What Every Parent Wants to Ask a Pediatrician When Starting Treatment for ADHD

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IS THIS ADHD?

- 15 y.o. 10th grader: grades are slipping
- School more challenging, overwhelmed
- "in the past he could get by on his intelligence"
- Trouble with details esp. science and math
- Mom's rating scale meets criteria for ADHD
- Mom diagnosed with ADHD 3 yrs ago
- Brother was on meds for ADHD in the past
- No mood concerns
- IS THIS ADHD?

IS THIS ADHD? Not always…

- IQ 113
- Had special ed (IEP) for math from grades 3-8
- Grades dipped in 3rd grade until IEP instituted
- Straight A student through 8th grade
- Mom with anxiety in addition to ADHD
- Dad with bipolar disorder
- Teacher rating scales all negative
- Brother was on ADHD meds briefly during period of family stress. OK since then.
- DOES HE HAVE ADHD?

Other conditions often seen with ADHD

- Depressive disorder
- Anxiety disorder
- Oppositional defiant disorder
- Conduct disorder
- Learning disabilities
- Speech/language disorder

Other Causes of Inattention

- Age-appropriate high activity
- Sleep disorders
- High IQ poor school fit
- Family or situational stress
- Abuse or Neglect
- Tourette's syndrome, Tics, ASD
- Mental retardation
- Thyroid disorders
- Absence seizures
- Sensory deficits
- Substance abuse, Psychosis

Other causes of inattention to consider

- Fragile X, PKU
- Fetal Alcohol
- Post traumatic or infectious
- Encephalopathy
- Chronic lead poisoning

It is important to treat ADHD: Here's why!

- Sexually impulsive behaviors:
  - 50% of females with ADHD will be mothers within 3-5 years of leaving high school
  - Higher rates of teen pregnancy and sexually transmitted diseases
- Substance abuse, Employment problems, Mood Disorders, MVAs
- 30-70% of young criminal offenders have ADHD
- 50% of teen suicides were diagnosed with ADHD

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Why treat ADHD in childhood?

- 60-75% of ADHD persists into adolescence
- 40-50% persists into adulthood.

- Treating ADHD prior to age 9 reduces the likelihood of marijuana use down to the same level as the rest of the population.
- There is a 30-35% reduction in substance abuse if a person with ADHD is on ADHD medication.

- Treating ADHD lowers risk of depression and anxiety and reduces the risk of having to repeat a grade

  People with ADHD have 30-35% more motor vehicle accidents while they are off medications.
- Stimulants decrease the changes in brain structure that are a result of ADHD

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ADHD in Adults

- 90% of adults are not diagnosed
  - Hyperactivity goes away
  - Executive Function problems improve by their mid 20's
  - Significantly impairing
- 75% of teens are not diagnosed
- Medications are 3X more effective for ADHD than for any other psychiatric disorder (for kids too)
- 70-80% respond to medications
- 80% of responders are normalized
- Treating parental ADHD improves the child outcome

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What pushes me to start medications now? Or should we wait?

- Is it impairing?
- Affecting Academics? (not just to make the teacher happy!)
- Affecting Socially?
- Affecting Self Esteem?

- Affecting Family Functioning?
- Affecting Mood? (Which is primary: ADHD or Mood?)

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How do you decide what to start with?

- Methylphenidate (Ritalin)
- Amphetamines
  - Dextroamphetamine (Dexedrine)
    Mixed amphetamine salts (Adderall)
- Liquid, pill, sprinkle, patch
- Duration of action
- Physician experience
- History of effectiveness in family
- Cost (choice often driven by insurance)
  - Dexedrine Spansules
  - Generic Adderall XR
  - Short acting pills
  - Varies by insurance

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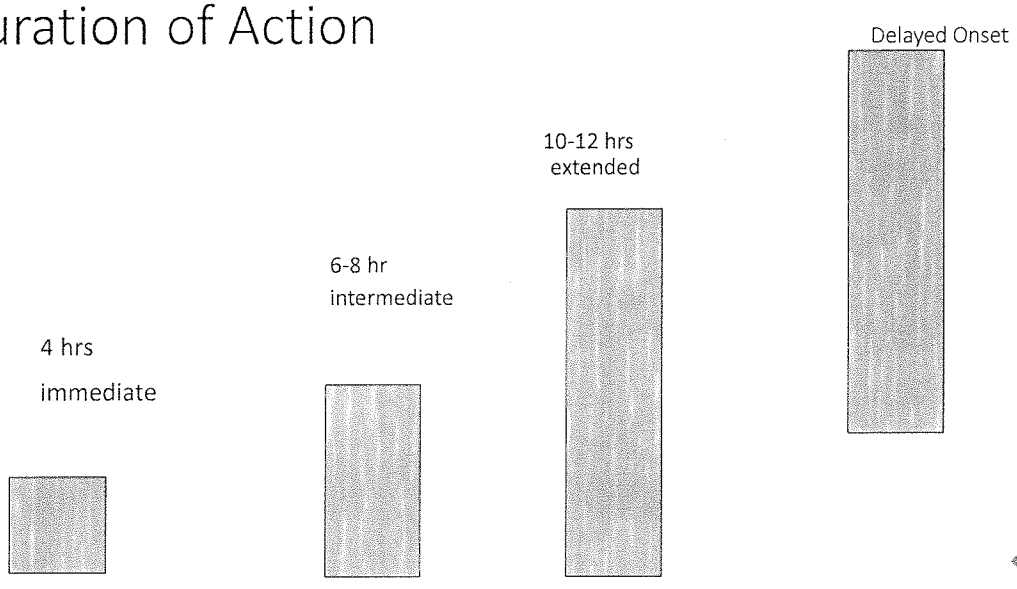
Duration of Action



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Getting it right

- Gradually increase the dose
- Try something else
  - Same medication
  - Different stimulant
  - Non-stimulant
- Monitor for adverse reactions (side effects)
- Don't assume every "side effect" is medication related

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Adverse Reactions to Stimulants

- Same potential side effects for Methylphenidate and Dexamphetamine
- Poor appetite/weight loss
- Trouble falling asleep
- Irritability primarily as it wears off
- Headaches, stomach aches
- Flat personality, feeling less fun

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Fears and Myths (which are not true!)

- Significantly slows linear growth
- Causes sudden death (EKGs)
- Is addicting
- Leads to substance abuse
- Other tests can help diagnose or guide treatment
  - brain scans
  - genetic blood tests

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Other options than stimulants?

Atomoxetine (Strattera)
Clonidine (pill or patch) , Guanfacine (Tenex,Intuniv)
Bupropion (Wellbutrin)
Risperidone (Risperdal)

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Non stimulant dosing tips

- If using Atomoxetine: Try it **before** a stimulant. Good for ADHD kids with anxiety, tics, substance abuse, disruptive disorder
  - Must take with high protein high fat breakfast
  - Sedation goes away
- Intuniv (guanfacine): same efficacy with AM or PM dosing. May not help fall asleep. Average adolescent dose 5 mg may need 6-7 mg
  - Good for hyperactive aggressive ADHD

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ADHD plus other Diagnoses

- Anxiety and/or depression: which disorder is most impairing?
- Bipolar: stabilize before using stimulants
- Substance use disorder (SUD)

  if mild SUD: treat the ADHD first
  if severe SUB: treat the SUD first or

  if pushed: use Cognitive Behavioral Therapy, non-stimulants or extended release stimulants
- Stimulants occasionally increase risk of nicotine craving

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Certainty of Diagnosis

- Is ADHD over or under diagnosed? Yes!
- We've Got Issues Book by Judith Warner
- Check for substance abuse disorder if acute worsening
- Categorical disorders (pregnancy)
- Dimensional disorders (most mental health conditions)
- Spectrum of severity (impairment)

Bob's advice

- Treat disorder if possible, symptoms if necessary.
- Focus on impairment.
- Use rating scales and screening tools.
- Therapeutic relationship is key. Okay to doctor shop!
- Often necessary to try a few medications and doses to get it right.
- Kids grow up: Don't give up. Empower kids, build their egos.
- Know yourself and your biases (doctors and parents).
- Language matters: Let them know you expect them to improve.

Fostering Resilience: your role

- Self esteem
- Outside activities/ relationships
- Realizing they are not stupid
- Assertive about getting needed support
- Strength based approach
- Therapeutic relationships are key
- School is not real life

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Questions for parents to ask the doctor

- How certain are you that my child has ADHD?
- What type of doctor should I see? Primary Care, Psychiatrist, Psychologist?
- Should we treat with stimulants or non-stimulants?
- What else could it be?
- Do we need educational testing?

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Questions for parents to ask the doctor

Why did you pick that medicine?
What are the side effects?
What if it doesn't work?
What are the long-term effects?
How long will my child need to be on medicine?
Can we give it only on school days?
Is there any harm in waiting before treating?
What are non-medication options?

New drugs: Methylphenidates:

- Quillechew 8 hours
- Aptensio XR 12 hours Sprinkle (alternative to Concerta)
- Jornay given at night (10 hour delay) but no major effects on sleep

- Contempla XR 12 hours disintegrating tablet but absorbed in gut.

New Drugs Amphetamines:

Myadis (16 hour Adderall) approved for over age 16

Adzenys XR disintegrating 12 hours

Evekeio: like Adderall

Dynavel XR 12 hour suspension

In development: Immediate release stimulants with low abuse liabilities given orally, intranasal and intravenously

Resources

- https://chadd.org
- Pacer Center!
- We've Got Issues: Children and Parents in the Age of Medication: Book by Judith Warner

•Questions and Discussion

Risk of Psychosis

- 221,816 patients with ADHD between 2004 to 2015.
- 1/486 patients taking amphetamines later required treatment for psychosis,
- 1/1,046 methylphenidate
- The study only covers youth who had been recently diagnosed with ADHD and started taking medications and not those who were already being treated with medication.

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Disruptive Mood Dysregulation Disorder DMDD

Outbursts: 3 or more/week for 1 year

Persistent irritability, sadness, anger

Out of keeping with provocation

Multiple settings

Onset before age 10. At least 6 years old

Not in keeping with developmental level

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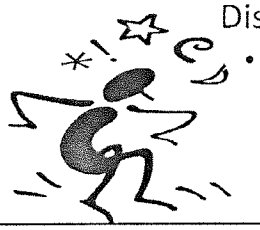
Extreme Irritability and Explosive Behavior of DMDD

- If parent only reported: More anxiety
  "hold it together" at school
- If teacher only reported: More Learning Disabilities
- If both report: consider Bipolar Disorder
- Bipolar: watch for elation, grandiosity and decreased need for sleep for over a day.
- Associated with: Depression, Oppositional Defiant Disorder, ADHD



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