

# Comparison of neurofeedback and computerised attention skills training in children with attention-deficit/hyperactivity disorder (ADHD)

<b>Submission date</b> 31/03/2008	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 15/05/2008	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 04/07/2011	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**Protocol serial number**  
MO-726/2

## Study information

**Scientific Title**

Neurofeedback in children with attention-deficit/hyperactivity disorder: clinical efficacy and neurophysiological mechanisms

**Acronym**

Neurofeedback - ADHD

**Study objectives**

1. Neurofeedback training is more effective than a computerised attention training in children with attention-deficit/hyperactivity disorder (ADHD)
2. Neurophysiological mechanisms of a successful neurofeedback training can be revealed (distinct patterns for different neurofeedback protocols)

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Ethics approval received from the Ethics Committee of the University of Erlangen on the 29th April 2004 (ref: 3135).

**Study design**

Randomised, controlled, multicentre clinical trial

**Primary study design**

Interventional

**Study type(s)**

Treatment

**Health condition(s) or problem(s) studied**

Attention-deficit/hyperactivity disorder (ADHD)

**Interventions**

Experimental intervention: neurofeedback training (comprising so-called theta/beta training and training of slow cortical potentials)

Control intervention: computerised attention skill training

Children are randomly assigned to one of the two trainings. Both trainings consist of two blocks of 18 sessions (double sessions of about 50 minutes each, separated by a short break), two to three double sessions a week. There is an intermission of about two to three weeks between the two blocks. In the training, the children develop strategies for focusing their attention and are instructed on how to practice these strategies at home and in school.

**Intervention Type**

Other

**Phase**

Not Specified

**Primary outcome(s)**

Changes from baseline to end of training in ADHD symptoms (German ADHD rating scale[FBB-HKS]).

### **Key secondary outcome(s)**

Behavioural level (parent and teacher ratings):

1. Positive and negative attributes using the Strength and Difficulties Questionnaire (SDQ-D)
2. Oppositional behaviour and delinquent and physical aggression (FBB-SSSV)
3. Behaviour problems of the child in specific home situations (HSQ-D); including homework (HPC-D)

Neurophysiological level:

4. Brain electrical activity measures (electroencephalogram [EEG], event-related potentials) at rest and during computerised attention tasks

All measures are assessed at baseline, between the two training blocks and at the end of training. Behavioural measures will additionally be assessed at the six-month follow-up.

### **Completion date**

30/09/2008

## **Eligibility**

### **Key inclusion criteria**

1. Aged 8 - 12 years
2. Gender: both
3. Attention-deficit/hyperactivity disorder (ADHD) (Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition [DSM IV] criteria: combined type or predominantly inattentive)
4. Children with the following associated disorders are allowed to participate:
  - 4.1. Conduct disorders
  - 4.2. Tic disorders
  - 4.3. Emotional disorders
  - 4.4. Dyslexia

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Child

### **Lower age limit**

8 years

### **Upper age limit**

12 years

### **Sex**

All

### **Key exclusion criteria**

1. Comorbid disorders other than those mentioned in the inclusion criteria
2. Gross neurological or other organic disorders
3. Pharmacological treatment or other psychotherapies
4. Intelligence quotient (IQ) less than 80

### **Date of first enrolment**

01/05/2005

### **Date of final enrolment**

30/09/2008

## **Locations**

### **Countries of recruitment**

Germany

### **Study participating centre**

**University of Erlangen**

Erlangen

Germany

D91054

## **Sponsor information**

### **Organisation**

University of Erlangen (Germany)

### **ROR**

<https://ror.org/00f7hpc57>

## **Funder(s)**

### **Funder type**

Research organisation

### **Funder Name**

German Research Council (Deutsche Forschungsgemeinschaft [DFG]) (Germany)

## **Results and Publications**

## Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	main results	01/07/2009		Yes	No
<a href="#">Results article</a>	results on EEG effects	01/11/2009		Yes	No
<a href="#">Results article</a>	result	01/05/2011		Yes	No