

# Treating Inattention in Adults

Inattention is one of the most common symptoms encountered in clinical psychological evaluations. It is manifested as an inability to keep instructions in mind, plan ahead, focus on the content while reading and keep on-task at work. This impairs the ability to learn, execute and perform at work.

Symptoms of inattention are the core cognitive symptoms in **ADHD** and **ADD**. Inattention is also frequently present in after **stroke** and after **traumatic head injuries**.

Cogmed is the most effective and well researched digital therapeutic to improve attention. There is a strong connection between attention and working memory and by improving working memory, attention in everyday life is also improved.



Cogmed is a method based on the principles of neuroplasticity, specifically targeting the fronto-parietal networks for attention and working memory, as reported in high-impact, scientific journals<sup>1,2</sup>.

The enhancement of attention has been demonstrated in several randomized, controlled studies, by independent research groups<sup>3,4</sup>. These studies show clinically meaningful, long lasting effects using standardized rating scales. The effect on attention and working memory is larger than the cognitive improvement from pharmacological ADHD-treatments and improves cognition more than cardiovascular fitness training does. In rehabilitation after stroke and head injury, Cogmed improves both cognition and occupational performance<sup>5,6,7</sup>.

Cogmed entails 5-7 weeks of computerized training. In order to boost motivation and ensure compliance and high quality, the training is supported by a coach. This is typically a person with a clinical license, such as a psychologist, occupational therapist or speech therapist. In addition to a 30-45 min meeting at the start and end of the training, the coach monitors the training progress online, and makes regular check-ins, typically consisting of a 5-15 min video chat.

For more information, visit [cogmed.com](http://cogmed.com)



<sup>1</sup> Olesen PJ, Westerberg H, Klingberg T (2004) Increased prefrontal and parietal activity after training of working memory. *Nat Neurosci* 7:75-79.

<sup>2</sup> McNab, F., et al. (2009). "Changes in cortical dopamine D1 receptor binding associated with cognitive training." *Science* 323(5915): 800-802.

<sup>3</sup> Bigorra A, Garolera M, Cuijarro S, Hervas A (2015) Long-term far-transfer effects of working memory training in children with ADHD: a randomized controlled trial. *Eur Child Adolesc Psychiatry*.

<sup>4</sup> Beck SJ, Hanson CA, Puffenberger SS, Benninger KL, Benninger WB (2010) A controlled trial of working memory training for children and adolescents with ADHD. *J Clin Child Adolesc Psychol* 39:825-836.

<sup>5</sup> Lundqvist A, Grundstrom K, Samuelsson K, Ronnberg J (2010) Computerized training of working memory in a group of patients suffering from acquired brain injury. *Brain Inj* 24:1173-1183.

<sup>6</sup> Akerlund E, Esbjornsson E, Sunnerhagen KS, Bjorkdahl A (2013) Can computerized working memory training improve impaired working memory, cognition and psychological health? *Brain Inj* 27:1649-1657.

<sup>7</sup> For more research references, see [www.cogmed.com/research](http://www.cogmed.com/research)