

# **GM ADHD Strategic Clinical Network**

## **Training for Specialist ADHD Teams**

# Learning Objectives

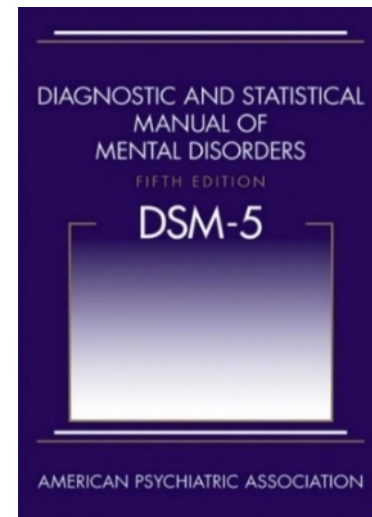
- Understand the stigma surrounding ADHD and develop ability to challenge stigma.
- .

# DSM-5 classification of ADHD

ADHD is characterised by a pattern of behaviour, **present in multiple settings** (e.g. school & home), that can result in **performance issues** in social, educational, or work settings

Children must have **at least six symptoms** from the inattention criteria and/or the hyperactivity & impulsivity criteria, while older adolescents & **adults** (over age 17 years) must present with five

Symptoms must be present **before age 12** (previously before age 7)



# What is ADHD?

- ADHD stands for Attention Deficit Hyperactivity Disorder which is a recognised medical condition with specific symptoms.<sup>1</sup>
- ADHD is a behavioural disorder where the brain develops and works in a different way from those not affected.<sup>2</sup>

# Famous people with ADHD

Sir Richard Branson

Chef Jamie Oliver

Michael Phelps

***Ensure research has been completed and all people listed have ADHD before adding to this list***

# What is ADHD?

**Select most appropriate videos**

ADHD - Challenges with accessing services

<https://www.dropbox.com/s/j8po75lbex3xiiv/ADHD%20-%20Challenges%20with%20accessing%20services.mov?dl=0>

What is ADHD?

<https://www.dropbox.com/s/yqtk5wsl5ua94v5/What%20is%20ADHD.mov?dl=0>

ADHD - Challenges in education

<https://www.dropbox.com/s/9psnn4smrq6tm9v/ADHD%20-%20Challenges%20in%20education.mov?dl=0>

ADHD - Challenges with life skills

<https://www.dropbox.com/s/vycm86kc75blbzi/ADHD%20-%20Challenges%20with%20life%20skills.mov?dl=0>

ADHD - Challenges with peers

<https://www.dropbox.com/s/y9ejy3ea1pioct6/ADHD%20-%20Challenges%20with%20peers%20.mov?dl=0>

# Key symptoms

**Impulsivity**

**Inattention**

**Hyperactivity**

These symptoms occur in every child from time to time but in young people and adults with ADHD they are persistent and impact on daily functioning

# Challenge or opportunity – a point of view

**Distractibility/disrupts  
others**

**Alertness/Interactive**

**Activity / impulsivity**

**Imagination/innovation**

**Insatiable / inflexible**

**Energy / persistence**

**Risk-taking / egocentricity**

**Enthusiasm / passion**



# Discussion

*Likelihood of young people and families are more likely to miss appointments and breach, and;*

- *how this should be appropriately dealt with*
- *how methods could be helpful to reduce DNAs.*

# Changes across development: typical presentations at different ages

	Preschool	Primary School	Adolescence	Adulthood
Inattentive	Short play sequences; leaving activities incomplete; not listening	Brief activities; premature changes of activity; forgetful; disorganised; distracted by environment	Persistence less than peers; lack of focus on details of a task; poor planning ahead	Details not completed; appointments forgotten; lack of foresight
Overactive	“Whirlwind”	Restless when expected to be calm	Fidgety	Subjective sense of restlessness
Impulsive	Does not listen; no sense of danger (hard to distinguish from oppositionality)	Acting out of turn, interrupting other children, blurting out answers; thoughtless rule-breaking; intrusions on peers; accidents	Poor self-control; reckless, risk-taking	Motor and other accidents; premature and unwise decision-making; impatience

# Understanding the possible impacts of ADHD

mood      motor      alcohol /  
instability   accidents   drug abuse

sleep      antisocial   relationship   marital  
difficulties   behaviour   problems   discord

social      peer      smoking      occupational  
difficulties   rejection   difficulties

behavioural      academic      low self      comorbidities  
disturbance      impairment      esteem

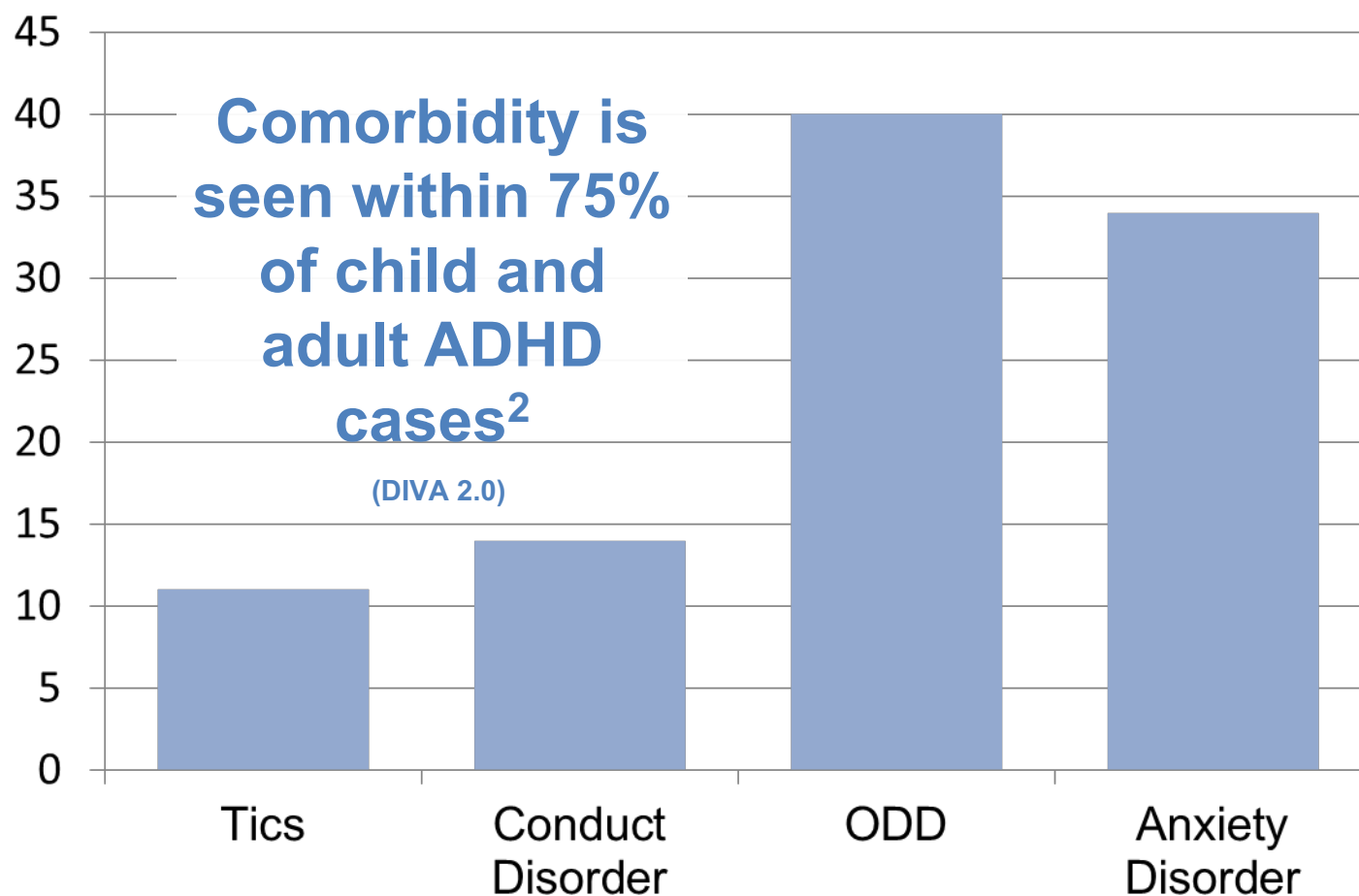


...Pre-school...Childhood ...Adolescence ...Adulthood

# How many children are affected?

- ADHD is the most common behavioural disorder in the UK<sup>1</sup>
- It is estimated that ADHD affects around 2-5% of school-aged children and young people<sup>1</sup>
- In UK, it is believed that the prevalence of severe ADHD in the school-age population is 1.5%, and the less severe form is 3-5%.<sup>2</sup>

## Comorbidities in childhood ADHD (N=579)<sup>1</sup>



# Younger children with ADHD have higher rates of other mental health needs

- Rates of Autistic Spectrum Disorders and tics (8%) are higher than average
- Rates of learning difficulties are higher
- Sleep difficulties are higher than average
- Rates of oppositional behaviour are higher

# Older children with ADHD have higher rates of other mental health needs

- Rates of depression and anxiety are higher in children with ADHD and higher still in Looked After Children and those in contact with the criminal justice system.
- Rates of suicidality and self harm are increased in children with ADHD
- Self esteem is reduced in children with ADHD.
- Rates of substance misuse are higher in children with ADHD.
- Adolescents with bulimic behaviours were significantly associated with ADHD symptoms.

## ADHD: a genetic disorder

- ADHD is often a genetically inherited disorder
- Overall heritability is 75%

**Twin studies estimate a heritability of up to 76%<sup>1</sup>**

**Family studies**

**Adoption studies**

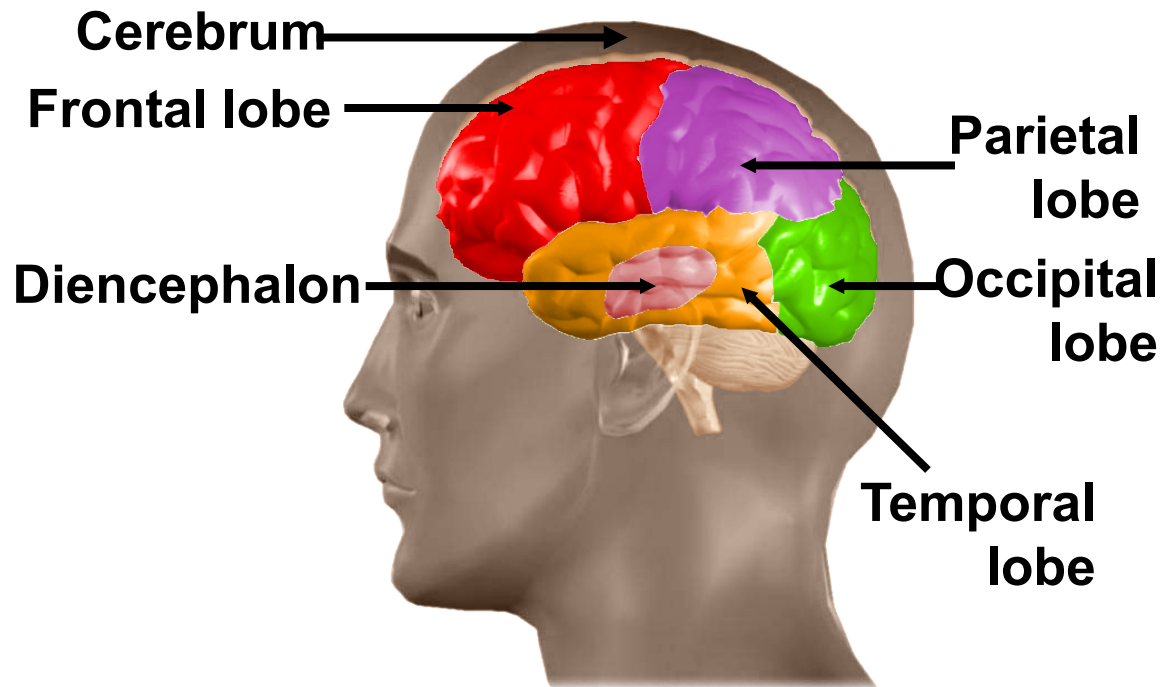
**Molecular genetics<sup>2</sup>**



# ADHD is a neurobiological disorder

The frontal lobes that enable us to control our thoughts and behaviour do not function as well in those affected<sup>1</sup>

Some of the pathways involving key chemicals that enable brain-cells to communicate with each other are disrupted<sup>2</sup>



## Causes of ADHD: neurotransmitter function

- ADHD is thought to be influenced by an imbalance of neurotransmitters, dopamine and noradrenaline.
- Both play an important role in the ability to focus & pay attention to tasks<sup>1-3</sup>



Insert case study for group discussion  
that highlights...

*The importance of (1)less verbal instructions  
(2)importance of increased visual cues (3) need to  
repeat take home messages (4) uses of  
concentration tools.*

## ADDISS ADHD research: family

- **65%** of parents of children with ADHD have divorced, separated or experienced marital distress as a result of their child's condition
- **33%** of parents have been unable to seek employment as a result of ADHD in the family
- **Nearly half** of parents surveyed have been treated for depression as a result of ADHD in the family

## ADDISS ADHD research: social

- **19%** of children with ADHD have been in trouble with the police
- **37%** of children have been admitted to A&E as a result of impulsive and reckless behaviour

# Local services and pathway

# Your role and responsibilities

*Emphasis requirement to work with colleagues and multi agency partners to develop support plans which identify outcomes and differentiated approaches to meet the particular needs of children with their ADHD symptoms.*

# How to Assess for ADHD

- New cases will come directly through the ADHD pathway or from other CAMHS pathways e.g. anxiety.
- The assessment starts when you meet the family in the waiting room, pay attention as you take them to your room.
- When assessing for ADHD, take a developmental history, your department may have structured interview tools, and there are versions available on the SCN ADHD webpage.
- Explain what you will be doing at the end of your appointment that you will be providing questionnaires for family and education to complete (SNAP/Connors/ADHD-RS).
- An objective test such as the QbTest forms a part of many ADHD pathways, explain to the families what this will involve.



# Qbtest

- The QbTest is a standardised assessment tool for ADHD.
- A computer programme tests attention and combines this with an infrared observation of movement.
- The resulting report is compared against a large bank of control data of the same gender and age.
- Combined with clinical history and data from education settings, the test is a valuable tool in the diagnosis of ADHD.
- The test also provides a baseline to measure the effectiveness of future treatment.

# Treatment

- Once the diagnosis has been fed back to families, discussions about treatment can be undertaken.
- NICE (2016) provides structured guidance on the management of ADHD and the development of the multi-disciplinary team and communication with primary care.
- Ensure that you have informed consent
- Take time to learn what the family understands about ADHD treatment.
- Explain that taking medication is a choice.
- Explain that medication will only form part of the treatment and that not all children and young people can take medication.

# Treatment

- Explain that a healthy diet can enhance any child's concentration.
- For parents or carers of pre-school children, the first line treatment is parent-training/education programmes.
- For parents and carers of children and young people of school age with ADHD and moderate impairment, the first line treatment is group-based parent-training/education programmes. This should be complemented by training and consultation for the teachers working with the child.
- If children choose to, they can access individual social skills or CBT training.

# Medication

- NICE (2016) provides detailed guidance on the use of medication in children with ADHD
- For children with severe impairment, medication should be offered as a first line treatment. Children can still choose to use psychological therapy rather than medication.
- NICE advises that medication should only be initiated by an appropriately qualified healthcare professional.
- Before commencing medication, understand the child's physical health, e.g. cardiovascular symptoms in response to exercise. Ascertain whether there is a family history of cardiac disease or sudden death.
- Check the child's height, weight, pulse and blood pressure.
- Explore any possible substance use.

# Medication

- Explain to families that for medication to be offered, families must commit to ongoing reviews including height weight, pulse and blood pressure . Reviews will be shared between CAMHS and primary care.
- Understand any comorbid conditions e.g. tics and the potential for drug diversion.
- NICE (2016) notes that when first commencing medication, methylphenidate should used for ADHD without comorbidity, or with comorbid conduct disorder.
- If the child has Tourette's syndrome, anxiety disorder or there is a risk stimulant misuse atomoxetine or methylphenidate should be considered.
- There are 4 families of ADHD medication used in the UK, two stimulant and two non-stimulant.

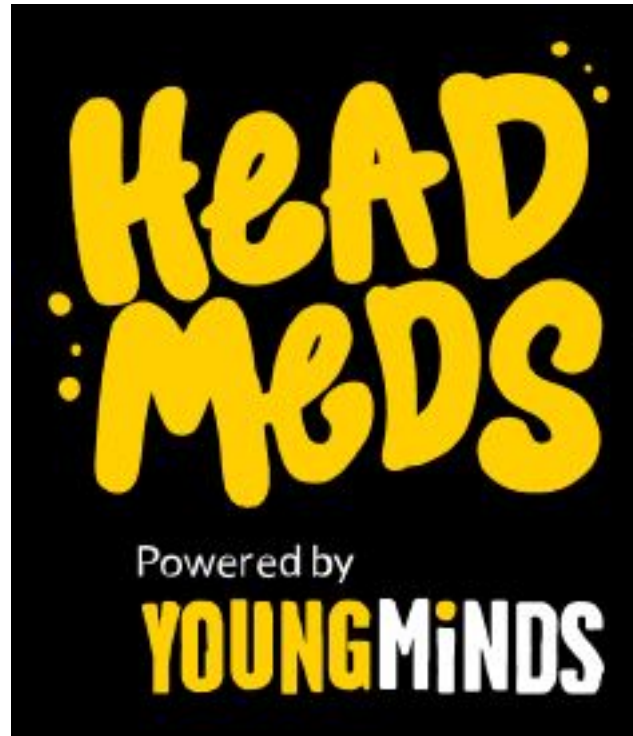
# Stimulant Medication

- Methylphenidate (immediate and modified release) – e.g. Equasym, Concerta, Matoride and Medikinet – all have slightly different initiation and duration of action. All work only while they are in the child's system. All can increase blood pressure and pulse and reduce appetite. All can increase pulse and blood pressure to dangerous levels if combined with an illegal stimulant.
- Dexamphetamine e.g. Elvanse can increase blood pressure and pulse and reduce appetite. All can increase pulse and blood pressure to dangerous levels if combined with an illegal stimulant.

# Non-Stimulant Medication

- Atomoxetine is a selective noradrenaline reuptake inhibitor. Common side effects include stomach pain, reduced appetite, nausea and vomiting as well as increased heart rate and blood pressure.
- Guanfacine is a alpha 2 adrenergic agonist. Common side effects include sleepiness, headache, tiredness, stomach pain and sedation. Hypotension, bradycardia and weight gain have also been identified. NICE notes that guanfacine has not yet been compared with the other available ADHD drugs.

# Medication



<https://www.headmeds.org.uk/>



# Documented benefits of medication

## **Cognitive**

- Improves attention and short-term memory; increases amount and accuracy of work completed

## **Motor**

- Reduces activity level; improves handwriting; decreases talkativeness, noisiness and disruptiveness

## **Social**

- Improves cooperation; reduces anger; improves parent-child interactions; reduces non-compliance

# Supporting parents

Parents may benefit from attending parenting programmes and attending local support groups.

CAMHS workers should explore when the difficult points in the day are. Suggest quick and healthy breakfast options, and strategies such as homework books.

Peer interactions can be difficult for children with ADHD. Parents should support pro-social activities e.g. sport. Parents should be offered advice around sleep hygiene.

# Advice for clinicians to give to parents

## **Liaise about homework**

- Homework instructions can be complicated, parents and teachers should communicate about deadlines and expectations.
- Clinicians should advise parents that homework should be done in a quiet environment, with gentle prompting to remain on task.

## **Changing routines**

- Any changes at home, either good or bad, will require more support.
- Holidays will require more planning e.g. in relation to long care journeys or flights.
- Help parents to understand that strategies which have been learned, may need to be relearned, and need reinforcing in times of stress.

# Advice for parents of young people

- Developing independence and participation in medication regimes.
- With household tasks, give one task at a time but monitor frequently.
- Children will need support around the use of money.
- Emotional regulation can be very difficult, support parents to teach the child to recognise stress points and use strategies such as exercise.
- Adolescents should be encouraged to start to take responsibility for the morning dose by asking for the medication, while it is safely stored and dispensed by parents.

# Your role in risk management

# Useful local contacts

## Some useful websites\*

[www.addiss.co.uk](http://www.addiss.co.uk)

[www.nice.org.uk](http://www.nice.org.uk)

[www.sign.ac.uk](http://www.sign.ac.uk)

[www.handsonscotland.co.uk](http://www.handsonscotland.co.uk)

[www.netdoctor.co.uk](http://www.netdoctor.co.uk)

[www.help4adhd.org](http://www.help4adhd.org)

[www.mentalhealth.com](http://www.mentalhealth.com)

[www.adhdtogether.com](http://www.adhdtogether.com)

[www.addup.co.uk](http://www.addup.co.uk)

[www.ukadhd.com](http://www.ukadhd.com)

**LOCAL OFFER PAGE**

**Thank you to all our partners  
&  
All members of the SCN ADHD  
Training Workstream**