, crystal, crystal meth, ice, and speed. [NIH]

Methylphenidate: A central nervous system stimulant used most commonly in the treatment of attention-deficit disorders in children and for narcolepsy. Its mechanisms appear to be similar to those of dextroamphetamine. [NIH]

Methyltransferase: A drug-metabolizing enzyme. [NIH]

MI: Myocardial infarction. Gross necrosis of the myocardium as a result of interruption of the blood supply to the area; it is almost always caused by atherosclerosis of the coronary arteries, upon which coronary thrombosis is usually superimposed. [NIH]

Microglia: The third type of glial cell, along with astrocytes and oligodendrocytes (which together form the macroglia). Microglia vary in appearance depending on developmental stage, functional state, and anatomical location; subtype terms include ramified, perivascular, ameboid, resting, and activated. Microglia clearly are capable of phagocytosis and play an important role in a wide spectrum of neuropathologies. They have also been suggested to act in several other roles including in secretion (e.g., of cytokines and neural growth factors), in immunological processing (e.g., antigen presentation), and in central nervous system development and remodeling. [NIH]

Microwaves: That portion of the electromagnetic spectrum lying between UHF (ultrahigh

frequency) radio waves and heat (infrared) waves. Microwaves are used to generate heat, especially in some types of diathermy. They may cause heat damage to tissues. [NIH]

Moclobemide: A reversible inhibitor of monoamine oxidase type A (RIMA) that has antidepressive properties. [NIH]

Modification: A change in an organism, or in a process in an organism, that is acquired from its own activity or environment. [NIH]

Molecular: Of, pertaining to, or composed of molecules : a very small mass of matter. [EU]

Molecule: A chemical made up of two or more atoms. The atoms in a molecule can be the same (an oxygen molecule has two oxygen atoms) or different (a water molecule has two hydrogen atoms and one oxygen atom). Biological molecules, such as proteins and DNA, can be made up of many thousands of atoms. [NIH]

Monitor: An apparatus which automatically records such physiological signs as respiration, pulse, and blood pressure in an anesthetized patient or one undergoing surgical or other procedures. [NIH]

Monoamine: Enzyme that breaks down dopamine in the astrocytes and microglia. [NIH]

Monoamine Oxidase: An enzyme that catalyzes the oxidative deamination of naturally occurring monoamines. It is a flavin-containing enzyme that is localized in mitochondrial membranes, whether in nerve terminals, the liver, or other organs. Monoamine oxidase is important in regulating the metabolic degradation of catecholamines and serotonin in neural or target tissues. Hepatic monoamine oxidase has a crucial defensive role in inactivating circulating monoamines or those, such as tyramine, that originate in the gut and are absorbed into the portal circulation. (From Goodman and Gilman's, The Pharmacological Basis of Therapeutics, 8th ed, p415) EC 1.4.3.4. [NIH]

Monoclonal: An antibody produced by culturing a single type of cell. It therefore consists of a single species of immunoglobulin molecules. [NIH]

Monocytes: Large, phagocytic mononuclear leukocytes produced in the vertebrate bone marrow and released into the blood; contain a large, oval or somewhat indented nucleus surrounded by voluminous cytoplasm and numerous organelles. [NIH]

Mood Disorders: Those disorders that have a disturbance in mood as their predominant feature. [NIH]

Morphine: The principal alkaloid in opium and the prototype opiate analgesic and narcotic. Morphine has widespread effects in the central nervous system and on smooth muscle. [NIH]

Motility: The ability to move spontaneously. [EU]

Motor Activity: The physical activity of an organism as a behavioral phenomenon. [NIH]

Motor Cortex: Area of the frontal lobe concerned with primary motor control. It lies anterior to the central sulcus. [NIH]

Motor Skills: Performance of complex motor acts. [NIH]

Myelin: The fatty substance that covers and protects nerves. [NIH]

Myocardium: The muscle tissue of the heart composed of striated, involuntary muscle known as cardiac muscle. [NIH]

Naive: Used to describe an individual who has never taken a certain drug or class of drugs (e. g., AZT-naive, antiretroviral-naive), or to refer to an undifferentiated immune system cell. [NIH]

Narcolepsy: A condition of unknown cause characterized by a periodic uncontrollable tendency to fall asleep. [NIH]

Narcotic: 1. Pertaining to or producing narcosis. 2. An agent that produces insensibility or stupor, applied especially to the opioids, i.e. to any natural or synthetic drug that has morphine-like actions. [EU]

Nausea: An unpleasant sensation in the stomach usually accompanied by the urge to vomit. Common causes are early pregnancy, sea and motion sickness, emotional stress, intense pain, food poisoning, and various enteroviruses. [NIH]

NCI: National Cancer Institute. NCI, part of the National Institutes of Health of the United States Department of Health and Human Services, is the federal government's principal agency for cancer research. NCI conducts, coordinates, and funds cancer research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer. Access the NCI Web site at http://cancer.gov. [NIH]

Necrosis: A pathological process caused by the progressive degradative action of enzymes that is generally associated with severe cellular trauma. It is characterized by mitochondrial swelling, nuclear flocculation, uncontrolled cell lysis, and ultimately cell death. [NIH]

Need: A state of tension or dissatisfaction felt by an individual that impels him to action toward a goal he believes will satisfy the impulse. [NIH]

Neostriatum: The phylogenetically newer part of the corpus striatum consisting of the caudate nucleus and putamen. It is often called simply the striatum. [NIH]

Nerve: A cordlike structure of nervous tissue that connects parts of the nervous system with other tissues of the body and conveys nervous impulses to, or away from, these tissues. [NIH]

Nerve Fibers: Slender processes of neurons, especially the prolonged axons that conduct nerve impulses. [NIH]

Nervous System: The entire nerve apparatus composed of the brain, spinal cord, nerves and ganglia. [NIH]

Networks: Pertaining to a nerve or to the nerves, a meshlike structure of interlocking fibers or strands. [NIH]

Neural: 1. Pertaining to a nerve or to the nerves. 2. Situated in the region of the spinal axis, as the neutral arch. [EU]

Neuroleptic: A term coined to refer to the effects on cognition and behaviour of antipsychotic drugs, which produce a state of apathy, lack of initiative, and limited range of emotion and in psychotic patients cause a reduction in confusion and agitation and normalization of psychomotor activity. [EU]

Neurologic: Having to do with nerves or the nervous system. [NIH]

Neuroma: A tumor that arises in nerve cells. [NIH]

Neuromuscular: Pertaining to muscles and nerves. [EU]

Neuromuscular Junction: The synapse between a neuron and a muscle. [NIH]

Neuronal: Pertaining to a neuron or neurons (= conducting cells of the nervous system). [EU]

Neurons: The basic cellular units of nervous tissue. Each neuron consists of a body, an axon, and dendrites. Their purpose is to receive, conduct, and transmit impulses in the nervous system. [NIH]

Neurophysiology: The scientific discipline concerned with the physiology of the nervous system. [NIH]

Neuropsychological Tests: Tests designed to assess neurological function associated with certain behaviors. They are used in diagnosing brain dysfunction or damage and central nervous system disorders or injury. [NIH]

Neurotoxic: Poisonous or destructive to nerve tissue. [EU]

Neurotransmitter: Any of a group of substances that are released on excitation from the axon terminal of a presynaptic neuron of the central or peripheral nervous system and travel across the synaptic cleft to either excite or inhibit the target cell. Among the many substances that have the properties of a neurotransmitter are acetylcholine, norepinephrine, epinephrine, dopamine, glycine, y-aminobutyrate, glutamic acid, substance P, enkephalins, endorphins, and serotonin. [EU]

Neutrons: Electrically neutral elementary particles found in all atomic nuclei except light hydrogen; the mass is equal to that of the proton and electron combined and they are unstable when isolated from the nucleus, undergoing beta decay. Slow, thermal, epithermal, and fast neutrons refer to the energy levels with which the neutrons are ejected from heavier nuclei during their decay. [NIH]

Nicotine: Nicotine is highly toxic alkaloid. It is the prototypical agonist at nicotinic cholinergic receptors where it dramatically stimulates neurons and ultimately blocks synaptic transmission. Nicotine is also important medically because of its presence in tobacco smoke. [NIH]

Nonverbal Communication: Transmission of emotions, ideas, and attitudes between individuals in ways other than the spoken language. [NIH]

Norepinephrine: Precursor of epinephrine that is secreted by the adrenal medulla and is a widespread central and autonomic neurotransmitter. Norepinephrine is the principal transmitter of most postganglionic sympathetic fibers and of the diffuse projection system in the brain arising from the locus ceruleus. It is also found in plants and is used pharmacologically as a sympathomimetic. [NIH]

Normetanephrine: A methylated metabolite of norepinephrine that is excreted in the urine and found in certain tissues. It is a marker for tumors. [NIH]

Nortriptyline: A metabolite of amitryptyline that is also used as an antidepressive agent. Nortriptyline is used in major depression, dysthymia, and atypical depressions. [NIH]

Nuclear: A test of the structure, blood flow, and function of the kidneys. The doctor injects a mildly radioactive solution into an arm vein and uses x-rays to monitor its progress through the kidneys. [NIH]

Nuclei: A body of specialized protoplasm found in nearly all cells and containing the chromosomes. [NIH]

Nucleus: A body of specialized protoplasm found in nearly all cells and containing the chromosomes. [NIH]

Nurse Practitioners: Nurses who are specially trained to assume an expanded role in providing medical care under the supervision of a physician. [NIH]

Obsessive-Compulsive Disorder: An anxiety disorder characterized by recurrent, persistent obsessions or compulsions. Obsessions are the intrusive ideas, thoughts, or images that are experienced as senseless or repugnant. Compulsions are repetitive and seemingly purposeful behavior which the individual generally recognizes as senseless and from which the individual does not derive pleasure although it may provide a release from tension. [NIH]

Odds Ratio: The ratio of two odds. The exposure-odds ratio for case control data is the ratio of the odds in favor of exposure among cases to the odds in favor of exposure among noncases. The disease-odds ratio for a cohort or cross section is the ratio of the odds in favor of disease among the exposed to the odds in favor of disease among the unexposed. The prevalence-odds ratio refers to an odds ratio derived cross-sectionally from studies of

prevalent cases. [NIH]

Opacity: Degree of density (area most dense taken for reading). [NIH]

Ophthalmologic: Pertaining to ophthalmology (= the branch of medicine dealing with the eye). [EU]

Opiate: A remedy containing or derived from opium; also any drug that induces sleep. [EU]

Opium: The air-dried exudate from the unripe seed capsule of the opium poppy, Papaver somniferum, or its variant, P. album. It contains a number of alkaloids, but only a few - morphine, codeine, and papaverine - have clinical significance. Opium has been used as an analgesic, antitussive, antidiarrheal, and antispasmodic. [NIH]

Orbit: One of the two cavities in the skull which contains an eyeball. Each eye is located in a bony socket or orbit. [NIH]

Orbital: Pertaining to the orbit (= the bony cavity that contains the eyeball). [EU]

Outpatient: A patient who is not an inmate of a hospital but receives diagnosis or treatment in a clinic or dispensary connected with the hospital. [NIH]

Pachymeningitis: Inflammation of the dura mater of the brain, the spinal cord or the optic nerve. [NIH]

Palliative: 1. Affording relief, but not cure. 2. An alleviating medicine. [EU]

Pancreas: A mixed exocrine and endocrine gland situated transversely across the posterior abdominal wall in the epigastric and hypochondriac regions. The endocrine portion is comprised of the Islets of Langerhans, while the exocrine portion is a compound acinar gland that secretes digestive enzymes. [NIH]

Panic: A state of extreme acute, intense anxiety and unreasoning fear accompanied by disorganization of personality function. [NIH]

Panic Disorder: A type of anxiety disorder characterized by unexpected panic attacks that last minutes or, rarely, hours. Panic attacks begin with intense apprehension, fear or terror and, often, a feeling of impending doom. Symptoms experienced during a panic attack include dyspnea or sensations of being smothered; dizziness, loss of balance or faintness; choking sensations; palpitations or accelerated heart rate; shakiness; sweating; nausea or other form of abdominal distress; depersonalization or derealization; paresthesias; hot flashes or chills; chest discomfort or pain; fear of dying and fear of not being in control of oneself or going crazy. Agoraphobia may also develop. Similar to other anxiety disorders, it may be inherited as an autosomal dominant trait. [NIH]

Paresthesias: Abnormal touch sensations, such as burning or prickling, that occur without an outside stimulus. [NIH]

Parietal: 1. Of or pertaining to the walls of a cavity. 2. Pertaining to or located near the parietal bone, as the parietal lobe. [EU]

Parietal Lobe: Upper central part of the cerebral hemisphere. [NIH]

Partial remission: The shrinking, but not complete disappearance, of a tumor in response to therapy. Also called partial response. [NIH]

Partnership Practice: A voluntary contract between two or more doctors who may or may not share responsibility for the care of patients, with proportional sharing of profits and losses. [NIH]

Patch: A piece of material used to cover or protect a wound, an injured part, etc.: a patch over the eye. [NIH]

Pathologist: A doctor who identifies diseases by studying cells and tissues under a microscope. [NIH]

Patient Education: The teaching or training of patients concerning their own health needs. [NIH]

Pediatrics: A medical specialty concerned with maintaining health and providing medical care to children from birth to adolescence. [NIH]

Pedigree: A record of one's ancestors, offspring, siblings, and their offspring that may be used to determine the pattern of certain genes or disease inheritance within a family. [NIH]

Pemoline: A central nervous system stimulant used in fatigue and depressive states and to treat hyperkinetic disorders in children. [NIH]

Pepsin: An enzyme made in the stomach that breaks down proteins. [NIH]

Perception: The ability quickly and accurately to recognize similarities and differences among presented objects, whether these be pairs of words, pairs of number series, or multiple sets of these or other symbols such as geometric figures. [NIH]

Perinatal: Pertaining to or occurring in the period shortly before and after birth; variously defined as beginning with completion of the twentieth to twenty-eighth week of gestation and ending 7 to 28 days after birth. [EU]

Personality Disorders: A major deviation from normal patterns of behavior. [NIH]

PH: The symbol relating the hydrogen ion (H+) concentration or activity of a solution to that of a given standard solution. Numerically the pH is approximately equal to the negative logarithm of H+ concentration expressed in molarity. pH 7 is neutral; above it alkalinity increases and below it acidity increases. [EU]

Phagocyte: An immune system cell that can surround and kill microorganisms and remove dead cells. Phagocytes include macrophages. [NIH]

Pharmacodynamics: The study of the biochemical and physiological effects of drugs and the mechanisms of their actions, including the correlation of actions and effects of drugs with their chemical structure; also, such effects on the actions of a particular drug or drugs. [EU]

Pharmacokinetic: The mathematical analysis of the time courses of absorption, distribution, and elimination of drugs. [NIH]

Pharmacologic: Pertaining to pharmacology or to the properties and reactions of drugs. [EU]

Pharmacotherapy: A regimen of using appetite suppressant medications to manage obesity by decreasing appetite or increasing the feeling of satiety. These medications decrease appetite by increasing serotonin or catecholamine—two brain chemicals that affect mood and appetite. [NIH]

Phenotype: The outward appearance of the individual. It is the product of interactions between genes and between the genotype and the environment. This includes the killer phenotype, characteristic of yeasts. [NIH]

Phenytoin: An anticonvulsant that is used in a wide variety of seizures. It is also an anti-arrhythmic and a muscle relaxant. The mechanism of therapeutic action is not clear, although several cellular actions have been described including effects on ion channels, active transport, and general membrane stabilization. The mechanism of its muscle relaxant effect appears to involve a reduction in the sensitivity of muscle spindles to stretch. Phenytoin has been proposed for several other therapeutic uses, but its use has been limited by its many adverse effects and interactions with other drugs. [NIH]

Phosphorus: A non-metallic element that is found in the blood, muscles, nevers, bones, and teeth, and is a component of adenosine triphosphate (ATP; the primary energy source for the body's cells.) [NIH]

Phototherapy: Treatment of disease by exposure to light, especially by variously

concentrated light rays or specific wavelengths. [NIH]

Physical Examination: Systematic and thorough inspection of the patient for physical signs of disease or abnormality. [NIH]

Physiologic: Having to do with the functions of the body. When used in the phrase "physiologic age," it refers to an age assigned by general health, as opposed to calendar age. [NIH]

Pilot study: The initial study examining a new method or treatment. [NIH]

Plants: Multicellular, eukaryotic life forms of the kingdom Plantae. They are characterized by a mainly photosynthetic mode of nutrition; essentially unlimited growth at localized regions of cell divisions (meristems); cellulose within cells providing rigidity; the absence of organs of locomotion; absense of nervous and sensory systems; and an alteration of haploid and diploid generations. [NIH]

Plasma: The clear, yellowish, fluid part of the blood that carries the blood cells. The proteins that form blood clots are in plasma. [NIH]

Pneumonia: Inflammation of the lungs. [NIH]

Polymorphism: The occurrence together of two or more distinct forms in the same population. [NIH]

Polyunsaturated fat: An unsaturated fat found in greatest amounts in foods derived from plants, including safflower, sunflower, corn, and soybean oils. [NIH]

Posterior: Situated in back of, or in the back part of, or affecting the back or dorsal surface of the body. In lower animals, it refers to the caudal end of the body. [EU]

Potentiates: A degree of synergism which causes the exposure of the organism to a harmful substance to worsen a disease already contracted. [NIH]

Practicability: A non-standard characteristic of an analytical procedure. It is dependent on the scope of the method and is determined by requirements such as sample throughout and costs. [NIH]

Practice Guidelines: Directions or principles presenting current or future rules of policy for the health care practitioner to assist him in patient care decisions regarding diagnosis, therapy, or related clinical circumstances. The guidelines may be developed by government agencies at any level, institutions, professional societies, governing boards, or by the convening of expert panels. The guidelines form a basis for the evaluation of all aspects of health care and delivery. [NIH]

Practice Management: Business management of medical and dental practices that may include capital financing, utilization management, and arrangement of capitation agreements with other parties. [NIH]

Precursor: Something that precedes. In biological processes, a substance from which another, usually more active or mature substance is formed. In clinical medicine, a sign or symptom that heralds another. [EU]

Predisposition: A latent susceptibility to disease which may be activated under certain conditions, as by stress. [EU]

Prefrontal Cortex: The rostral part of the frontal lobe, bounded by the inferior precentral fissure in humans, which receives projection fibers from the mediodorsal nucleus of the thalamus. The prefrontal cortex receives afferent fibers from numerous structures of the diencephalon, mesencephalon, and limbic system as well as cortical afferents of visual, auditory, and somatic origin. [NIH]

Prenatal: Existing or occurring before birth, with reference to the fetus. [EU]

Prevalence: The total number of cases of a given disease in a specified population at a designated time. It is differentiated from incidence, which refers to the number of new cases in the population at a given time. [NIH]

Private Practice: Practice of a health profession by an individual, offering services on a person-to-person basis, as opposed to group or partnership practice. [NIH]

Progression: Increase in the size of a tumor or spread of cancer in the body. [NIH]

Progressive: Advancing; going forward; going from bad to worse; increasing in scope or severity. [EU]

Projection: A defense mechanism, operating unconsciously, whereby that which is emotionally unacceptable in the self is rejected and attributed (projected) to others. [NIH]

Promoter: A chemical substance that increases the activity of a carcinogenic process. [NIH]

Prone: Having the front portion of the body downwards. [NIH]

Prostaglandin: Any of a group of components derived from unsaturated 20-carbon fatty acids, primarily arachidonic acid, via the cyclooxygenase pathway that are extremely potent mediators of a diverse group of physiologic processes. The abbreviation for prostaglandin is PG; specific compounds are designated by adding one of the letters A through I to indicate the type of substituents found on the hydrocarbon skeleton and a subscript (1, 2 or 3) to indicate the number of double bonds in the hydrocarbon skeleton e.g., PGE2. The predominant naturally occurring prostaglandins all have two double bonds and are synthesized from arachidonic acid (5,8,11,14-eicosatetraenoic acid) by the pathway shown in the illustration. The 1 series and 3 series are produced by the same pathway with fatty acids having one fewer double bond (8,11,14-eicosatrienoic acid or one more double bond (5,8,11,14,17-eicosapentaenoic acid) than arachidonic acid. The subscript a or ß indicates the configuration at C-9 (a denotes a substituent below the plane of the ring, ß, above the plane). The naturally occurring PGF's have the a configuration, e.g., PGF2a. All of the prostaglandins act by binding to specific cell-surface receptors causing an increase in the level of the intracellular second messenger cyclic AMP (and in some cases cyclic GMP also). The effect produced by the cyclic AMP increase depends on the specific cell type. In some cases there is also a positive feedback effect. Increased cyclic AMP increases prostaglandin synthesis leading to further increases in cyclic AMP. [EU]

Protein C: A vitamin-K dependent zymogen present in the blood, which, upon activation by thrombin and thrombomodulin exerts anticoagulant properties by inactivating factors Va and VIIIa at the rate-limiting steps of thrombin formation. [NIH]

Protein S: The vitamin K-dependent cofactor of activated protein C. Together with protein C, it inhibits the action of factors VIIIa and Va. A deficiency in protein S can lead to recurrent venous and arterial thrombosis. [NIH]

Proteins: Polymers of amino acids linked by peptide bonds. The specific sequence of amino acids determines the shape and function of the protein. [NIH]

Proteolytic: 1. Pertaining to, characterized by, or promoting proteolysis. 2. An enzyme that promotes proteolysis (= the splitting of proteins by hydrolysis of the peptide bonds with formation of smaller polypeptides). [EU]

Protons: Stable elementary particles having the smallest known positive charge, found in the nuclei of all elements. The proton mass is less than that of a neutron. A proton is the nucleus of the light hydrogen atom, i.e., the hydrogen ion. [NIH]

Psychiatric: Pertaining to or within the purview of psychiatry. [EU]

Psychiatry: The medical science that deals with the origin, diagnosis, prevention, and treatment of mental disorders. [NIH]

Psychic: Pertaining to the psyche or to the mind; mental. [EU]

Psychoactive: Those drugs which alter sensation, mood, consciousness or other psychological or behavioral functions. [NIH]

Psychology: The science dealing with the study of mental processes and behavior in man and animals. [NIH]

Psychometric testing: Psychological and mental testing and quantitative analysis of an individual's psychological traits or attitudes or mental processes. [NIH]

Psychomotor: Pertaining to motor effects of cerebral or psychic activity. [EU]

Psychopathology: The study of significant causes and processes in the development of mental illness. [NIH]

Psychopharmacology: The study of the effects of drugs on mental and behavioral activity. [NIH]

Psychosis: A mental disorder characterized by gross impairment in reality testing as evidenced by delusions, hallucinations, markedly incoherent speech, or disorganized and agitated behaviour without apparent awareness on the part of the patient of the incomprehensibility of his behaviour; the term is also used in a more general sense to refer to mental disorders in which mental functioning is sufficiently impaired as to interfere grossly with the patient's capacity to meet the ordinary demands of life. Historically, the term has been applied to many conditions, e.g. manic-depressive psychosis, that were first described in psychotic patients, although many patients with the disorder are not judged psychotic. [EU]

Psychotherapy: A generic term for the treatment of mental illness or emotional disturbances primarily by verbal or nonverbal communication. [NIH]

Psychotomimetic: Psychosis miming. [NIH]

Puberty: The period during which the secondary sex characteristics begin to develop and the capability of sexual reproduction is attained. [EU]

Public Health: Branch of medicine concerned with the prevention and control of disease and disability, and the promotion of physical and mental health of the population on the international, national, state, or municipal level. [NIH]

Publishing: "The business or profession of the commercial production and issuance of literature" (Webster's 3d). It includes the publisher, publication processes, editing and editors. Production may be by conventional printing methods or by electronic publishing. [NIH]

Pulmonary: Relating to the lungs. [NIH]

Pulmonary Artery: The short wide vessel arising from the conus arteriosus of the right ventricle and conveying unaerated blood to the lungs. [NIH]

Radiation: Emission or propagation of electromagnetic energy (waves/rays), or the waves/rays themselves; a stream of electromagnetic particles (electrons, neutrons, protons, alpha particles) or a mixture of these. The most common source is the sun. [NIH]

Radiation therapy: The use of high-energy radiation from x-rays, gamma rays, neutrons, and other sources to kill cancer cells and shrink tumors. Radiation may come from a machine outside the body (external-beam radiation therapy), or it may come from radioactive material placed in the body in the area near cancer cells (internal radiation therapy, implant radiation, or brachytherapy). Systemic radiation therapy uses a radioactive substance, such as a radiolabeled monoclonal antibody, that circulates throughout the body. Also called radiotherapy. [NIH]

Radio Waves: That portion of the electromagnetic spectrum beyond the microwaves, with

wavelengths as high as 30 KM. They are used in communications, including television. Short Wave or HF (high frequency), UHF (ultrahigh frequency) and VHF (very high frequency) waves are used in citizen's band communication. [NIH]

Radioactive: Giving off radiation. [NIH]

Radiolabeled: Any compound that has been joined with a radioactive substance. [NIH]

Radiotherapy: The use of ionizing radiation to treat malignant neoplasms and other benign conditions. The most common forms of ionizing radiation used as therapy are x-rays, gamma rays, and electrons. A special form of radiotherapy, targeted radiotherapy, links a cytotoxic radionuclide to a molecule that targets the tumor. When this molecule is an antibody or other immunologic molecule, the technique is called radioimmunotherapy. [NIH]

Randomized: Describes an experiment or clinical trial in which animal or human subjects are assigned by chance to separate groups that compare different treatments. [NIH]

Reaction Time: The time from the onset of a stimulus until the organism responds. [NIH]

Reality Testing: The individual's objective evaluation of the external world and the ability to differentiate adequately between it and the internal world; considered to be a primary ego function. [NIH]

Receptor: A molecule inside or on the surface of a cell that binds to a specific substance and causes a specific physiologic effect in the cell. [NIH]

Receptors, Serotonin: Cell-surface proteins that bind serotonin and trigger intracellular changes which influence the behavior of cells. Several types of serotonin receptors have been recognized which differ in their pharmacology, molecular biology, and mode of action. [NIH]

Rectum: The last 8 to 10 inches of the large intestine. [NIH]

Recur: To occur again. Recurrence is the return of cancer, at the same site as the original (primary) tumor or in another location, after the tumor had disappeared. [NIH]

Red Nucleus: A pinkish-yellow portion of the midbrain situated in the rostral mesencephalic tegmentum. It receives a large projection from the contralateral half of the cerebellum via the superior cerebellar peduncle and a projection from the ipsilateral motor cortex. [NIH]

Refer: To send or direct for treatment, aid, information, de decision. [NIH]

Refraction: A test to determine the best eyeglasses or contact lenses to correct a refractive error (myopia, hyperopia, or astigmatism). [NIH]

Regimen: A treatment plan that specifies the dosage, the schedule, and the duration of treatment. [NIH]

Regression Analysis: Procedures for finding the mathematical function which best describes the relationship between a dependent variable and one or more independent variables. In linear regression (see linear models) the relationship is constrained to be a straight line and least-squares analysis is used to determine the best fit. In logistic regression (see logistic models) the dependent variable is qualitative rather than continuously variable and likelihood functions are used to find the best relationship. In multiple regression the dependent variable is considered to depend on more than a single independent variable. [NIH]

Relative risk: The ratio of the incidence rate of a disease among individuals exposed to a specific risk factor to the incidence rate among unexposed individuals; synonymous with risk ratio. Alternatively, the ratio of the cumulative incidence rate in the exposed to the cumulative incidence rate in the unexposed (cumulative incidence ratio). The term relative risk has also been used synonymously with odds ratio. This is because the odds ratio and relative risk approach each other if the disease is rare (5 percent of population) and the

number of subjects is large. [NIH]

Reliability: Used technically, in a statistical sense, of consistency of a test with itself, i. e. the extent to which we can assume that it will yield the same result if repeated a second time. [NIH]

Remission: A decrease in or disappearance of signs and symptoms of cancer. In partial remission, some, but not all, signs and symptoms of cancer have disappeared. In complete remission, all signs and symptoms of cancer have disappeared, although there still may be cancer in the body. [NIH]

Retinal: 1. Pertaining to the retina. 2. The aldehyde of retinol, derived by the oxidative enzymatic splitting of absorbed dietary carotene, and having vitamin A activity. In the retina, retinal combines with opsins to form visual pigments. One isomer, 11-cis retinal combines with opsin in the rods (scotopsin) to form rhodopsin, or visual purple. Another, all-trans retinal (trans-r.); visual yellow; xanthopsin) results from the bleaching of rhodopsin by light, in which the 11-cis form is converted to the all-trans form. Retinal also combines with opsins in the cones (photopsins) to form the three pigments responsible for colour vision. Called also retinal, and retinene1. [EU]

Retrospective: Looking back at events that have already taken place. [NIH]

Retrospective study: A study that looks backward in time, usually using medical records and interviews with patients who already have or had a disease. [NIH]

Risk factor: A habit, trait, condition, or genetic alteration that increases a person's chance of developing a disease. [NIH]

Ritalin: Drug used to treat hyperactive children. [NIH]

Salicylates: The salts, esters of salicylic acids, or salicylate esters of an organic acid. Some of these have analgesic, antipyretic, and anti-inflammatory activities by inhibiting prostaglandin synthesis. [NIH]

Salicylic: A tuberculosis drug. [NIH]

Salicylic Acids: Derivatives and salts of salicylic acid. [NIH]

Saliva: The clear, viscous fluid secreted by the salivary glands and mucous glands of the mouth. It contains mucins, water, organic salts, and ptylin. [NIH]

Salivary: The duct that convey saliva to the mouth. [NIH]

Salivary glands: Glands in the mouth that produce saliva. [NIH]

Scans: Pictures of structures inside the body. Scans often used in diagnosing, staging, and monitoring disease include liver scans, bone scans, and computed tomography (CT) or computerized axial tomography (CAT) scans and magnetic resonance imaging (MRI) scans. In liver scanning and bone scanning, radioactive substances that are injected into the bloodstream collect in these organs. A scanner that detects the radiation is used to create pictures. In CT scanning, an x-ray machine linked to a computer is used to produce detailed pictures of organs inside the body. MRI scans use a large magnet connected to a computer to create pictures of areas inside the body. [NIH]

Schizoid: Having qualities resembling those found in greater degree in schizophrenics; a person of schizoid personality. [NIH]

Schizophrenia: A severe emotional disorder of psychotic depth characteristically marked by a retreat from reality with delusion formation, hallucinations, emotional disharmony, and regressive behavior. [NIH]

Schizotypal Personality Disorder: A personality disorder in which there are oddities of thought (magical thinking, paranoid ideation, suspiciousness), perception (illusions,

depersonalization), speech (digressive, vague, overelaborate), and behavior (inappropriate affect in social interactions, frequently social isolation) that are not severe enough to characterize schizophrenia. [NIH]

Screening: Checking for disease when there are no symptoms. [NIH]

Seasonal Affective Disorder: A syndrome characterized by depressions that recur annually at the same time each year, usually during the winter months. Other symptoms include anxiety, irritability, decreased energy, increased appetite (carbohydrate cravings), increased duration of sleep, and weight gain. SAD (seasonal affective disorder) can be treated by daily exposure to bright artificial lights (phototherapy), during the season of recurrence. [NIH]

Second Messenger Systems: Systems in which an intracellular signal is generated in response to an intercellular primary messenger such as a hormone or neurotransmitter. They are intermediate signals in cellular processes such as metabolism, secretion, contraction, phototransduction, and cell growth. Examples of second messenger systems are the adenyl cyclase-cyclic AMP system, the phosphatidylinositol diphosphate-inositol triphosphate system, and the cyclic GMP system. [NIH]

Secretin: A hormone made in the duodenum. Causes the stomach to make pepsin, the liver to make bile, and the pancreas to make a digestive juice. [NIH]

Sedative: 1. Allaying activity and excitement. 2. An agent that allays excitement. [EU]

Seizures: Clinical or subclinical disturbances of cortical function due to a sudden, abnormal, excessive, and disorganized discharge of brain cells. Clinical manifestations include abnormal motor, sensory and psychic phenomena. Recurrent seizures are usually referred to as epilepsy or "seizure disorder." [NIH]

Sequencing: The determination of the order of nucleotides in a DNA or RNA chain. [NIH]

Serotonin: A biochemical messenger and regulator, synthesized from the essential amino acid L-tryptophan. In humans it is found primarily in the central nervous system, gastrointestinal tract, and blood platelets. Serotonin mediates several important physiological functions including neurotransmission, gastrointestinal motility, hemostasis, and cardiovascular integrity. Multiple receptor families (receptors, serotonin) explain the broad physiological actions and distribution of this biochemical mediator. [NIH]

Sex Characteristics: Those characteristics that distinguish one sex from the other. The primary sex characteristics are the ovaries and testes and their related hormones. Secondary sex characteristics are those which are masculine or feminine but not directly related to reproduction. [NIH]

Shock: The general bodily disturbance following a severe injury; an emotional or moral upset occasioned by some disturbing or unexpected experience; disruption of the circulation, which can upset all body functions: sometimes referred to as circulatory shock. [NIH]

Side effect: A consequence other than the one(s) for which an agent or measure is used, as the adverse effects produced by a drug, especially on a tissue or organ system other than the one sought to be benefited by its administration. [EU]

Signs and Symptoms: Clinical manifestations that can be either objective when observed by a physician, or subjective when perceived by the patient. [NIH]

Skull: The skeleton of the head including the bones of the face and the bones enclosing the brain. [NIH]

Sleep apnea: A serious, potentially life-threatening breathing disorder characterized by repeated cessation of breathing due to either collapse of the upper airway during sleep or absence of respiratory effort. [NIH]

Small intestine: The part of the digestive tract that is located between the stomach and the large intestine. [NIH]

Smoking Cessation: Discontinuation of the habit of smoking, the inhaling and exhaling of tobacco smoke. [NIH]

Smooth muscle: Muscle that performs automatic tasks, such as constricting blood vessels. [NIH]

Social Behavior: Any behavior caused by or affecting another individual, usually of the same species. [NIH]

Social Work: The use of community resources, individual case work, or group work to promote the adaptive capacities of individuals in relation to their social and economic environments. It includes social service agencies. [NIH]

Sodium: An element that is a member of the alkali group of metals. It has the atomic symbol Na, atomic number 11, and atomic weight 23. With a valence of 1, it has a strong affinity for oxygen and other nonmetallic elements. Sodium provides the chief cation of the extracellular body fluids. Its salts are the most widely used in medicine. (From Dorland, 27th ed) Physiologically the sodium ion plays a major role in blood pressure regulation, maintenance of fluid volume, and electrolyte balance. [NIH]

Somatic: 1. Pertaining to or characteristic of the soma or body. 2. Pertaining to the body wall in contrast to the viscera. [EU]

Soybean Oil: Oil from soybean or soybean plant. [NIH]

Spasm: An involuntary contraction of a muscle or group of muscles. Spasms may involve skeletal muscle or smooth muscle. [NIH]

Spasmodic: Of the nature of a spasm. [EU]

Spatial disorientation: Loss of orientation in space where person does not know which way is up. [NIH]

Specialist: In medicine, one who concentrates on 1 special branch of medical science. [NIH]

Species: A taxonomic category subordinate to a genus (or subgenus) and superior to a subspecies or variety, composed of individuals possessing common characters distinguishing them from other categories of individuals of the same taxonomic level. In taxonomic nomenclature, species are designated by the genus name followed by a Latin or Latinized adjective or noun. [EU]

Spectrum: A charted band of wavelengths of electromagnetic vibrations obtained by refraction and diffraction. By extension, a measurable range of activity, such as the range of bacteria affected by an antibiotic (antibacterial s.) or the complete range of manifestations of a disease. [EU]

Sperm: The fecundating fluid of the male. [NIH]

Spinal cord: The main trunk or bundle of nerves running down the spine through holes in the spinal bone (the vertebrae) from the brain to the level of the lower back. [NIH]

Staging: Performing exams and tests to learn the extent of the cancer within the body, especially whether the disease has spread from the original site to other parts of the body. [NIH]

Statistically significant: Describes a mathematical measure of difference between groups. The difference is said to be statistically significant if it is greater than what might be expected to happen by chance alone. [NIH]

Steroid: A group name for lipids that contain a hydrogenated cyclopentanoperhydrophenanthrene ring system. Some of the substances included in this

group are progesterone, adrenocortical hormones, the gonadal hormones, cardiac aglycones, bile acids, sterols (such as cholesterol), toad poisons, saponins, and some of the carcinogenic hydrocarbons. [EU]

Stimulant: 1. Producing stimulation; especially producing stimulation by causing tension on muscle fibre through the nervous tissue. 2. An agent or remedy that produces stimulation. [EU]

Stimulus: That which can elicit or evoke action (response) in a muscle, nerve, gland or other excitable issue, or cause an augmenting action upon any function or metabolic process. [NIH]

Stomach: An organ of digestion situated in the left upper quadrant of the abdomen between the termination of the esophagus and the beginning of the duodenum. [NIH]

Stool: The waste matter discharged in a bowel movement; feces. [NIH]

Stress: Forcibly exerted influence; pressure. Any condition or situation that causes strain or tension. Stress may be either physical or psychologic, or both. [NIH]

Striatum: A higher brain's domain thus called because of its stripes. [NIH]

Stroke: Sudden loss of function of part of the brain because of loss of blood flow. Stroke may be caused by a clot (thrombosis) or rupture (hemorrhage) of a blood vessel to the brain. [NIH]

Subacute: Somewhat acute; between acute and chronic. [EU]

Subclinical: Without clinical manifestations; said of the early stage(s) of an infection or other disease or abnormality before symptoms and signs become apparent or detectable by clinical examination or laboratory tests, or of a very mild form of an infection or other disease or abnormality. [EU]

Substance-Related Disorders: Disorders related to substance abuse, the side effects of a medication, toxin exposure, and alcohol-related disorders. [NIH]

Substrate: A substance upon which an enzyme acts. [EU]

Supplementation: Adding nutrients to the diet. [NIH]

Support group: A group of people with similar disease who meet to discuss how better to cope with their cancer and treatment. [NIH]

Sympathomimetic: 1. Mimicking the effects of impulses conveyed by adrenergic postganglionic fibres of the sympathetic nervous system. 2. An agent that produces effects similar to those of impulses conveyed by adrenergic postganglionic fibres of the sympathetic nervous system. Called also adrenergic. [EU]

Symptomatic: Having to do with symptoms, which are signs of a condition or disease. [NIH]

Symptomatology: 1. That branch of medicine with treats of symptoms; the systematic discussion of symptoms. 2. The combined symptoms of a disease. [EU]

Synapse: The region where the processes of two neurons come into close contiguity, and the nervous impulse passes from one to the other; the fibers of the two are intermeshed, but, according to the general view, there is no direct contiguity. [NIH]

Synaptic: Pertaining to or affecting a synapse (= site of functional apposition between neurons, at which an impulse is transmitted from one neuron to another by electrical or chemical means); pertaining to synapsis (= pairing off in point-for-point association of homologous chromosomes from the male and female pronuclei during the early prophase of meiosis). [EU]

Synaptic Transmission: The communication from a neuron to a target (neuron, muscle, or secretory cell) across a synapse. In chemical synaptic transmission, the presynaptic neuron releases a neurotransmitter that diffuses across the synaptic cleft and binds to specific

synaptic receptors. These activated receptors modulate ion channels and/or second-messenger systems to influence the postsynaptic cell. Electrical transmission is less common in the nervous system, and, as in other tissues, is mediated by gap junctions. [NIH]

Synergistic: Acting together; enhancing the effect of another force or agent. [EU]

Systemic: Affecting the entire body. [NIH]

Systolic: Indicating the maximum arterial pressure during contraction of the left ventricle of the heart. [EU]

Temporal: One of the two irregular bones forming part of the lateral surfaces and base of the skull, and containing the organs of hearing. [NIH]

Thalamic: Cell that reaches the lateral nucleus of amygdala. [NIH]

Thalamic Diseases: Disorders of the centrally located thalamus, which integrates a wide range of cortical and subcortical information. Manifestations include sensory loss, movement disorders; ataxia, pain syndromes, visual disorders, a variety of neuropsychological conditions, and coma. Relatively common etiologies include cerebrovascular disorders; craniocerebral trauma; brain neoplasms; brain hypoxia; intracranial hemorrhages; and infectious processes. [NIH]

Thalamus: Paired bodies containing mostly gray substance and forming part of the lateral wall of the third ventricle of the brain. The thalamus represents the major portion of the diencephalon and is commonly divided into cellular aggregates known as nuclear groups. [NIH]

Therapeutics: The branch of medicine which is concerned with the treatment of diseases, palliative or curative. [NIH]

Thermal: Pertaining to or characterized by heat. [EU]

Thrombomodulin: A cell surface glycoprotein of endothelial cells that binds thrombin and serves as a cofactor in the activation of protein C and its regulation of blood coagulation. [NIH]

Thrombosis: The formation or presence of a blood clot inside a blood vessel. [NIH]

Thyroid: A gland located near the windpipe (trachea) that produces thyroid hormone, which helps regulate growth and metabolism. [NIH]

Tic: An involuntary compulsive, repetitive, stereotyped movement, resembling a purposeful movement because it is coordinated and involves muscles in their normal synergistic relationships; tics usually involve the face and shoulders. [EU]

Tinnitus: Sounds that are perceived in the absence of any external noise source which may take the form of buzzing, ringing, clicking, pulsations, and other noises. Objective tinnitus refers to noises generated from within the ear or adjacent structures that can be heard by other individuals. The term subjective tinnitus is used when the sound is audible only to the affected individual. Tinnitus may occur as a manifestation of cochlear diseases; vestibulocochlear nerve diseases; intracranial hypertension; craniocerebral trauma; and other conditions. [NIH]

Tissue: A group or layer of cells that are alike in type and work together to perform a specific function. [NIH]

Tolerance: 1. The ability to endure unusually large doses of a drug or toxin. 2. Acquired drug tolerance; a decreasing response to repeated constant doses of a drug or the need for increasing doses to maintain a constant response. [EU]

Tomography: Imaging methods that result in sharp images of objects located on a chosen plane and blurred images located above or below the plane. [NIH]

Tone: 1. The normal degree of vigour and tension; in muscle, the resistance to passive elongation or stretch; tonus. 2. A particular quality of sound or of voice. 3. To make permanent, or to change, the colour of silver stain by chemical treatment, usually with a heavy metal. [EU]

Tonicity: The normal state of muscular tension. [NIH]

Tonus: A state of slight tension usually present in muscles even when they are not undergoing active contraction. [NIH]

Tooth Preparation: Procedures carried out with regard to the teeth or tooth structures preparatory to specified dental therapeutic and surgical measures. [NIH]

Toxic: Having to do with poison or something harmful to the body. Toxic substances usually cause unwanted side effects. [NIH]

Toxicity: The quality of being poisonous, especially the degree of virulence of a toxic microbe or of a poison. [EU]

Toxicokinetics: Study of the absorption, distribution, metabolism, and excretion of test substances. [NIH]

Toxicology: The science concerned with the detection, chemical composition, and pharmacologic action of toxic substances or poisons and the treatment and prevention of toxic manifestations. [NIH]

Toxin: A poison; frequently used to refer specifically to a protein produced by some higher plants, certain animals, and pathogenic bacteria, which is highly toxic for other living organisms. Such substances are differentiated from the simple chemical poisons and the vegetable alkaloids by their high molecular weight and antigenicity. [EU]

Trace element: Substance or element essential to plant or animal life, but present in extremely small amounts. [NIH]

Trachea: The cartilaginous and membranous tube descending from the larynx and branching into the right and left main bronchi. [NIH]

Transdermal: Entering through the dermis, or skin, as in administration of a drug applied to the skin in ointment or patch form. [EU]

Transmitter: A chemical substance which effects the passage of nerve impulses from one cell to the other at the synapse. [NIH]

Transplantation: Transference of a tissue or organ, alive or dead, within an individual, between individuals of the same species, or between individuals of different species. [NIH]

Trauma: Any injury, wound, or shock, must frequently physical or structural shock, producing a disturbance. [NIH]

Treatment Outcome: Evaluation undertaken to assess the results or consequences of management and procedures used in combating disease in order to determine the efficacy, effectiveness, safety, practicability, etc., of these interventions in individual cases or series. [NIH]

Tricyclic: Containing three fused rings or closed chains in the molecular structure. [EU]

Tryptophan: An essential amino acid that is necessary for normal growth in infants and for nitrogen balance in adults. It is a precursor serotonin and niacin. [NIH]

Tyramine: An indirect sympathomimetic. Tyramine does not directly activate adrenergic receptors, but it can serve as a substrate for adrenergic uptake systems and monoamine oxidase so it prolongs the actions of adrenergic transmitters. It also provokes transmitter release from adrenergic terminals. Tyramine may be a neurotransmitter in some invertebrate nervous systems. [NIH]

Tyrosine: A non-essential amino acid. In animals it is synthesized from phenylalanine. It is also the precursor of epinephrine, thyroid hormones, and melanin. [NIH]

Ultraviolet radiation: Invisible rays that are part of the energy that comes from the sun. UV radiation can damage the skin and cause melanoma and other types of skin cancer. UV radiation that reaches the earth's surface is made up of two types of rays, called UVA and UVB rays. UVB rays are more likely than UVA rays to cause sunburn, but UVA rays pass deeper into the skin. Scientists have long thought that UVB radiation can cause melanoma and other types of skin cancer. They now think that UVA radiation also may add to skin damage that can lead to skin cancer and cause premature aging. For this reason, skin specialists recommend that people use sunscreens that reflect, absorb, or scatter both kinds of UV radiation. [NIH]

Unconscious: Experience which was once conscious, but was subsequently rejected, as the "personal unconscious". [NIH]

Urinary: Having to do with urine or the organs of the body that produce and get rid of urine. [NIH]

Urine: Fluid containing water and waste products. Urine is made by the kidneys, stored in the bladder, and leaves the body through the urethra. [NIH]

Uterus: The small, hollow, pear-shaped organ in a woman's pelvis. This is the organ in which a fetus develops. Also called the womb. [NIH]

Vaccines: Suspensions of killed or attenuated microorganisms (bacteria, viruses, fungi, protozoa, or rickettsiae), antigenic proteins derived from them, or synthetic constructs, administered for the prevention, amelioration, or treatment of infectious and other diseases. [NIH]

Vascular: Pertaining to blood vessels or indicative of a copious blood supply. [EU]

Vasodilator: An agent that widens blood vessels. [NIH]

Vein: Vessel-carrying blood from various parts of the body to the heart. [NIH]

Venlafaxine: An antidepressant drug that is being evaluated for the treatment of hot flashes in women who have breast cancer. [NIH]

Venous: Of or pertaining to the veins. [EU]

Ventricle: One of the two pumping chambers of the heart. The right ventricle receives oxygen-poor blood from the right atrium and pumps it to the lungs through the pulmonary artery. The left ventricle receives oxygen-rich blood from the left atrium and pumps it to the body through the aorta. [NIH]

Vestibular: Pertaining to or toward a vestibule. In dental anatomy, used to refer to the tooth surface directed toward the vestibule of the mouth. [EU]

Vestibule: A small, oval, bony chamber of the labyrinth. The vestibule contains the utricle and saccule, organs which are part of the balancing apparatus of the ear. [NIH]

Vestibulocochlear Nerve Diseases: Diseases of the vestibular and/or cochlear (acoustic) nerves, which join to form the vestibulocochlear nerve. Vestibular neuritis, cochlear neuritis, and acoustic neuromas are relatively common conditions that affect these nerves. Clinical manifestations vary with which nerve is primarily affected, and include hearing loss, vertigo, and tinnitus. [NIH]

Veterinary Medicine: The medical science concerned with the prevention, diagnosis, and treatment of diseases in animals. [NIH]

Video Recording: The storing or preserving of video signals for television to be played back later via a transmitter or receiver. Recordings may be made on magnetic tape or discs

(videodisc recording). [NIH]

Videodisc Recording: The storing of visual and usually sound signals on discs for later reproduction on a television screen or monitor. [NIH]

Virus: Submicroscopic organism that causes infectious disease. In cancer therapy, some viruses may be made into vaccines that help the body build an immune response to, and kill, tumor cells. [NIH]

Volition: Voluntary activity without external compulsion. [NIH]

Weight Gain: Increase in body weight over existing weight. [NIH]

White blood cell: A type of cell in the immune system that helps the body fight infection and disease. White blood cells include lymphocytes, granulocytes, macrophages, and others. [NIH]

Windpipe: A rigid tube, 10 cm long, extending from the cricoid cartilage to the upper border of the fifth thoracic vertebra. [NIH]

Withdrawal: 1. A pathological retreat from interpersonal contact and social involvement, as may occur in schizophrenia, depression, or schizoid avoidant and schizotypal personality disorders. 2. (DSM III-R) A substance-specific organic brain syndrome that follows the cessation of use or reduction in intake of a psychoactive substance that had been regularly used to induce a state of intoxication. [EU]

Xenograft: The cells of one species transplanted to another species. [NIH]

X-ray: High-energy radiation used in low doses to diagnose diseases and in high doses to treat cancer. [NIH]

X-ray therapy: The use of high-energy radiation from x-rays to kill cancer cells and shrink tumors. Radiation may come from a machine outside the body (external-beam radiation therapy) or from materials called radioisotopes. Radioisotopes produce radiation and can be placed in or near the tumor or in the area near cancer cells. This type of radiation treatment is called internal radiation therapy, implant radiation, interstitial radiation, or brachytherapy. Systemic radiation therapy uses a radioactive substance, such as a radiolabeled monoclonal antibody, that circulates throughout the body. X-ray therapy is also called radiation therapy, radiotherapy, and irradiation. [NIH]

Yeasts: A general term for single-celled rounded fungi that reproduce by budding. Brewers' and bakers' yeasts are Saccharomyces cerevisiae; therapeutic dried yeast is dried yeast. [NIH]

Zymogen: Inactive form of an enzyme which can then be converted to the active form, usually by excision of a polypeptide, e. g. trypsinogen is the zymogen of trypsin. [NIH]

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