

Driven to Distraction



ADHD Summit
September 30, 2019

I don't have a short
attention span.

You have a short
interesting span.

someecards
user card



Written by Jamie Capria

I'M-NOT-RIGHT-IN-THE-HEAD.COM

What is ADHD?

A neuro-developmental behavioral disorder

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- Neuro - root problem is in how parts of the the brain are functioning
- Developmental - shows up in childhood while brain is developing
- Behavioral - characterized by a pattern of behaviors
- Disorder - causes impairment/challenges

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NOT

- Laziness
- Intentional
- Boys being boys
- Result of poor parenting

What is ADHD?

The American Medical Association Council on Scientific Affairs commented in 1998

“Overall, ADHD is one of the best researched disorders in medicine, and the overall data on its validity are far more compelling than for many medical conditions.”

What is ADHD?

Multifactorial Cause

- Strong evidence of genetic link - polygenic (contribution from multiple genes)
- Prenatal risks - maternal substance use, premature birth
- Environmental risks - head injury, toxin exposure

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Not Causes - but can make symptoms worse

- Sugar
- Food additives
- Television/Screen time
- Parenting problems (poor discipline)
- Traumatic experiences
- Fast-paced, hectic lifestyle

What is ADHD?

Common

- National Institute of Mental Health - 3-5% of school-aged children
- Centers for Disease Control - 11%

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NOT Overdiagnosed/Overtreated

- Most evidence suggests that we are UNDERdiagnosing and UNDERtreating
- Probably HALF of people with ADHD have no diagnosis/treatment

Diagnosing ADHD

There is always a subjective (opinion-based) component to any developmental/behavioral diagnosis

- Collecting as much information from as many perspectives as possible helps

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Best done in a team approach

- Child, parent(s), teacher(s), physician, psychologist
- I strongly prefer evaluation by child psychologist as part of the diagnostic process

Diagnosing ADHD

Common Tests

- IVA-Plus (Integrated Visual and Auditory Continuous Performance Test)
- BASC (Behavioral Assessment System for Children)
- Conners
- Vanderbilt

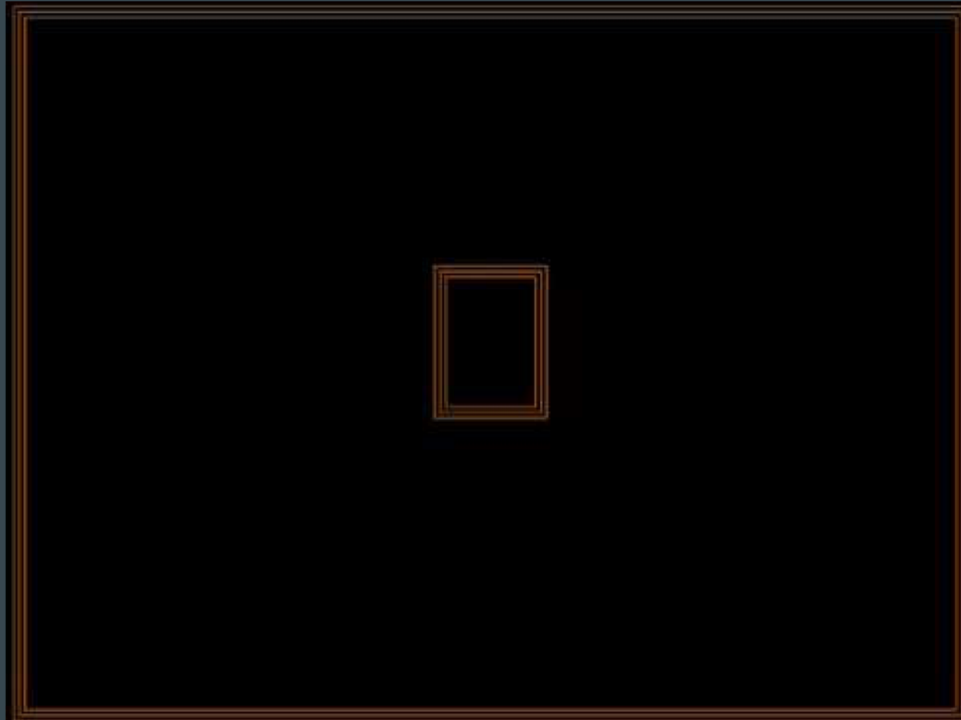
Diagnosing ADHD

IVA-Plus (Integrated Visual and Auditory Continuous Performance Test)

- Shows (visual) and says (auditory) a series of 1's and 2's randomly
- Click the mouse with 1, don't click with 2
- Gives objective data about attention
- Proprietary/Not Free (BrainTrain)

Diagnosing ADHD

IVA-Plus (Integrated Visual and Auditory Continuous Performance Test)



Diagnosing ADHD

BASC (Behavioral Assessment System for Children)

- Integrated assessment
 - Teacher observation, parent observation, child personality inventory
- Gives scores that need professional interpretation
 - Composites are externalizing, internalizing, behavioral symptoms, adaptive skills, and school problems
- “Broadband” assessment - gives information beyond just core ADHD symptoms
- Proprietary/Not Free

Diagnosing ADHD

Conners and Vanderbilt

- Both “narrowband” assessments
 - really focuses on core symptoms of ADHD as defined by DSM-5
 - Diagnostic and Statistical Manual of Mental Disorders - version 5
- Versions for parents and teachers to complete (Conners has self-report too)
- I use the Vanderbilt because it’s free
 - As long as credit given to NICHQ

Diagnosing ADHD

DSM-5 CRITERIA

SEE HANDOUT

Predominantly Inattentive Presentation

Often fails to give close attention to details or makes careless mistakes in schoolwork, at work or during other activities

Often has difficulty sustaining attention in tasks or play activities

Often does not appear to listen when spoken to directly

Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace

Often has difficulty organizing tasks and activities

Often avoids, dislikes or is reluctant to complete tasks that require sustained mental effort

Often loses things necessary for tasks or activities

Is often easily distracted by extraneous stimuli

Is forgetful in daily activities

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SIX or more of the NINE

Predominantly Inattentive Presentation

These kids can be easily overlooked because they are not disruptive

Predominantly Hyperactive/Impulsive Presentation

Fidgets with hands or feet or squirms in chair

Has difficulty remaining seated

Runs about or climbs excessively in children; extreme restlessness in adults

Difficulty in engaging in activities quietly

Acts as if driven by a motor; adults will often feel internally as if they were driven by a motor

Talks excessively

Blurts out answers before questions have been completed

Difficulty waiting or taking turns

Interrupts or intrudes upon others

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Combined Type Presentation

Meets criteria for BOTH Inattentive and Hyperactive/Impulsive

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Symptoms must be more frequent or severe than other children the same age

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Behaviors must create difficulty in at least 2 areas of life (home, social, school, work)

- If just one area is a problem, could be the dynamics of that environment

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Symptoms must be present at least 6 months

- Everyone has rough stretches

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Head injury - usually inattentive type

Co-Existing Conditions

SEE HANDOUT

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These overlaps and associations cause challenges with diagnosis/treatment and is an important reason to have a team approach

Getting older with ADHD

SEE HANDOUT

Getting older with ADHD

Treatment recommendations vary depending on age.

Preschool aged children (4-5 yrs.):

- parent or teacher administered behavioral intervention 1st line of treatment
- medication (methylphenidate) may be considered if 1st line treatments are not available or insufficient.

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Children with ADHD properly treated with stimulant medications are **LESS LIKELY** to have problems with substance abuse than kids with ADHD who are not treated.

Getting older with ADHD

Persistence is probably the rule rather than the exception

- 60-85% of children with ADHD will continue to meet criteria as teenagers
- More difficult to assess ADHD in adulthood
 - Only 40% of 18-20 year olds still met full criteria but 90% had 5 symptoms which was enough to cause significant impairment
 - Good estimate is 4.4% of adults have ADHD

Resources

SEE HANDOUT