



Cedar Park Pediatric & Family Medicine

Complete Medical Care for your Family



Attention Deficit Disorder and Your Child

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About Myself

- * Medical Degree: University of Kansas School of Medicine
- * Completed Pediatric Residency Program at Vanderbilt Children's Hospital in Nashville, TN
- * Co-owner of Cedar Park Pediatric and Family Medicine
- * Jennifer Cardwell, MD is my wife, also a Pediatrician. We have 2 daughters who are 6 and 9

How Big is ADHD?

- * Studies have estimated 3-9% of children in US have ADHD
- * 3 times more likely in males vs. females
- * Noted in 3-5 % of Adults
- * 3.5 million children were prescribed medications in 2006

DSM-IV Core Symptoms of Inattention

- Inattention
- Careless
- Difficulty sustaining attention in activity
- Doesn't listen
- No follow-through
- Avoids/dislikes tasks that require sustained mental activity
- Can't organize
- Loses important items
- Easily distractible
- Forgetful in daily activities

DSM-IV Core Symptoms of Hyperactivity-Impulsivity

Hyperactivity

- Squirms and fidgets
- Can't stay seated
- Runs/climbs excessively
- Can't play/work quietly
- “On the go”/“driven by a motor”
- Talks excessively

Impulsivity

- Blurts out answers
- Can't wait turn
- Intrudes/interrupts others

DSM-IV ADHD Diagnostic Criteria

- List of core symptoms must be present for past 6 months.
- Some symptoms need to be present before 7 years of age.
- Some impairment from symptoms must be present in 2 or more settings (ie, school and home).
- Significant impairment (social, academic, or occupational) must be present.
- Other mental disorders need to be excluded as the cause of the core symptoms.

Diagnosis

- Academic performance
- Peer relations
- Sibling relations
- Parent relations
- Community activities

Rating Questionnaires

ADHD specific rating scales

- * **Conners Scales (www.mhs.com)**
- * **ADHD Rating Scale-IV (www.guilford.com)**
- * **Brown ADD Scale**
- * **Vanderbilt Assessment scale**

Impact on Siblings

- * They get less attention than the child with ADD
- * They may be punished more severely when they err
- * Successes may be less celebrated
- * If older they may be forced to “watch” younger sibling and blamed if they misbehave under their watch
- * Siblings may harbor resentment toward the child with ADD since they get more attention

Impact on Parents

- * Demands can be emotionally and physically exhausting
- * Frustration when they do not “listen”
- * Behavior can cause anxiety and stress in parents
- * Frustration can lead to guilt about being angry with child

So what can you do ?

- * **Behavior Modifications**
- * **Medications**
- * **Other**

Behavior Changes

Structure:

- * Follow a routine
- * Simply schedule and stick to it
- * Use physical reminders like timers, Iphone, etc
- * Quiet place to study
- * Organize them – ie. Wall calendar

Behavior Changes

Positive reinforcement

- * Most of time child's behavior is not intentional
- * Keep list of positive attributes and praise daily
- * Seek support and help
- * Make sure everyone else is positive
- * Take a break

Behavior Changes

- * Reward your child with privileges, praise, or activities, rather than with food or toys.
- * Change rewards frequently. Kids with ADD/ADHD get bored if the reward is always the same.
- * Make a chart with points or stars awarded for good behavior, so your child has a visual reminder of his or her successes.
- * Immediate rewards work better than the promise of a future reward, but small rewards leading to a big one can also work.
- * Always follow through with a reward

http://www.helpguide.org/mental/adhd_add_parenting_strategies.htm

Behavior Changes

- * Consequences should be spelled out in advance and occur immediately after your child has misbehaved.
- * Try time-outs and the removal of privileges as consequences for misbehavior.
- * Remove your child from situations and environments that trigger inappropriate behavior.
- * When your child misbehaves, ask what he or she could have done instead. Then have your child demonstrate it.
- * Always follow through with a consequence

http://www.helpguide.org/mental/adhd_add_parenting_strategies.htm

Behavior Changes

Exercise

- * Lots of energy, so use it constructively
- * Pick sports that have a lot of action like basketball
- * Martial arts, Yoga – Help with mental control

Behavior Changes

Sleep

- * Decrease television time – NO TV IN BEDROOM
- * No caffeine
- * Wind down for bed
- * Help them with relaxation techniques for bedtime
- * Are kids getting 10 hours of sleep a night?

Behavior Changes

What can teachers do to help?

- * Provide clear, brief, and frequent instructions
- * Provide consequences that are delivered more immediately and changed more often
- * Use consequences that are more powerful (higher magnitude) but that are primarily positive than those normally used with the average student
- * Remember that appropriate behavior **MUST** be rewarded before punishment can be implemented
- * Learn to anticipate problems and to plan ahead, particularly during phases of transition across activities or classes to help youth diagnosed with ADHD recognize when shifts in rules and consequences occur

Adapted from Whalen CK, Henker B. Therapies for hyperactive children: comparisons, combinations, and compromises. *J Consult Clin Psychol* 1991;59:126–37 (used with permission). Reprinted with permission from Pfiffner LJ, Barkley RA. Treatment of ADHD in school settings. In: Barkley RA, editor. *Attention-Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment*, Second Edition. New York, NY: Guilford Press, 1998:458-490.

Medications

Amphetamines

- * Short and Long acting
- * Examples – Concerta, Focalin, Vyvanse, Adderall
- * Monitor growth and weight
- * Monitor heart rate and blood pressure
- * Cardiovascular risk assessment before starting

Medications

Non- stimulant Medications

- * Strattera
- * Intuniv
- * Clonidine

Medications

Work well when done correctly

- * 70% efficacy rate
- * Not a cure
- * Works like a pair of glasses
- * Won't make you do your homework

Other

Food additives and dyes

- * Based on recent studies some European countries have banned certain food dyes
- * Studies suggest that up to 8% of children may respond to restriction of food dyes
- * Reality – very hard to do

Other

Sugar Avoidance

- * Studies are inconclusive
- * Child eats a lot of sugar they will “crash” in a few hours with low blood sugar and a lot of adrenaline
- * Good idea for anyone to watch sugar intake

Other

Essential Fatty Acids (EFAs) include

- * omega-3 fatty acids
- * eicosapentaenoic acid (EPA)
- * docosahexaenoic acid (DHA)
- * omega-6 fatty acid
- * arachidonic acid

Studies suggest mild benefit

Websites and attention deficit/hyperactivity disorder resources for families

* Organizational Web sites

- * American Academy of Child and Adolescent Psychiatry: www.aacap.org
- * American Academy of Pediatrics: www.aap.org
- * Attention Deficit Disorder Resources: www.addresources.org
- * Children and Adults with Attention-Deficit/Hyperactivity Disorder: www.chadd.org
- * National Resource Center on AD/HD: www.help4adhd.org

* Family resources

- * Guide to ADHD and to medication for ADHD: www.ParentsMedGuide.org
- * ADHD—A Guide for Families:
www.aacap.org/cs/adhd_a_guide_for_families/resources_for_families_adhd_a_guide_for_families
- * The Disorder named ADHD: www.help4adhd.org/documents/WWK1.pdf
- * Parenting a Child with ADHD: www.help4adhd.org/documents/WWK2.pdf
- * Managing Medication for Children and Adolescents with AD/HD:
www.help4adhd.org/documents/WWK3.pdf
- * Facts for Families: www.aacap.org/cs/root/facts_for_families/facts_for_families

References

- * **ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents** *Pediatrics* 2011;128;1007; originally published online October 16, 2011; DOI: 10.1542/peds.2011-2654
- * **Current Strategies in the Diagnosis and Treatment of Childhood Attention-Deficit/ Hyperactivity Disorder;** ROBERT RADER, MD, DPh, and LARRY MCCAULEY, EdD, *Saint Anthony Family Medicine Residency, Oklahoma City, Oklahoma* RIN C. CALLEN, PharmD, *Southwestern Oklahoma State University College of Pharmacy, Weatherford, Oklahoma;* (*Am Fam Physician.* 2009;79(8):657-665. Copyright © 2009 American Academy of Family Physicians
- * **Pharmacotherapy for Child and Adolescent Attention-deficit Hyperactivity Disorder ;** Gabriel Kaplan, MDa,b,* , Jeffrey H. Newcorn, MDc; *Pediatr Clin N Am* 58 (2011) 99–120 ,doi:10.1016/j.pcl.2010.10.009
- * **Review of ADHD Pharmacotherapies: Advantages, Disadvantages, and Clinical Pearls,** JOAN M. DAUGHTON, M.D., AND CHRISTOPHER J. KRATOCHVIL, M.D. 0890-8567/09/4803-02402009 by the American Academy of Child and Adolescent Psychiatry. DOI: 10.1097/CHI.0b013e318197748f
- * **Complementary and Alternative Medical Therapies for Attention-Deficit/Hyperactivity Disorder and Autism;** Wendy Weber, ND, MPHa,* , Sanford Newmark, MD b,c: *Pediatr Clin N Am* 54 (2007) 983–1006
- * **Meta-Analysis of Attention-Deficit/Hyperactivity Disorder or Attention-Deficit/Hyperactivity Disorder Symptoms, Restriction Diet, and Synthetic Food Color Additives;** Joel T. Nigg, Ph.D., Kara Lewis, Ph.D., Tracy Edinger, N.D., Michael Falk, Ph.D.: *JOURNAL OF THE AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY* 86 www.jaacap.org VOLUME 51 NUMBER 1 JANUARY 2012

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