

## **Psych Advances Interview**

### **KOL Questions**

1. Can you elaborate on the rationale for reserving psychostimulants predominantly for inattentive ADHD and using extended-release alpha-2 agonists for hyperactivity/impulsivity? How does this align with your clinical approach and experience?
2. The study suggests that viloxazine ER (VER) rapidly improved ADHD symptoms. What are your thoughts on the clinical significance of this rapid onset of action, and how might it influence treatment decisions for ADHD patients?
3. The article mentions that VER demonstrated greater improvement in inattention and hyperactivity/impulsivity than atomoxetine. How might these findings inform your approach to treating patients with combined-type ADHD?
4. The study indicates that pediatric and adult patients experienced significant improvements in ADHD symptoms with VER. Are there any notable differences in the response to VER between these two age groups, and how should clinicians approach treatment decisions in adults versus children with ADHD?
5. The article suggests that combining VER with psychostimulants may enhance efficacy while mitigating side effects. Could you share your perspective on combination therapy in ADHD treatment and any considerations for combining these medications?
6. The study in this article acknowledges specific limitations, such as the small sample size and the absence of a randomized controlled trial. How might future research address these limitations to provide more robust evidence for using VER in ADHD treatment?
7. Considering the rising prevalence of ADHD diagnoses and the evolving treatment landscape, what unmet needs in ADHD management do you see in clinical practice and highlighted in this study?
8. What steps can be taken to address these unmet needs and improve the overall quality of care for individuals with ADHD? Are there promising areas of research that can help enhance ADHD management?