

ATTENTION - DEFICIT HYPERACTIVITY DISORDER (ADHD)

Clinical Overview: Attention-Deficit Hyperactivity Disorder

- The prevalence of attention-deficit hyperactivity disorder (ADHD) is estimated to be from three to 18 percent.
- It is recommended that validated ADHD assessment tools be used in diagnosing ADHD (the Conners scale or DSM IV criteria).
- Due to highly prevalent comorbid conditions, a diagnosis of ADHD should also include an assessment for behavioral, depressive, anxiety and learning disorders.
- An ADHD diagnosis requires impairment in more than one setting, so gather information from several sources.
- Education is a critical component of ADHD treatment.
- Stimulant medication therapy is the most effective way of treating ADHD. These medications include Ritalin, Dexedrine and the longer-acting Concerta.

Clinical Snapshot: ADHD

- Brief “snapshot” of ADHD patient’s presentation:
 - Difficulty focusing attention.
 - Hyperactivity, fidgety.
 - Talks excessively.
 - Impairments in more than one setting (e.g., school and home).
 - Behavioral problems.
 - Injuries related to risky and/or impulsive behavior.
 - Disorganized, has difficulty following directions, forgetful.
 - School and/or work problems.
 - Symptom onset before age 7.

ADHD

Facts about ADHD

- ADHD is the most common behavioral disorder of childhood and is among the most prevalent chronic health conditions affecting school-aged children.
- Throughout childhood, disruptive behavior, poor social skills, school failure and learning delays are common.
- During the teen years, oppositional behaviors, mood disorders and a variety of academic and interpersonal difficulties often emerge.
- It is estimated that almost 90 percent of children with ADHD will have at least one comorbidity and as many as 67 percent will have two.
- The most common co-occurring disorders include oppositional defiant disorder, conduct disorder, anxiety disorder, depressive disorder and learning disorder.
- Teens with ADHD tend to smoke cigarettes and abuse substances more than teens without ADHD.

How to Identify and Diagnose ADHD

■ Screening Tools

- It is recommended that a validated ADHD assessment, such as the Conners ADHD scale, be used in diagnosing ADHD.
- A copy of the Conners ADHD Scale may be ordered through Multi Health Systems (1-800-456-3003) or via the web at www.mhs.com.

■ DSM-IV Criteria

- For a diagnosis of ADHD to be made, the following conditions must be met:
 1. Some inattentive or hyperactive symptoms that caused impairment were present before age 7.
 2. Some impairment from the symptoms is present in two or more settings (e.g., school and home).
 3. There must be clinically significant impairment in social, academic or occupational functioning.
 4. The symptoms do not occur exclusively during the course of a pervasive developmental disorder, schizophrenia or other psychotic disorder and are not better accounted for by another mental disorder.

ADHD is diagnosed as ADHD predominantly inattentive type, ADHD predominantly hyperactive-impulsive type, or ADHD combined type.

■ *ADHD – Predominantly Inattentive Type*

- Six (or more) of the following symptoms of inattention have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level:
 - Often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities.
 - Often has difficulty sustaining attention in tasks or play activities.
 - Often does not seem to listen when spoken to directly.
 - Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
 - Often has difficulty organizing tasks and activities.
 - Often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework).
 - Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books or tools).
 - Is often easily distracted by extraneous stimuli.
 - Is often forgetful in daily activities.

■ *ADHD – Predominantly Hyperactive-Impulsive Type*

- Six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level:
 - Often fidgets with hands or feet or squirms in seat.
 - Often leaves seat in classroom or in other situations in which remaining seated is expected.
 - Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness).
 - Often has difficulty playing or engaging in leisure activities quietly.
 - Is often “on the go” or often acts as if “driven by a motor.”
 - Often talks excessively.
 - Often blurts out answers before questions have been completed.
 - Often has difficulty awaiting turn.
 - Often interrupts or intrudes on others (e.g., butts into conversations or games).

■ *ADHD – Combined Type*

- The criteria for both inattentive type and hyperactive-impulsive type must be met for at least the past six months.

Tips for Proper Assessment

- Diagnosis of ADHD requires impairment in more than one setting. Therefore, it is important to get information from multiple sources such as parental reports as well as reports from teachers.
- Due to the high prevalence of comorbid conditions, if ADHD is diagnosed, an assessment for other conditions, particularly behavioral, depressive, anxiety and learning disorders should be conducted.
- Hearing problems should be ruled out.
- Document diagnosis and how it was made (e.g., DSM-IV criteria, Conners Scale).

Presenting Problems That May Suggest ADHD

- Possible presenting problems identified by parents:
 - Aggression/anger management problems.
 - Non-compliance.
 - Impulsivity/risk taking.
 - Difficulty completing tasks.
 - Disorganized.
 - Immaturity.
 - “Hyper.”
- Possible presenting problems identified by the school:
 - Hyperactivity, fidgety.
 - Inattentive, distractible.
 - Underachievement, failure.
 - Disruptive, talks excessively.
 - Difficulty listening.
 - Missing homework, messy/disorganized work.
- Possible presenting problems identified by children/adolescents:
 - Dislike of school.
 - Lack of close friends.
 - Frustration with certain teachers or subjects.
 - Conflict with parents.

Treatment of ADHD

- While medication is considered the most effective treatment of ADHD, treatment may involve medication, psychotherapeutic intervention or a combination of both.
- Education is a critical component for each mode of ADHD treatment.

■ *Education*

- It is helpful to provide the following education to patients:
 1. Information about ADHD, its treatment and prognosis.
 2. Stress the importance of the cooperation of school, daycare and other outside agencies.
 3. Explain the common features of ADHD and how they relate to the child's previous and current problems.
 4. Discuss/explain intervention strategies.
 5. Provide a developmentally appropriate explanation of ADHD to the child. The use of metaphors or examples may be helpful. Do not forget to also discuss the child's strengths.
- The Institute for Clinical Systems Improvement recommends providing the following suggestions to parents:
 1. Note problem behaviors (intensity and frequency) to make problems more objective and to monitor behavioral change.
 2. Try to spend 10-15 minutes a day alone with the child and let them know they are important.
 3. Use consistent schedules/routines and give forewarning of upcoming change.
 4. Give one or two clear instructions at a time and have child repeat them back to you.
 5. Have clear and concise rules with consistent consequences and rewards.
 6. Have a special, quiet spot for doing homework.
 7. Parent should take a break or time-out from the child if feeling frustrated or overwhelmed.
 8. Stress that the child's behavior and not the child is the problem.

■ *Medication*

- There are several effective medications available for ADHD.
- Discuss the medication, proper adherence and possible side effects when prescribing medication for ADHD.
- After prescribing medication, periodic, systematic follow-up appointments should occur.
- The Institute for Clinical Systems Improvement recommends the following:
 - Document the diagnosis of ADHD and the use of a validated assessment or DSM criteria.
 - A minimum of two follow-up visits per year.
 - Document the discussion of resources available to both child and parents.
- Medication is considered the most effective mode of treatment.

■ Psychotherapeutic Therapy:

- Behavioral Therapy
 - Parents/teachers are trained in specific techniques to improve behavior.
 - A system of rewards for demonstrating desired behavior or consequences for failure to meet goals is created.
 - Repetitive application of rewards and consequences gradually shapes behavior.

- Social Skills Training
 - Social skills are taught to help child solve specific problems associated with ADHD symptoms.

- Problem Solving Skills Training (PSST)
 - PSST helps children to “stop and think” before acting.
 - Designed to improve self-control and reflective problem solving.

- Study/Organizational Skills Training
 - Builds organizational skills and helps with school performance.

- Parents/Family Based Strategies
 - Parent skills training.
 - ADHD support groups.
 - Advocacy groups.

- Referring to Behavioral Health Services
 - If a decision is made to add behavioral health treatment, an appointment can be made by calling one of the HIP Mental Health Centers or Care Management (1-888-447-2526) for a referral to a network provider.

Special Populations

■ *Adult ADHD*

- Symptoms of ADHD typically continue into adulthood.

- Adult ADHD often involves socially inappropriate behaviors and difficulty being organized.

- Comorbid conditions are common, particularly substance abuse, depression, anxiety and personality disorders.

- The following medical conditions may mimic adult ADHD:
 - Hyperthyroidism.
 - Petit mal and partial complex seizures.
 - Hearing deficits.
 - Hepatic disease.
 - Lead toxicity.
 - Head injury.