Treatment as Prevention in ADHD: Pharmacotherapy and Serious Real-World Outcomes *Beyond Symptom Control*

Michelle Lee, Paige Rentfro, Mae Hill, PMHNP, Tanya Correya, MD, Gagan Dhaliwal, MD
IAM Braincare, Huntsville and Madison, Alabama, USAA

d to higher risks of death,
ance use, injuries, crashes,

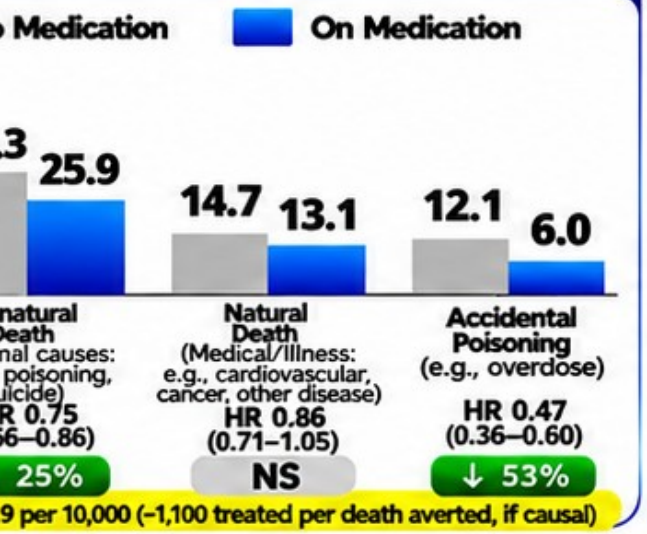
Objective

Evaluate whether ADHD medication is associated with lower risk of serious real-world outcomes.

Methods

- Focused evidence
- Target-trial emulatio
- Outcomes: mortality,

A 2024 (n = 148,578)



9 per 10,000 (–1,100 treated per death averted, if causal)

Serious Outcomes: Zhang et al., BMJ 2025 (n = 148,581)

Outcome	First Event IRR (95% CI)	Change	Recurrent Event IRR (95% CI)	Change
Suicidal behavior	0.83 (0.78–0.88)	↓ 17%	0.85 (0.77–0.93)	↓ 15%
Substance misuse	0.85 (0.83–0.87)	↓ 15%	0.75 (0.73–0.77)	↓ 25%
Transport accidents (car crashes)	0.88 (0.82–0.94)	↓ 12%	0.84 (0.80–0.88)	↓ 16%
Criminality	0.87 (0.83–0.90)	↓ 13%	0.75 (0.72–0.78)	↓ 25%
Accidental injury	0.98 (0.96–1.01)	NS	0.96 (0.92–0.99)	↓ 4%

IRR = incidence rate ratio | HR = hazard ratio

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Discussion Framework

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R **Review**
outcomes
(mortality, suicide,
substance use,
crashes, crime).

E **Engage**
in shared decisions
(individualized
treatment,
monitor, follow-up).

Safety – Monitor & Individualize

Zhang L, Li L, Andell P et al., JAMA Psychiatry 2024: Cardiovascular: ~4% higher risk per year of use; mainly hypertension/arterial disease; more likely at ≥1.5x DDD (e.g., methylphenidate ≥45 mg/day).

Salazar de Pablo G, Aymerich C, Chart-Pascual JP et al., JAMA Psychiatry 2025: Psychosis/Bipolar: ~2.3% psychosis and ~3.7% bipolar with stimulants (pooled estimate; higher risk with amphetamines).

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Limitations
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Conclusions
- ADHD of de
- Use a to bal

ADHD medication is associated with lower risks of several serious outcomes. Balance benefits, risks, and patient goals through *shared decision making*.

Key
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