The Importance of ADHD in Children

Helping the Children Succeed and the Parents Survive

Three different types

- Predominately hyperactive and impulsive
 - Predominantly inattentive
 - Combined

Not a new phenomenon

- Dr. George Still 1902
- 1919 Survivors of the flu develop encephalitis, hyperactivity
- Minimal brain dysfunction, hyperkinetic reaction of childhood
- 1955 Ritalin approved by the FDA
- 1980 First listed in the DSM
- 2003 First non-stimulant drug approved by the FDA

Hyperactivity

- Fidgeting and squirming
- Getting up and moving around
- Constantly on the go
- Talking non-stop
- Trouble waiting turns
- Interrupting/intruding on games or conversations



Inattentiveness



- Fails to follow instructions, careless mistakes
- Seems not to listen
- Fails to finish schoolwork or chores
- Easily distracted
- Forgetful in daily chores or duties
- Problems organizing tasks or activities

Why is my child like this?

- Genes
- Cigarette smoking, alcohol or drug use during pregnancy
- Exposure to environment toxins at a young age
- Low birth weight
- Brain injuries

Oklahoma Statistics

Has a doctor or health care provider <u>ever</u> told you that your child had attention-deficit/hyperactivity disorder or attention deficit disorder (ADHD or ADD)?



Oklahoma Statistics

Is your child <u>currently</u> taking medication for ADHD or ADD? In 2007, 4.8% of US children and 5.8% of children in Oklahoma were taking medication for ADHD.



Among all US states, Oklahoma ranked 17th highest.

In 2011, 6.1% of US children and 6.9% of children in Oklahoma were taking medication for ADHD.



Among all US states, Oklahoma ranked 19th highest.

^{*} The National Survey of Children's Health is conducted by CDC and sponsored by the Maternal and Child Health Bureau, HRSA: www.cdc.gov/nchs/slaits/nsch.htm

Where do we start?

Past medical history

Family history

Social history

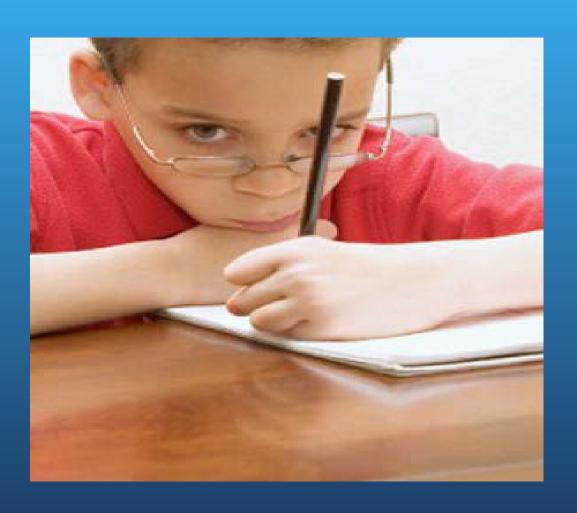
Physical exam



Past Medical History

- Sex
- Age of onset
- Symptoms present in two or more situations
- Cause significant disruptions in social, school or home situations
- Screen for medications that may impact the behavior
- Symptoms not otherwise explained by other mental heath concerns

A Good Family History



- Family mental health diagnoses
- Drug or alcohol abuse
- Divorce, illness, death
- Disorganization in the family
- Assessment of stress levels

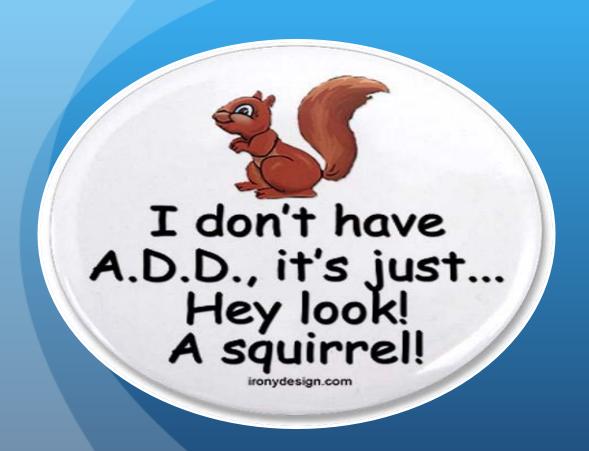
Social history is important!

- Home and family interactions
- Problems with the legal system
- School performance
- Social skills
- Work performance
- Abuse of substances

The Physical Exam

- Vital signs
- General appearance
- Assessment of mental status
- Other medical conditions





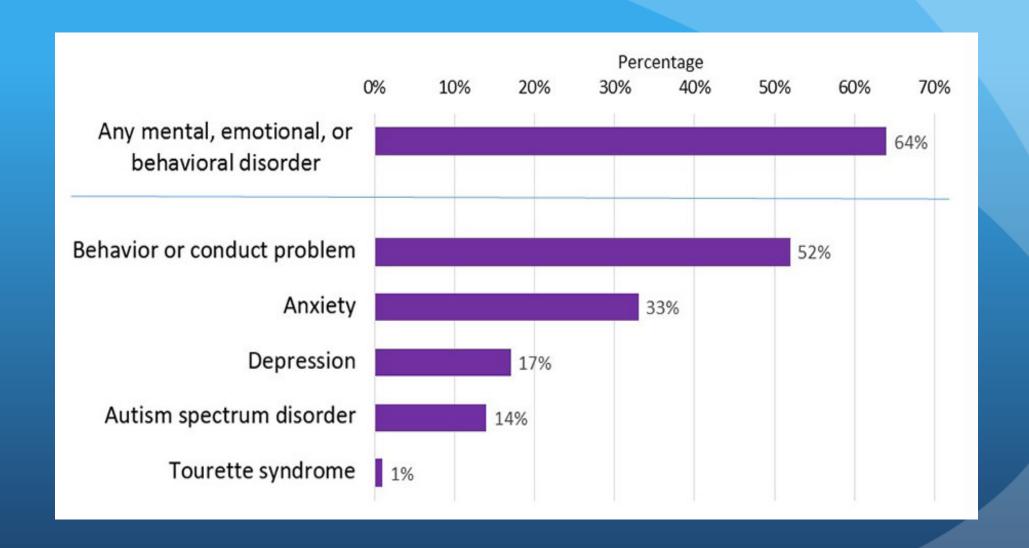
Consider other testing

Drug screening Thyroid stimulating hormone (TSH) Liver function tests Vision or hearing testing **ECG** MRI scan of the brain

Conditions that can imitate ADHD

- Bipolar disorder
- Asperger syndrome
- Conduct disorders
- Oppositional defiant disorder
- Obsessive compulsive disorder
- Learning disorders

- Generalized anxiety disorder
- Sleep disorders
- Separation anxiety and school refusal
- Nightmare disorder
- Hearing or vision deficits



Psychometric and Educational Testing is a Must

- Connors Teacher and Parent Rating Scale
- Brown Attention Deficit Disorder Scale (BADDS)
- Nadeau/Quinn/Littman Self Rating Scale
- Learning disability evaluation (IQ vs. achievement)
- Connors Continuous Achievement (CPT)
- Integrated Auditory and Visual (IVA) CPT

It's Time to Intervene



- Educational and behavioral intervention
- Activity
- Diet
- Screen time
- Sleep
- Medications

Medications can be useful

Stimulants
Non-stimulants
Anti-depressants

Stimulants -First line

- FDA Schedule II Drugs
- Cousins to Amphetamine
- Side Effects Common
- Varying Effects on Co-morbid Conditions
- Potential for Abuse



Stimulant medications

- Dextroamphetamine (Dextrostat, Dexedrine)
- Methylphenidate (Concerta, Aptensio XR, Ritalin)
- Combination dextroamphetamine and amphetamine (Adderall, Mydaylis)
- Dexmethylphenidate (Focalin)
- Lisdexamfetamine (Vyvanse)
- Amphetamine (Evekeo)

Alpha 2 - Antiadrenergic Agents

- Mechanism of action unknown
- Can be useful as monotherapy or as an adjunct
- Can help with sleep, tics
- Side effects
- Rare cases of ventricular fibrillation or sudden death
- Extended release clonidine (Kapvay)
- Guanficine (Intuniv)

Selective Norepinephrine Reuptake Inhibitors (SNRIs)

- Atomoxetine (Strattera)
- Can be used as monotherapy or as an adjunct
- Side effects stomach upset, tiredness
- Maximum effect can take up to eight weeks
- 5-10% are poor metabolizers
- Increased risk of suicidal ideation

Antidepressants

Imipramine (Tofranil)

Desipramine (Norpramin)

Bupropion (Wellbutrin)





Now what do we do?

Monitoring your patients

- Grades
- Teacher reports
- Parental assessments
- Vital signs
- Reassess your dosage
- Consider psychotherapy, family counseling

Educate your parents!

- Parents should understand the prescribed medication
- Parents should understand the treatment goals
- Involve the teachers, administrators
- Inform about state and local resources, support groups
- Provide educational materials
- Let parents know you care.

Help at Home

- Stay calm
- Set up routines
- Provide positive reinforcement
- Be consistent with rules
- Be clear
- Take the good with the bad
- Include other adults in the child's care

What happens to these kids?

Prognosis can be excellent

Half can have impulsivity, inattentiveness as adults

Scholastic challenges

Occupational challenges



Where to Find Out More Information

- ADHD Coaches Organization (ACO) adhdcoaches.org
- Attention Deficit Disorder Association (ADDA)
 add.org
- Children and Adults With Attention Deficit/Hyperactivity Disorder (CHADD) chadd.org
- National Institute for Mental Health nimh.nih.gov
- The Substance Abuse and Mental Health Services Administration samhsa.gov