

**\*Intervention(s), exposure(s)**

Give full and clear descriptions or definitions of the nature of the interventions or the exposures to be reviewed. If no specific restriction is anticipated, please try to expose the general categorization of interventions you plan to make.

**Overview**

This synthesis will examine all pharmacological and non-pharmacological interventions for ADHD identified in systematic reviews, provided they are clearly defined and distinguishable from other intervention categories.

Here are examples of interventions we expect to include:

**Pharmacological**

- Amphetamines
- Methylphenidate
- Atomoxetine
- Alpha-2 agonists (guanfacine, clonidine)
- Viloxazine
- Antidepressants (e.g. bupropion, venlafaxine, desipramine)
- Antipsychotics (e.g. aripiprazole, risperidone, thioridazine)
- Other medications (e.g., modafinil, reboxetine, carbamazepine)

**Psychosocial interventions**

- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)
- Parent-mediated behavioral interventions
- Teacher-mediated behavioral training
- Child-focused behavioral therapy
- Social skill training
- Organizational skills interventions
- Psychoeducation
- Mindfulness
- Relaxation therapy
- Hypnotherapy

**Complementary and Alternative Medicine**

- Physical training/exercise
- Dietary interventions
- Neurofeedback
- Transcranial magnetic stimulation (rTMS)
- Transcranial direct current stimulation (tDCS)
- Nutritional supplements:
  - Polyunsaturated fatty acids
  - Vitamin D
  - Zinc
  - Iron
  - Carnitine
- Herbal supplements:
  - Asian herbal medicine
  - Ginkgo biloba
  - Ginseng
  - Hypericum

- Pine bark extract
- Acupuncture

**Intervention Classification Criteria**

- Each intervention must be clearly defined and distinguishable from other categories.
- Broad, overlapping categories will be excluded, such as:
  - Generic "psychosocial interventions" that combine multiple distinct approaches
  - General "medication" categories that merge different pharmacological classes
- Classification Validation:
  - Corrected Coverage Area (CCA) analysis will be conducted using the Metaumbrella R package
  - Expected overlap thresholds:
    - Pharmacological interventions: <5% overlap
    - Non-pharmacological interventions: <10% overlap
  - If higher overlap is found:
    - Intervention definitions will be revised to broader constructs where meaningful
    - Or specific intervention subtypes will be removed from analysis

Note: This list is not exhaustive and may be expanded to include additional interventions identified in eligible meta-analyses, provided they meet the classification criteria.