Management of Childhood ADHD

A Day in Psychiatry - 2016
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Kitchener, ON

Dr. Alexandre Tavares, Psychiatrist
CAIP Unit, Grand River Hospital
www.drtavares.ca

anagement of Childhood ADHD

r. Alexandre Tavares

Declaration of Conflict of Interest:

I DO NOT have any affiliation with a pharmaceutical, medical device, or communications organization.

I INTEND to make therapeutic recommendations for medications that have not received regulatory approval (e.g. “off-label” use).

Management of Childhood ADHD

Dr. Alexandre Tavares

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Lundbeck

Otsuka

Pfizer

Purdue

Shire

Sunovion

KW Guardian Pharmacy

HLS Therapeutics

Management of Childhood ADHD
Dr. Alexandre Tavares

Mitigating Potential Conflicts of Interest:

Not applicable

I will specifically mention when my therapeutic recommendations have not received regulatory approval.

Presenter

Alexandre G. Tavares, MD, FRCPC

Child and Adolescent Psychiatrist

Child and Adolescent Inpatient Program (CAIP) and

Outpatient Mental Clinic

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To learn more:

Visit:

www.drtavares.ca

What is ADHD?

ADHD - Attention Deficit Hyperactivity Disorder.

- Impulsiveness and inattention, with or without a component of hyperactivity
- ADHD is a chronic disorder
- Frequently continues into adulthood

ADHD – DSM V
American Psychiatric Association's Diagnostic and Statistical Manual

- **Diagnostic criteria for Attention-Deficit/Hyperactivity Disorder**

A. Either (1) or (2):

- (1) six (or more) of the following symptoms of **inattention**
- (2) six (or more) of the following symptoms of **hyperactivity-impulsivity**

- Note: older adolescents and adults (over age 17 years) must present with at least five symptom.

(1) six (or more) symptoms of **inattention**

(a) often **fails to give close attention to details** or makes careless mistakes in schoolwork, work, or other activities

(b) often has **difficulty sustaining attention** in tasks or play activities

(c) often **does not seem to listen** when spoken to directly

(d) 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)

(e) often has **difficulty organizing tasks** and activities

(f) often **avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort** (such as schoolwork or homework)

(g) often **loses things necessary for tasks or activities** (e.g., toys, school assignments, pencils, books, or tools)

(h) is often **easily distracted** by extraneous stimuli

(i) is often **forgetful** in daily activities

(2) six (or more) symptoms of **hyperactivity-impulsivity**

(a) often **fidgets** with hands or feet or squirms in seat

(b) often **leaves seat** in classroom or in other situations in which remaining seated is expected

(c) 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)

(d) often has **difficulty playing or engaging in leisure activities quietly**

(e) is often **"on the go"** or often acts **as if "driven by a motor“**

(f) often **talks excessively**

(g) often **blurts out answers** before questions have been completed

(h) often has **difficulty awaiting turn**

(i) **often interrupts or intrudes on others** (e.g., butts into conversations or games)

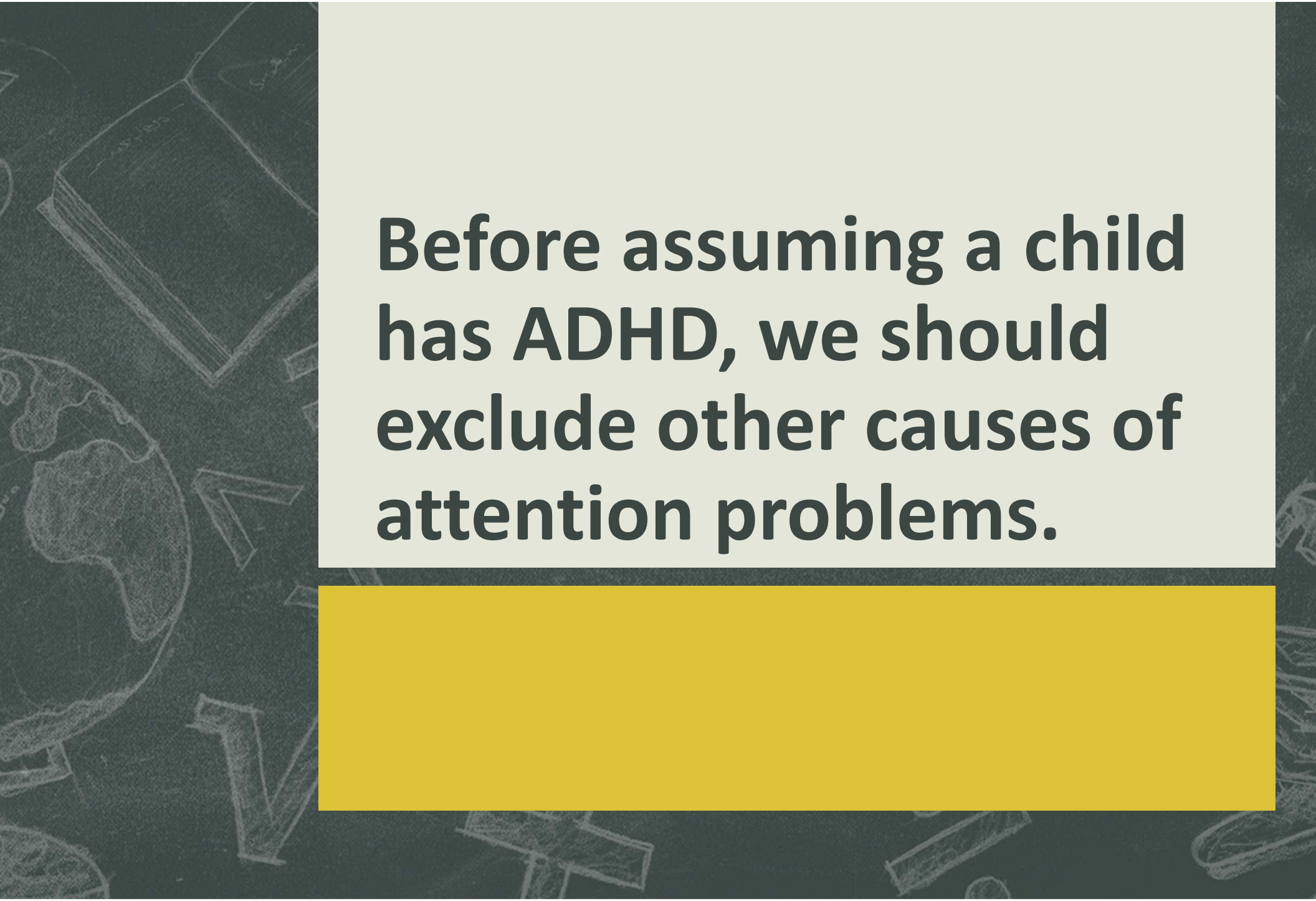
B. Some hyperactive-impulsive or inattentive symptoms that caused **impairment present before age of 12 years**.

C. Some **impairment from the symptoms is present in two or more settings** (e.g., at school [or work] and at home).

D. There must be **clear evidence of clinically significant impairment** in social, academic, or occupational functioning.

But…

E. 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 (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).


Before assuming a child has ADHD, we should exclude other causes of attention problems.

Medical problems that can cause attention problems.

Examples of medical conditions which can cause ADHD:

- hyperthyroidism,
- seizure disorder,
- hearing deficits,
- sleep apnea

- Attention problem secondary to medical problems is NOT considered true ADHD.

Poor sleep is a common cause of poor attention:

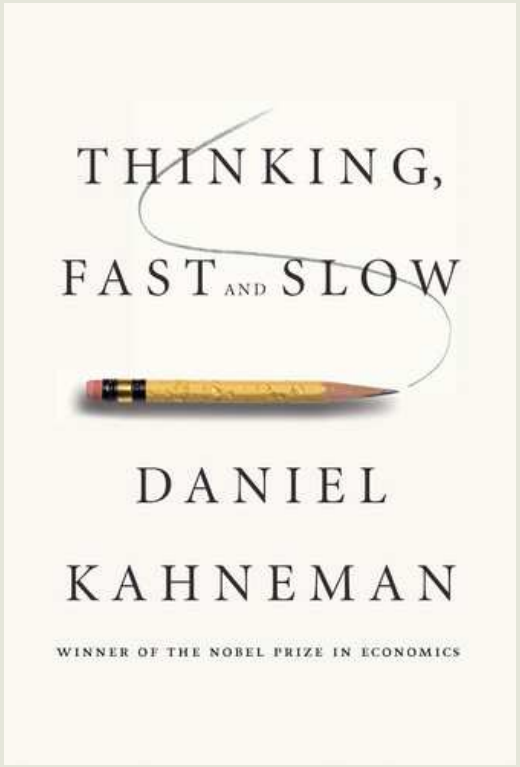
Common causes of poor sleep:

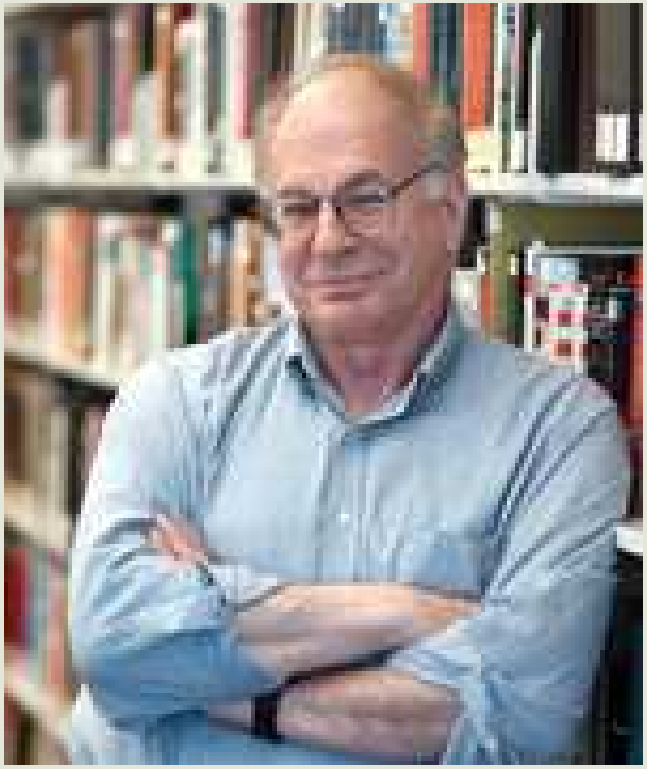
- Sleep apnea?
- Poor sleep habits:
- videogame/TV in the bedroom;
- drinking caffeinated drinks before bed time.

Read more: “Handout: Before Assuming a Child or Adolescent has a Psychiatric Disorder” (www.drtavares.ca)


A poor diet may worsen a child's attention span.

Study presented in the book:
“Thinking, Fast and Slow Paperback” by Daniel Kahneman (Author)





Study published in the Proceedings of the National Academy of Sciences

- Eight parole judges in Israel;
- Cases presented in random order;
- Judges spent on average 6 minutes per case;
- Only 35% of cases are approved;
- Time of each decision was recorded;
- Times of the judges three food breaks was recorded as well;
- The proportion of approved requests was plotted since last food break.

Percentage of requests for parole approved.
On the left: right after meal break
On the right: right before next meal break (ZERO approval rate)

The Importance of Regular Physical Activity

Video segments from “Run, Jump, Learn”
by Dr. John Ratey.

- Video:
- “Run, Jump, Learn” by Dr. John Ratey.

https://www.youtube.com/watch?v=hBSVZdTQmDs&feature=youtu.be&t=5m35s

- Learn more:

Handout: “Physical Activity to Enhance Learning and Mental Well-Being”

https://drtavares.wordpress.com/2015/03/26/physical-activity-to-enhance-learning-and-mental-well-being/

Does ADHD continue into adulthood?

Answer:

- ADHD continues into adulthood 25-50% of the time.

Quick facts about ADHD in adulthood

- Inattention symptoms predominate.
- Adults are rarely hyperactive.
- Impulsivity may still be a problem.
- Typical presentation in adults:
- Chronic procrastination; poor organization; parents (with ADHD) forget their children' appointment dates etc…

Prevalence of ADHD

How common is ADHD?

Most studies suggest prevalence of:

- 3 to 5% of children and teenagers

ADHD - Diagnosis:

- It is mostly a clinical diagnosis.
- Psychological testing for ADHD is not always precise and typically does not replace a clinical diagnosis.

ADHD - Inventories:

- Various inventories are available.
- Several are free.
- Inventories can be found at:

www.caddra.ca (Canadian ADHD Resource Alliance)

CADDRA
CANADIAN ADHD RESOURCE ALLIANCE

Patient Name:	
Date of Birth:	MRN/File No:
Physician Name:	Date:

SNAP-IV 26 – Teacher and Parent Rating Scale

Name: _____ Gender: _____ Age: _____

Grade: _____ Ethnicity: ☐ African-American ☐ Asian ☐ Caucasian ☐ Hispanic Other: _____

Completed by: _____ Type of Class: _____ Class size: _____

For each item, check the column which best describes this child:	Not At All	Just A Little	Quite A Bit	Very Much
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
2. Often has difficulty sustaining attention in tasks or play activities				
3. Often does not seem to listen when spoken to directly				
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties				
5. Often has difficulty organizing tasks and activities				
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
7. Often loses things necessary for activities (e.g., toys, school assignments, pencils, or books)				
8. Often is distracted by extraneous stimuli				
9. Often is forgetful in daily activities				
10. Often fidgets with hands or feet or squirms in seat				
11. Often leaves seat in classroom or in other situations in which remaining seated is expected				
12. Often runs about or climbs excessively in situations in which it is inappropriate				
13. Often has difficulty playing or engaging in leisure activities quietly				
14. Often is "on the go" or often acts as if "driven by a motor"				
15. Often talks excessively				
16. Often blurts out answers before questions have been completed				
17. Often has difficulty awaiting turn				
18. Often interrupts or intrudes on others (e.g. butts into conversations/ games)				
19. Often loses temper				
20. Often argues with adults				
21. Often actively defies or refuses adult requests or rules				
22. Often deliberately does things that annoy other people				
23. Often blames others for his or her mistakes or misbehavior				
24. Often touchy or easily annoyed by others				
25. Often is angry and resentful				
26. Often is spiteful or vindictive				

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ften touchy or easily annoyed by others				
ften is angry and resentful				
ften is spiteful or vindictive				

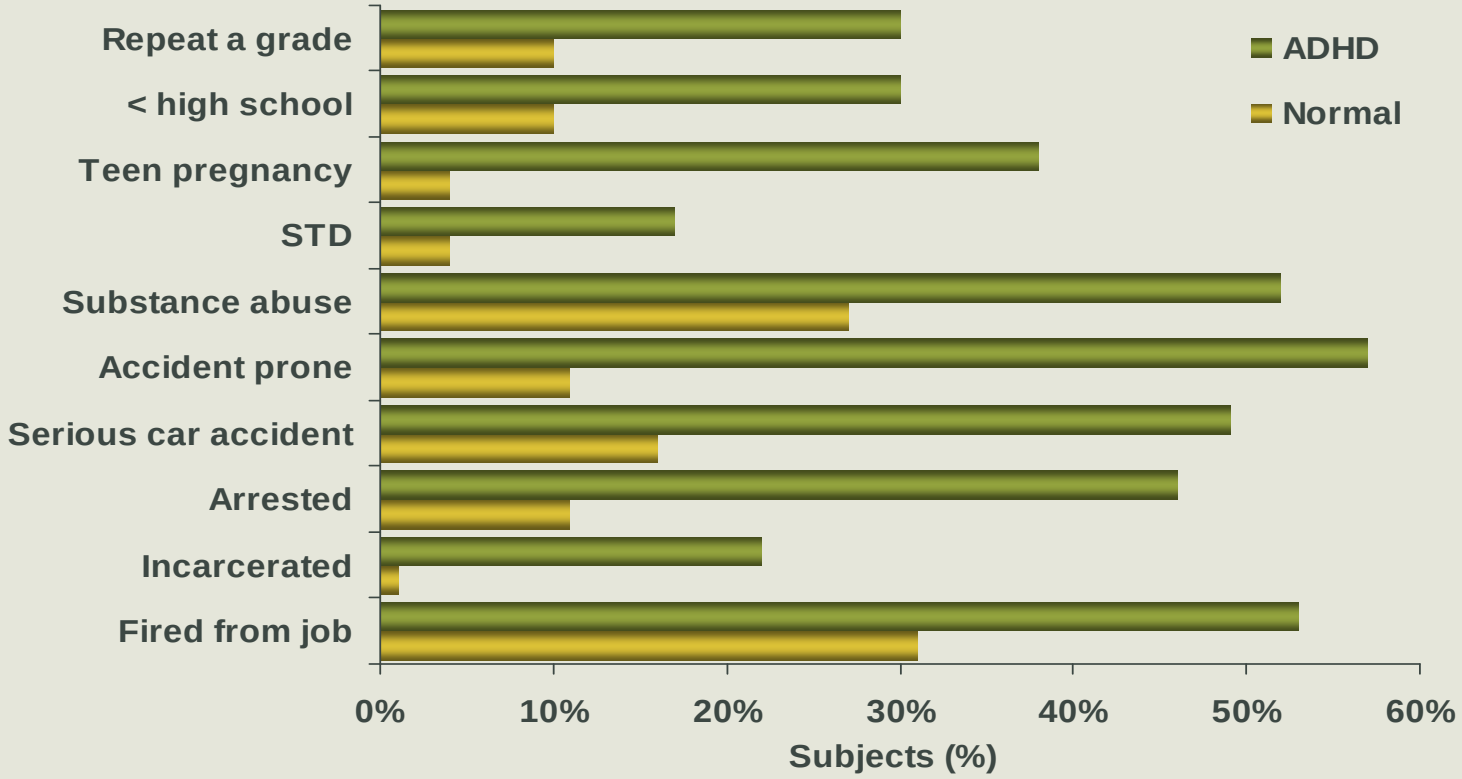
Adult ADHD Self-Report Scale (ASRS-v1.1)

Available on line.

https://add.org/wp-content/uploads/2015/03/adhd-questionnaire-ASRS111.pdf

Impairment caused by ADHD

Functional Impairment in Patients With ADHD vs Controls



1. Barkley. *Attention-deficit hyperactivity disorder. A handbook for diagnosis and treatment*, 1998; 2. Barkley et al. *JAACAP* 1990; 3. Biederman et al. *Arch Gen Psych* 1996; 4. Weiss et al. *JAACAP* 1985; 5. Satterfield, Schell. *JAACAP* 1997; 6. Biederman et al. *Am J Psych* 1995.

MTA RESULTS - % of Children Responding to Various Treatments

Discussion of chart:

- Unfortunately, in long term follow up, any additional benefits from the medication and from the behavior interventions disappeared and all the groups were equivalent.
- Medication utilized: short acting form of methylphenidate. Multiple daily doses required.
- Would the results have been better if long acting forms of medication were available? Only new studies will answer this question.

Treatment of ADHD – medications:

- Medications can have a central role in the treatment of ADHD, but medications alone are rarely enough.
- Stimulants: methylphenidate; amphetamines.
- Non-stimulant - Selective Norepinephrine reuptake inhibitor: atomoxetine;
- Non-stimulant - Selective Alpha Adrenergic Receptor Agonist: Guanfacine.
- Bupropion (an antidepressant).

Medications – for additional information:

- CADDRA - Canadian ADHD medication chart (free):

http://www.caddra.ca/pdfs/Medication_Chart_English_CANADA.pdf

- Medication app (free version available) – Epocrates:

www.epocrates.com

CADDRA Guide to ADHD Pharmacological Treatments in Canada - 2016

Medications available and illustrations	Characteristics	Duration of action [1]	Starting dose [2]	Dose titration as per product monograph	Dose titration as per CADDRA www.caddra.ca
AMPHETAMINE-BASED PSYCHOSTIMULANTS					
Dexedrine® tablets 5 mg Dexedrine® spansules 10, 15 mg 	Pill can be crushed [3] Spansule (not crushable)	~ 4 h ~ 6 - 8 h	Tablets = 2.5 to 5 mg BID Spansules = 10 mg q.d. a.m.	↑ 2.5 - 5 mg at weekly intervals; Max. dose/day: (q.d. or b.i.d.) All ages = 40 mg	↑ 2.5 - 5 mg/day at weekly intervals Max. dose/day: (q.d. or b.i.d.) Children and Adolescents = 20 - 30 mg Adults = 50 mg
Adderall XR® Capsules 5, 10, 15, 20, 25, 30 mg 	Sprinkable Granules	~ 12 h	5 - 10 mg q.d. a.m.	↑ 5 - 10 mg at weekly intervals Max. dose/day: Children = 30 mg Adolescents and Adults = 20 - 30 mg	Children: ↑ 5 mg at weekly intervals Max. dose/day = 30 mg Adolescents and Adults: ↑ 5 mg at weekly intervals max. dose/day = 50 mg
Vyvanse® Capsules 10, 20, 30, 40 50, 60 mg 	Capsule content can be diluted in water, orange juice and yogurt	~ 13 - 14 h	20 - 30 mg q.d. a.m.	↑ by clinical discretion at weekly intervals Max. dose/day: All ages = 60 mg	↑ 10 mg at weekly intervals Max. dose/day: Children = 60mg Adolescents and Adults = 70 mg
METHYLPHENIDATE-BASED PSYCHOSTIMULANTS					
Methylphenidate short acting, tablets 5 mg (generic) 10, 20 mg (Ritalin®) 	Pill can be crushed [3]	~ 3 - 4 h	5 mg b.i.d. to t.i.d. Adult = consider q.i.d.	↑ 5 - 10 mg at weekly intervals Max. dose/day: All ages = 60 mg	↑ 5 mg at weekly intervals Max. dose/day: Children and Adolescents = 60 mg Adults = 100 mg
Biphentin® Capsules 10, 15, 20, 30, 40, 50, 60, 80 mg 	Sprinkable Granules	~ 10 - 12 h	10 - 20 mg q.d. a.m.	↑ 10 mg at weekly intervals Max. dose/day: Children and Adolescents = 60 mg Adults = 80 mg	↑ 5 - 10 mg at weekly intervals Max. dose/day: Children = 60 mg Adolescents and Adults = 80 mg
Concerta® Extended Release Tabs 18, 27, 36, 54 mg 	Pill needs to swallowed whole to keep delivery mechanism intact	~ 12 h	18 mg q.d. a.m.	↑ 18 mg at weekly intervals Max. dose/day: Children = 54 mg Adolescents = 54 mg / Adults = 72 mg	↑ 9 - 18 mg at weekly intervals Max. dose/day: Children = 72 mg Adolescents = 90 mg / Adults = 108 mg
NON PSYCHOSTIMULANT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR					
Strattera[MD] (Atomoxetine) Capsules 10, 18, 25, 40, 60, 80, 100 mg 	Capsule needs to swallowed whole to reduce GI side effects	Up to 24 h	Children and Adolescents : 0.5 mg/kg/day Adults = 40 mg q.d. for 7-14 days	Maintain dose for a minimum of 7 - 14 days before adjusting: Children = 0.8 then 1.2 mg/kg/day 70 kg or Adults = 60 then 80 mg/day Max. dose/day : 1.4 mg/kg/day or 100 mg	Maintain dose for a minimum of 7 - 14 days before adjusting: Children = 0.8 then 1.2 mg/kg/day 70 kg or Adults = 60 then 80 mg/day Max. dose/day: 1.4 mg/kg/day or 100 mg
NON PSYCHOSTIMULANT - SELECTIVE ALPHA-2A ADRENERGIC RECEPTOR AGONIST					
Intuniv XR® (Guanfacine XR) Extended release tabs 1, 2, 3, 4 mg 	Pills need to be swallowed whole to keep delivery mechanism intact	Up to 24 h	1 mg q.d. (morning or evening)	Maintain dose for a minimum of 7 days before adjusting by no more than 1 mg increment weekly Max. dose/day: Monotherapy: 6-12 years = 4 mg, 13-17 years = 7 mg As adjunctive therapy to psychostimulants 6-17 years = 4 mg	Maintain dose for a minimum of 7 days before adjusting by no more than 1 mg increment weekly Max. dose/day: Monotherapy: 6-12 years = 4 mg, 13-17 years = 7 mg As adjunctive therapy to psychostimulants 6-17 years = 4 mg

Note: Illustrations do not reflect real size of pills/capsules. For specific details on how to start, adjust and switch ADHD medications, clinicians are invited to refer to the Canadian ADHD Practice Guidelines (www.caddra.ca)

[1] Pharmacokinetics and pharmacodynamic response vary from individual to individual. The clinician must use clinical judgement as to the duration of efficacy and not solely rely on reported values for PK and duration of effect.

[2] Starting doses are from product monographs. CADDRA recommends generally starting with the lowest dose available. [3] Higher abuse potential.

Document developed by Annick Vincent MD (www.attentiondeficit-info.com) and Direction des communications et de la philanthropie, Laval University, with the special collaboration of CADDRA.

UNIVERSITÉ LAVAL

CADDRA CANADIAN ADHD RESOURCE ALLIANCE

Version : April 2016

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TIMULANT - SELECTIVE ALPHA-2A ADRENERGIC RECEPTOR AGONIST					
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Information about Wellbutrin (bupropion) – from epocrates.com

Wellbutrin SR

bupropion hydrochloride

Dosage Forms

100,150,200 ER

Pediatric Dosing

*ADHD

12 yo and older

Dose: 3-6 mg/kg/day PO divided bid; Start: 2 mg/kg up to 100 mg PO qam, incr. by up to 1 mg/kg/day q2-3wk to 3-6 mg/kg/day PO divided bid; Max: 400 mg/day; Info: do not cut/crush/chew tab

Wellbutrin XL

bupropion hydrochloride

Dosage Forms

150,300 ER

Pediatric Dosing

*ADHD

12 yo and older

Dose: 3-6 mg/kg/day PO qam: Start: 150 mg PO qam, may incr. dose after 2wk; Max: 450 mg/day; Info: do not cut/crush/chew tab

Example of medication side effects

RITALIN (*methylphenidate)* – possible side effects:

Common Reactions

- nervousness; insomnia; anorexia
- abdominal pain; weight loss (long-term use)
- tachycardia; nausea; motor tics; headache;
- palpitations; dizziness; fever; rash; urticaria
- depression, transient; drowsiness
- dyskinesia; angina; BP changes
- visual disturbances; elevated liver transaminases

RITALIN (*methylphenidate)* – possible side effects:

Serious Reactions

- dependency, abuse; psychosis; mania
- aggressive behavior; Tourette's syndrome
- Arrhythmia; MI; stroke; sudden death
- Seizures; growth suppression (long-term use)
- hypersensitivity rxn; exfoliative dermatitis
- erythema multiforme; thrombocytopenic purpura
- leukopenia; neuroleptic malignant syndrome
- cerebral arteritis; hepatic coma

Other stimulant medications:

- **Side effects SIMILAR to RITALIN (methylphenidate).**

Wellbutrin (bupropion)

- It is an antidepressant.
- Can be used to treat ADHD.

May help children that:

- Do not tolerate stimulant ADHD medications
- Have a history of abuse of stimulant ADHD medication.

Wellbutrin (bupropion)

- Is Wellbutrin safer or better that the stimulant ADHD medications?
- Not necessarily.
- Usually do NOT work as well.
- May work extremely well for some children and teenagers.

Omega 3 fish oil

- A few studies indicate it may be beneficial in the treatment of ADHD.
- Most patients have either no clinical response or small improvements.
- Small subgroup of patients may have clinically significant improvements.

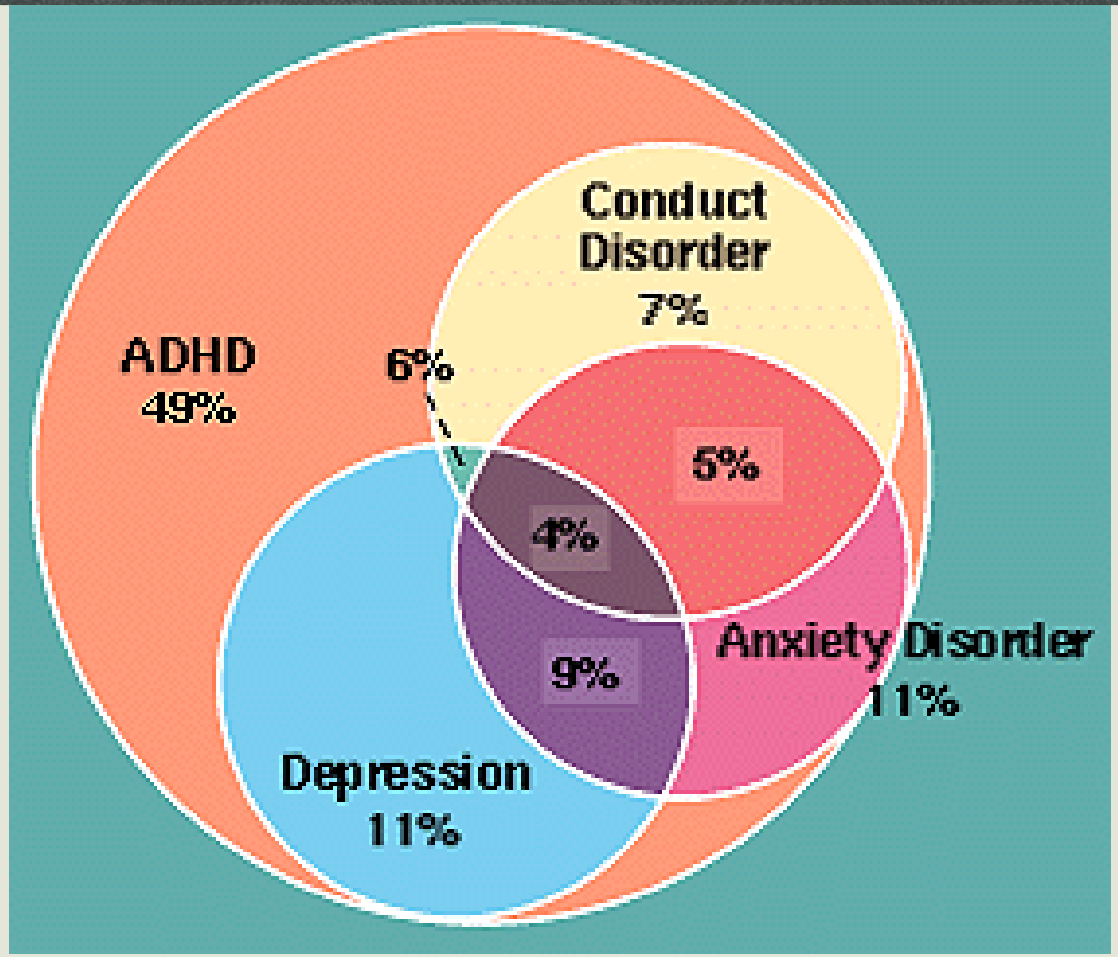
Learn more reading the handout ‘Healthy Body, Healthy Mind” (www.drtavares.ca)

Comorbidities

Conditions commonly associated with ADHD:

- Anxiety Disorders
- Depression
- Oppositional Defiant Disorder
- Conduct disorder
- Learning Disabilities
- Drug / alcohol abuse or dependence
- Fetal Alcohol Syndrome
- Tourette’s syndrome

Illustration from Joseph Biederman and Stephen Faraone, Harvard Mahoney Neuroscience Institute Letter, Winter 1996 Volume 5 Number 1



Differential diagnosis

How to differentiate among these conditions?

- “clinical picture”
- Timing
- Age of onset
- Family history

Learning disabilities and ADHD

- Can a child have both?
- Answer: YES
- Consequences of having both.
- Common misconceptions.

Gifted child or adolescent with ADHD

- Can an intelligent child or teenager have ADHD?
- Answer: YES!

- My child is doing well at school. So she/he can't have ADHD, is this correct?
- Answer: NO!

Behavioral interventions:

- Oppositional behaviors: managed mostly with parent management training and behavioral treatment.
- Parent Management Training (PMT) is also very important in the treatment of ADHD.

Common Benefits of Parent Management Training (PMT)

- A) Use of smaller doses of ADHD medication.
- B) Leads to lower need for sleep aid medications.
- C) Improved parent mental health.
- D) Lower anxiety level among the children.

How to get the training (Parent Management Training) From lowest cost or more convenient, to higher cost – slide 1/2

A) Parenting books and videos based on Evidence Based Resources - examples:

Book: “The Kazdin Method for Parenting the Defiant Child” by Alan E. Kazdin.

Video: Angry Kids & Stressed Out Parents

http://www.cbc.ca/doczone/episodes/angry-kids-stressed-out-parents

Videos: Ten Secrets to Positive Parenting

http://www.cbc.ca/doczone/features/ten-secrets-to-positive-parenting

B) Web based training:

http://www.triplep-parenting.net/ont-en/find-help/triple-p-online/

How to get the training (Parent Management Training)
From lowest cost or more convenient, to higher cost – slide 2/2

C) Sign up to attend a evidence based parenting program:

Triple P: Positive Parenting Program:

www.triplep.net

The Incredible Years

www.incredibleyears.com

Parent Child Interaction Therapy

www.pcit.org

Questions?