

# Preterm birth, early environmental risks and ADHD

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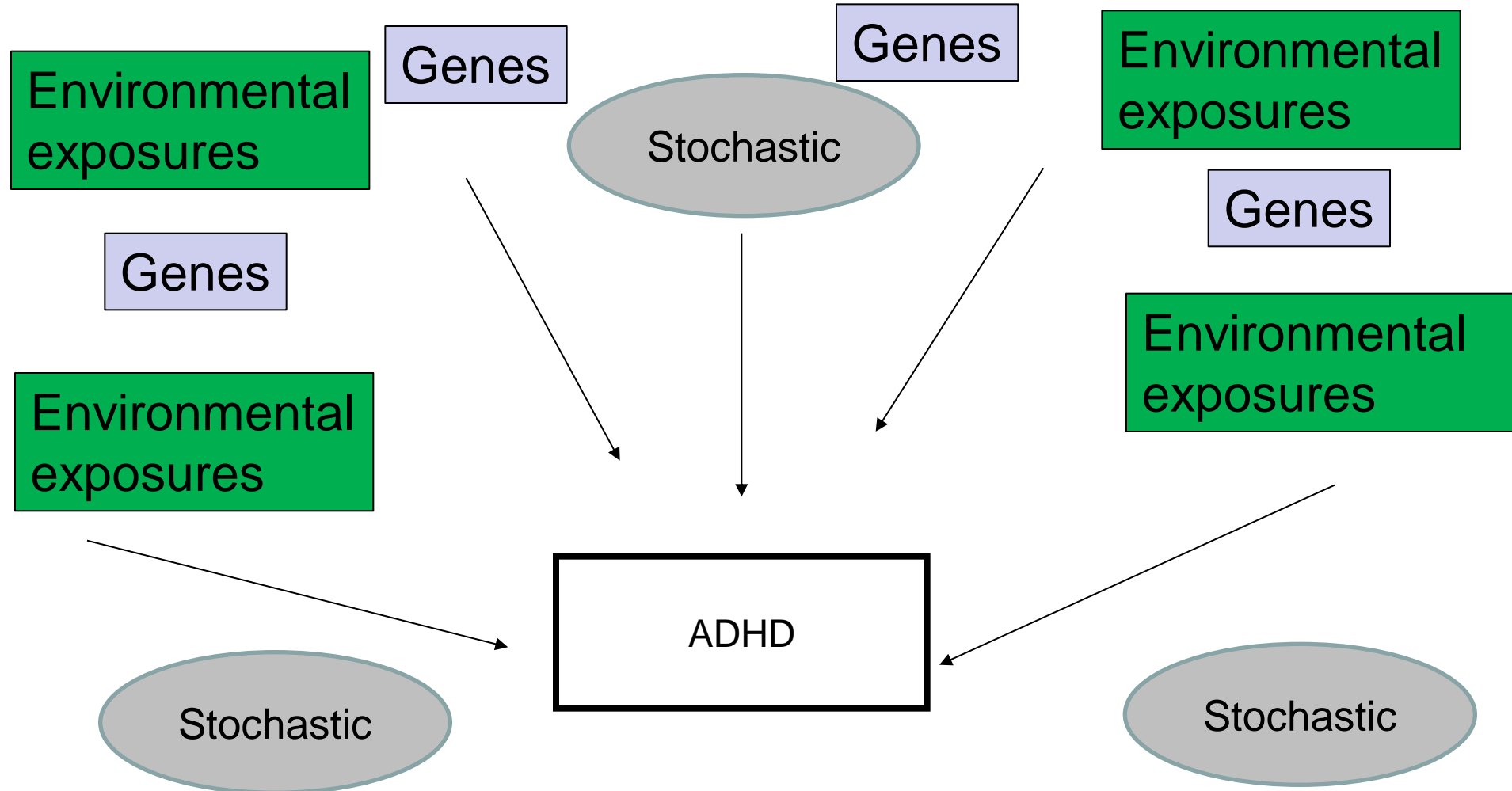
# Overview

- Environmental risks associated with ADHD
  - Preterm birth
  - Other early life factors
- Why association is not causation
- What different research designs have taught us about likely ADHD environmental causes
- What scientific findings mean for clinical practice

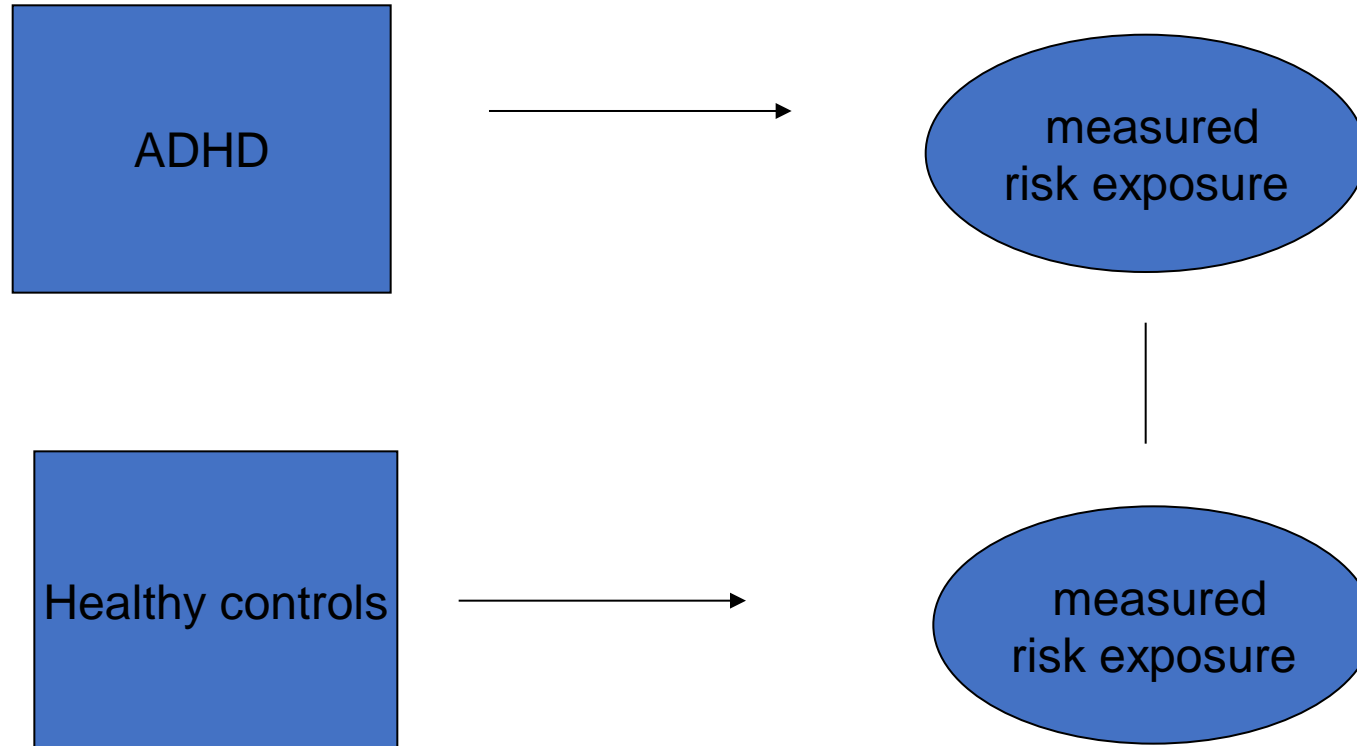
Early environmental factors -which ones  
are associated with ADHD?

# ADHD is heritable and multifactorial

## No single cause



# Environmental “causes” Observational designs





# Preterm birth



## Preterm birth

- 11% of live births and rising
- < 37 weeks gestation
- Very preterm < 32 weeks
- Extremely preterm < 28 weeks





# What we know about preterm birth and ADHD

- Robust association with increased ADHD risk
  - odds ratio = 3.04
- ↑ASD, cognitive and learning problems
- Highest risk in those born very/extremely preterm



## What we know about preterm birth and ADHD

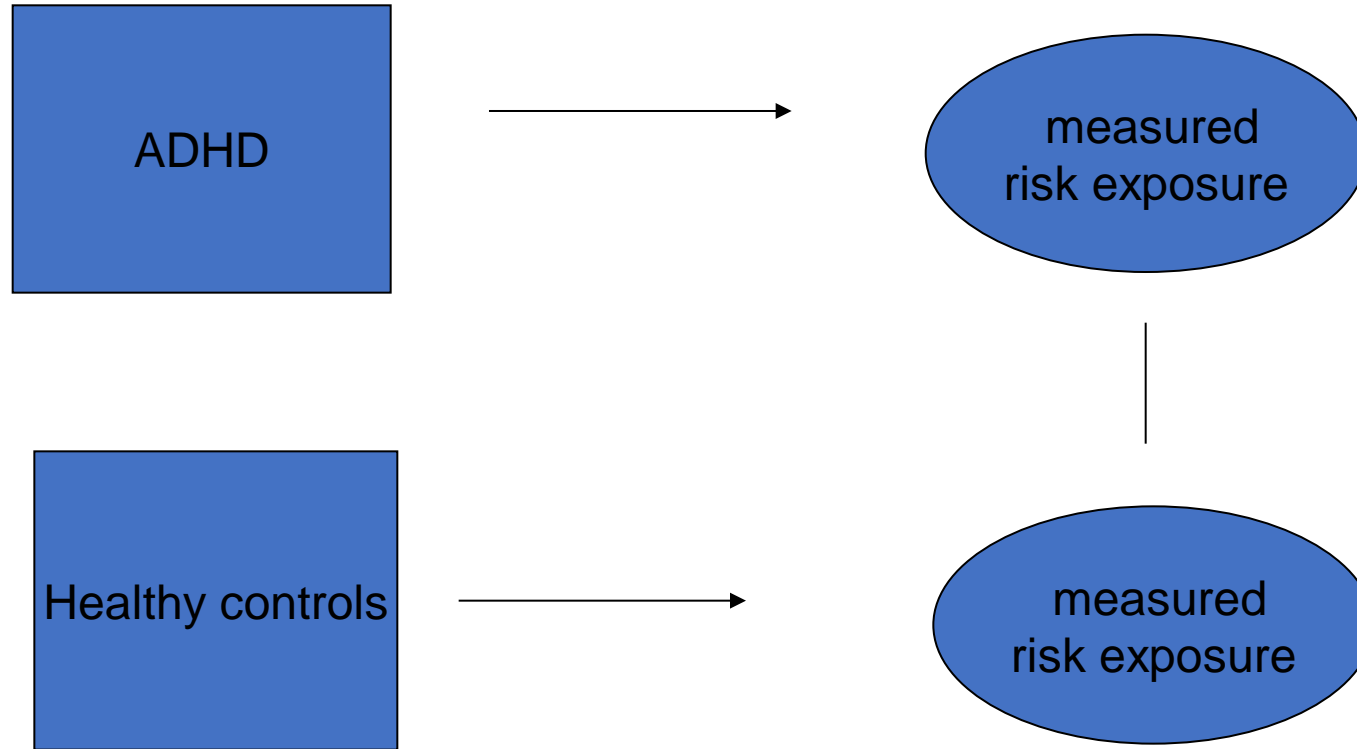
- Most babies born preterm do not develop ADHD
- What explains variation in mental health outcomes?
- Additional background risks?
  - genetic liability
  - additional early adversities



# Early environmental risk exposures and ADHD

What else?

# Environmental “causes” Observational designs





# Early life exposures associated with ADHD

- maternal smoking in pregnancy \*\*
- maternal stress/anxiety in pregnancy\*
- maternal health e.g. hypertension in pregnancy
- Toxins and medications in pregnancy
  - Antidepressants: pooled adjusted relative risk 1.4
  - Paracetamol
- Lead\*, PCB exposure

# Association of risk exposure with ADHD is **not causation**

Limitations to observational science and epidemiology

..and jumping to conclusions in clinical practice

# Why testing causation is important

- If they are genuine causes, reducing exposure could help prevent ADHD
- Inform health and environmental policies
- Examples in medicine: cigarette smoking and lung cancer causal
- Increased levels of quitting smoking in California led to reduced lung cancer compared to rest of USA



## Maternal or fetal genetic liability

Early life risk exposure



environmental  
causation  
e.g. brain structure  
alterations

Child  
ADHD



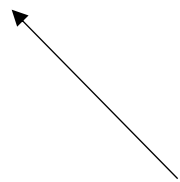


Early risk exposure

environmental causation  
e.g. brain structure alterations

Child ADHD

Unmeasured Confounders  
e.g. social disadvantage

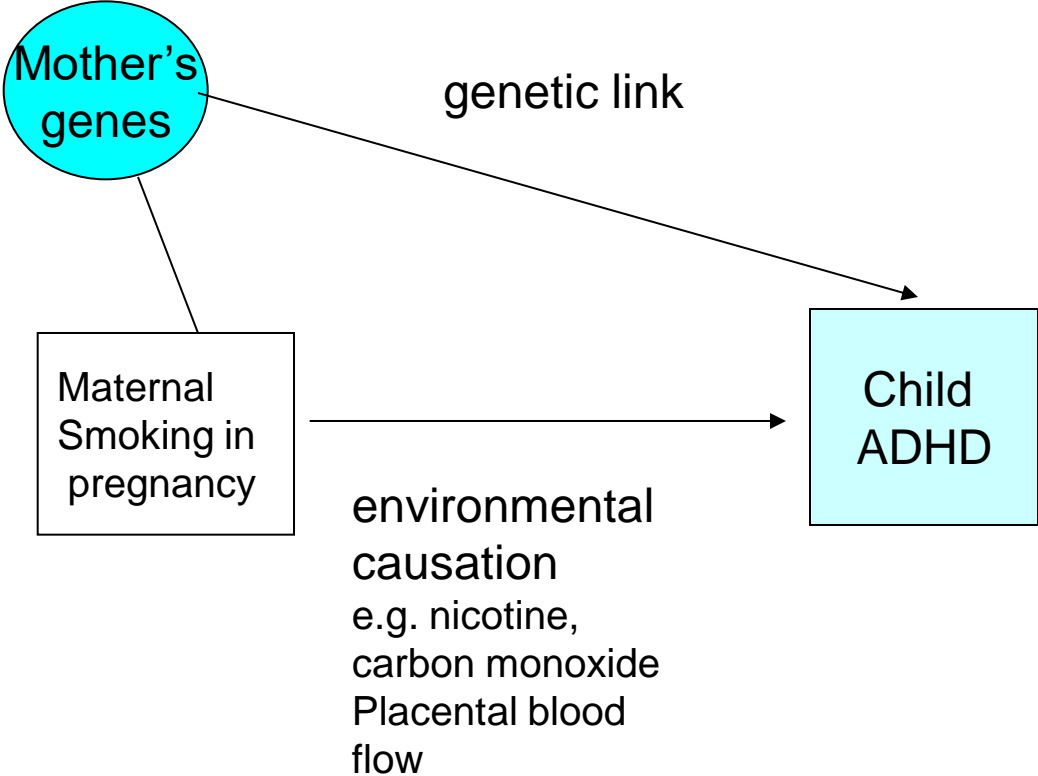


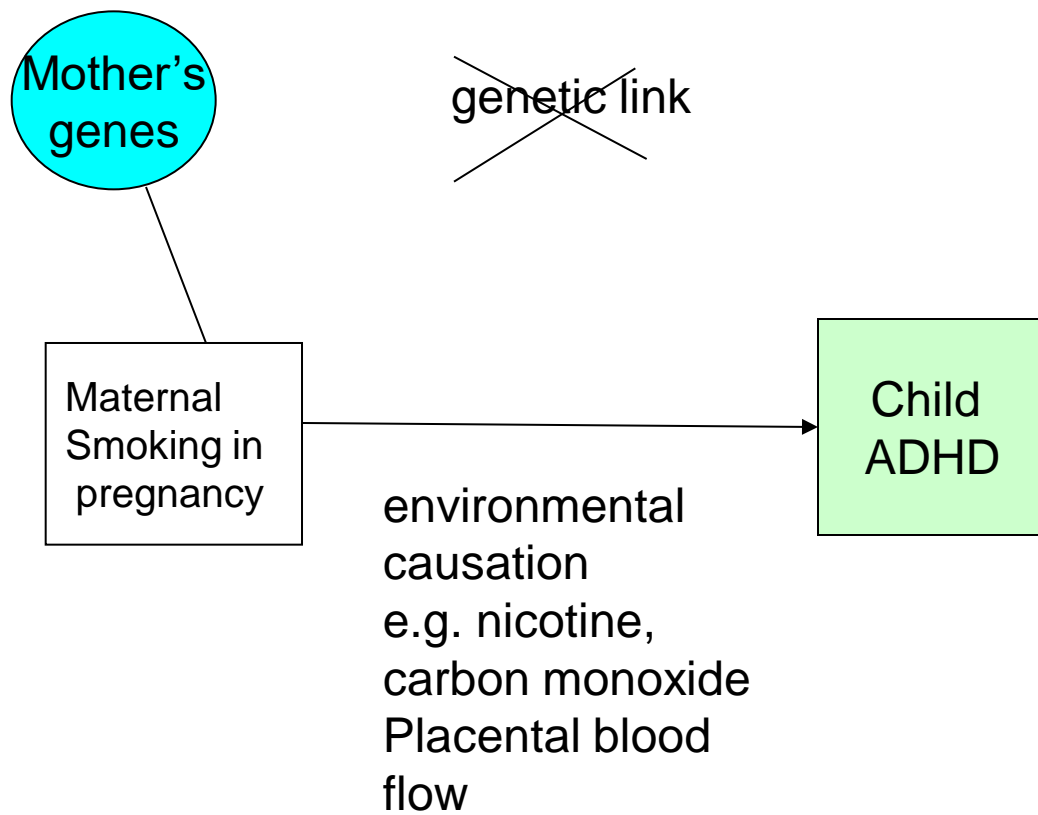
# Need alternative designs that remove confounders to observational studies

Quasi-experimental designs, using genetic designs to test  
environment



Association  $\neq$  causation: need quasi experimental designs and triangulation of evidence to remove unmeasured confounders etc.





# Genetically informative designs show including measured confounders NOT enough

- Maternal vs. paternal exposures  
e.g. Langley et al. 2012



# Genetically informative designs show including measured confounders NOT enough

- Siblings discordant for exposure  
Mother smoking in one pregnancy vs. not the other
- IVF design  
Offspring genetically related vs. unrelated to mother



# Maternal smoking in pregnancy and ADHD

- 12 genetically informative studies
- 8 discordant sibling studies, 2 maternal vs. paternal exposure studies, one IVF
- 11 report no causal association



# Maternal smoking in pregnancy

- Still observational studies reporting associations between smoking in pregnancy and ADHD
- Larger ones and meta-analyses will not answer the question
- Confuses the field, wastes time and resources that could be spent on finding real causes or providing interventions
- We know smoking in pregnancy is no good for other reasons
- Not just psychopathology e.g. vitamin E and heart disease



# Other prenatal risk exposures that quasi-experimental designs suggest may not be causal

- Maternal stress in pregnancy
- Maternal antidepressant use in pregnancy



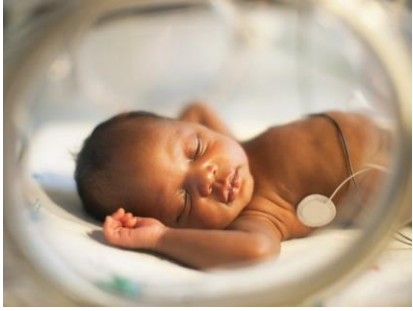
# Preterm birth and ADHD

Causal?



# Preterm birth and ADHD

- 2 discordant sibling studies: one sibling born preterm, the other full term
- Increased rates of ADHD/ADHD symptoms in preterm offspring
- Consistent with causal explanation; unlike studies on smoking in pregnancy



# Preterm birth and ADHD

- High-income vs. middle-income country cohort
- Different structure of confounders
- Increase ADHD risk in both contexts
- Different designs consistent with inferring causal relationship



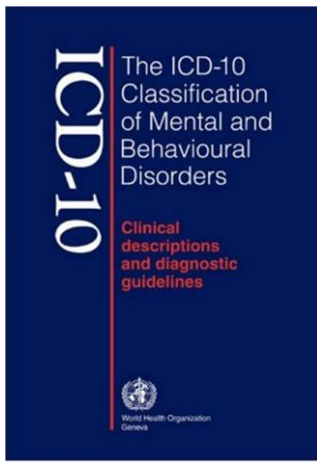
# Preterm birth and ADHD

- Causal mechanisms however remain unknown
- Brain alterations due to direct insult?
- Fetal developmental liability co-acts with additional risks e.g. genetic liability, other adversities

# ADHD environmental risk factors

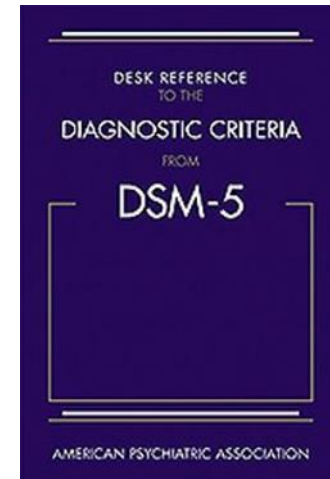
- Causality needs rigorous testing
- No single design sufficient
- Combine methods to assess causality e.g. discordant sib pair designs, longitudinal tests, cross-country comparisons
- Looking for convergence of findings across different designs: triangulation
- Preterm birth most consistent

What does this mean clinically?



We assess and treat ADHD  
symptoms/functioning

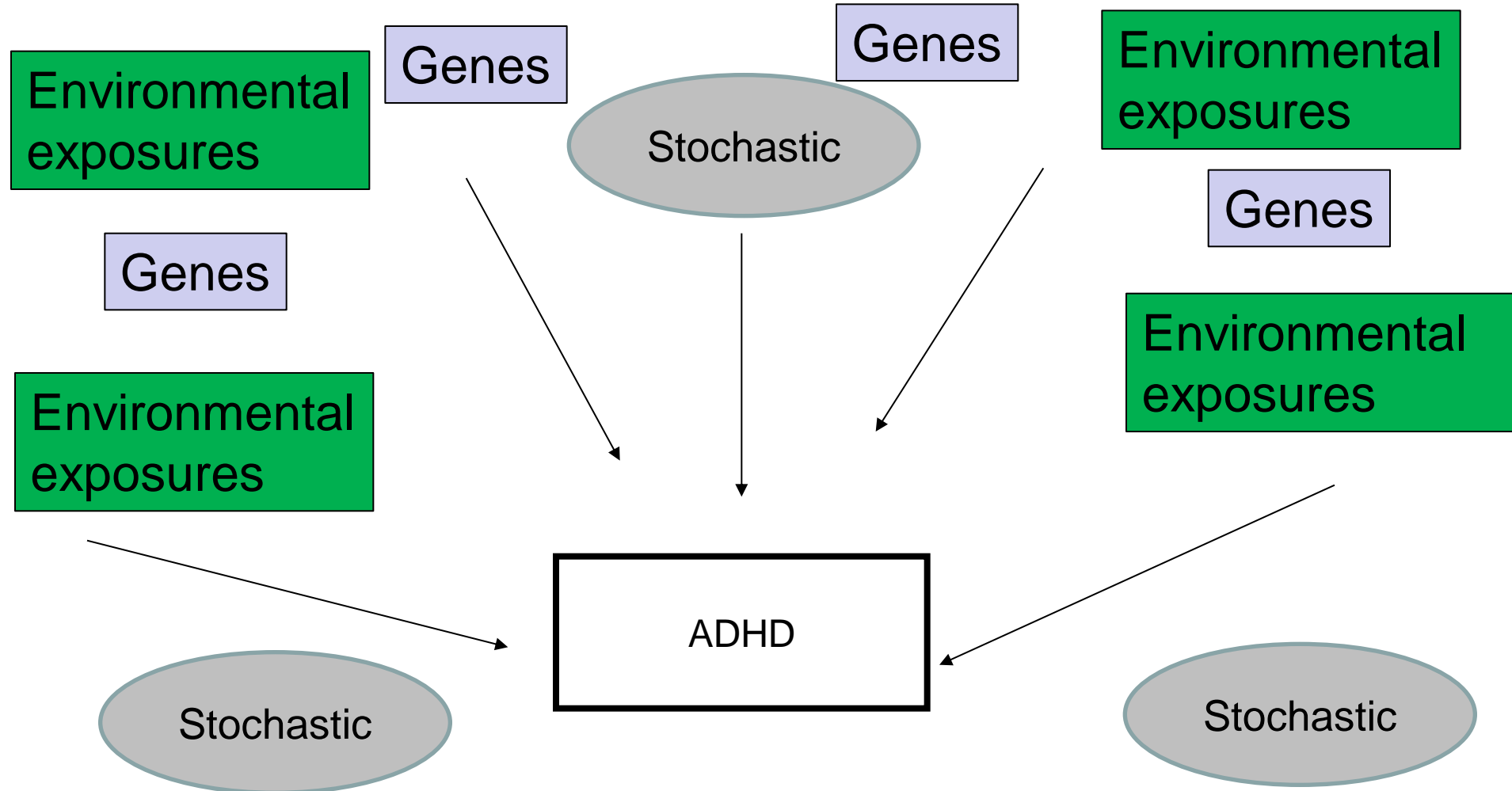
Regardless of cause





# ADHD is heritable and multifactorial

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# Assessment and Treatment of ADHD in those born preterm

- Assessment of ADHD: as usual
- Look out for additional cognitive/ neurodevelopmental difficulties and comorbidity: as usual
- Treat: as usual



# High-risk groups for early monitoring

- Preterm birth: developmental checks and high index of suspicion for ADHD and other neurodevelopmental problems





# Preterm birth and ADHD

- Primary care/schools: higher index of suspicion
- Developmental immaturity in those born early
- ↑ADHD diagnosis and mental health problems in children born in August (young in school year)

# Conclusions

# Conclusions

- Early life exposures reported as being associated with ADHD risk
- Many of these are not necessarily causal
- Observational designs alone have limitations
- Be wary of jumping to conclusions about causes: from own observations and literature
- Strongest evidence to date of causal link with ADHD: preterm birth

# Does causality matter?

- What we tell our patients and public understanding of ADHD
- Smoking cessation programs in pregnancy, parenting programs helpful for improving infant health and conduct problems
- Not effective for preventing ADHD

# Preterm birth assessment and treatment

- Preterm birth: higher index of suspicion
- Assess and treat as usual



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