TREATING ADHD

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ADHD

- I have no financial interest in any products or treatments mentioned or discussed in this presentation
- This talk is meant for educational purposes and is not intended to market any specific product or treatment
TREATING ADHD

- Speaker background and experience treating ADHD
- Preschool ADHD Treatment Study (PATS)
- Effectiveness of Parent Management Training
- Triple P description and discussion
- Triple P online
- Other behavioral interventions for ADHD
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• Babies Hospital Columbia Presbyterian 1986
  • Family Social Behavioral/Genetics/Cognitive/Learning Disorder

• Navy Hospital San Diego 1987-1994
  • Home Grown screening tool Likert Scale

• Navy Hospital San Diego 1991
  • Angry, aggressive, sleep deprived ADHD

• Maine Kennebec Pediatrics 1996

• Bingham Grant and training 2001-2004 Vanderbilt 2003
## Co-Morbid Disorders

- **ADHD + LD:** 19%
  - *LD w/ADHD:* 72%
- **ADHD + Asthma:** 19%
  - *Asthma w/ADHD:* 16%
- **ADHD + ODD:** 14%
  - *ODD w/ADHD:* 77%
- **ADHD + Sleep Dis:** 10%
  - *Sleep Dis w/ADHD:* 58%
- **ADHD + Family relation Disturb:** 5%
  - *Family Relation Disturb w/ADHD:* 78%
- **ADHD + Nocturnal Enuresis:** 3%
  - *Nocturnal Enuresis w/ADHD:* 48%
- **ADHD + Mood Disorder:** 5%
  - *Mood Disorder w/ADHD:* 46%
- **ADHD + Tic Disorder:** 2%
  - *Tic Disorder w/ ADHD:* 45%

10/20/2017
The Preschool ADHD Treatment Study (PATS)

- National Institute of Mental Health study

- First papers published in 2006 after 1-2 years of study

- Developed to fill the gap in limited knowledge of the course of moderate-severe ADHD beginning in young childhood

- Six year follow-up study published in 2013
The Preschool ADHD Treatment Study (PATS)

- 303 preschoolers with severe ADHD
- Multi-center study with rigorous diagnostic process using cross-site consensus and data collected from parents and teachers (SKAMP and CLAMS and SNAP)
- 261 completed 10-week parent management training
- 165 still met the ADHD severity criteria and were eligible to enter and begin medication treatment
- 147 completed the double blind phase
- 140 enrolled in open label maintenance
PATS Safety and Tolerability of MPH-IR

- 183 children entered
  - multiple phases to the placebo controlled study
- Measured
  - Pulse, BP, adverse events, parent and teacher ratings
- 30% of parents reported moderate to severe AEs
  - Emotional outbursts
  - Sleep difficulty
  - Decreased appetite
  - Repetitive behaviors/thoughts
  - Irritability
Outcomes

- At year 6, almost 90% still met criteria for ADHD
- Symptom severity declined by year 3 but was stable thereafter
- Co morbid dx of ODD/CD strongest predictor of dx at 6yrs
- Female sex predicted:
  - Worse hyperactivity (teacher report)
  - Worse inattention (parent and teacher report)
- The pattern of change of symptom severity was the same for hyperactivity/impulsivity and inattention (different from the pattern described in older kids)
- No evidence of symptom decline in either domain after age 7
- Parent ratings showed higher symptoms than teachers at year 3, 4 & 6
The Preschool ADHD Treatment Study (PATS) 6-year Follow-up

Riddle et al 264-278

Conclusions

- Dx moderately severe ADHD is stable in preschoolers over time
- ODD/CD in this sample was common (52%)
- Short term medication was helpful
- Long term treatment did not lead to significant benefit
- Future studies should look at characteristics that increase the risk of long term ADHD
- More comprehensive and intensive treatments are needed for this population of children
TREATING ADHD TRIPLE P

- William Bor, 1;3 Matthew R. Sanders, 2 and Carol Markie-Dadds
- The Effects of the Triple P-Positive Parenting Program
- on Preschool Children With Co-Occurring Disruptive Behavior and Attentional/Hyperactive Difficulties
TREATING ADHD TRIPLE P

• Two variants of a behavioral family intervention (BFI) program known as Triple P were compared
• using 87 preschoolers with co-occurring disruptive behavior and attentional/hyperactive difficulties.
• Families were randomly allocated to enhanced BFI (EBFI), standard BFI (SBFI), or a waitlist (WL)
  • Both BFI programs were associated with significantly lower levels of parent-reported child behavior problems,
  • lower levels of dysfunctional parenting, and greater parental competence than the WL condition.
  • The EBFI condition was also associated with significantly less observed child negative behavior in comparison to the WL.
  • The gains achieved at postintervention were maintained at 1-year follow-up.
  • The enhanced program was not shown to be superior to the standard program
  • The programs produced significant reductions in children’s co-occurring disruptive behavior and attentional/hyperactive difficulties with 80% of the children showing clinically reliable improvement in observed negative behavior from preintervention to follow-up.
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• Triple P is a comprehensive, evidence-based parenting and family support system designed to:
  • Increase parents’ confidence and competence in raising children
  • Improve the quality of parent-child relationships
  • De-stigmatize parenting information and family support
  • Make evidence-based parenting information and interventions widely accessible to parents
TREATING ADHD TRIPLE P

• **CORE PRINCIPLES & PARENTING STRATEGIES**

  • The Triple P system is based on five core principles of positive parenting:
  
  • Ensuring a safe, supervised and engaging environment
  
  • Creating a positive learning environment that helps children learn to solve problems
  
  • Using consistent, predictable and assertive discipline to help children learn to accept responsibility for their behavior and become aware of the needs of others
  
  • Having realistic expectations, assumptions, and beliefs about children's behavior
  
  • Taking care of oneself as a parent so that it is easier to be patient, consistent and available to children
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Level 1—Universal: Media -based parenting information campaign

Level 2—Selected: Information and tips for specific parenting concerns provided in 1-2 brief sessions or in large-group seminars

Level 3—Primary Care: Brief consultations about specific parenting concerns provided in 3-4 sessions

Level 4—Standard or Group: In-depth training in positive parenting skills, offered as 10 week sessions to individual families (Standard) or 8-week groups (Group)

Level 5—Enhanced: Additional support for families where parenting issues are compounded by parental stress and/or relationship difficulties

Level 5—Pathways: Additional support for families at risk for child maltreatment due to anger management and/or negative attributions about their children’s behaviors
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• AN EVIDENCE-BASED PRACTICE
  • Many published studies demonstrate the effectiveness of Triple P. Most recently, the Centers
    for Disease Control funded a population study in South Carolina. Results from this study
    showed that in the counties where Triple P was implemented, there was a decrease in the rates
    of substantiated child abuse reports, out-of-home placements and emergency room visits for
    childhood injuries. [http://www.springerlink.com/content/a737i8k76218j7k2/fulltext.html](http://www.springerlink.com/content/a737i8k76218j7k2/fulltext.html)
  •

  • In addition, the California Evidence-Based Clearinghouse for Child Welfare identified Triple P as
    one of only three parenting programs with a scientific rating of 1 (Well Supported by Research
TREATING ADHD TRIPLE P

• TO FIND TRIPLE P SERVICES:

• Visit—http://www.triplep-parenting.com/us-en/find-help/triple-p-online/?cdsid=1fdcf3de78ac4740652b8aa70432f42d
A 4-year-old boy with ADHD has been asked to leave two preschools due to his hyperactive and impulsive behavior despite the family's participation in behavioral therapy for the past 6 months. The boy's parents are ready to try a medication to treat their son's ADHD and are seeking a recommendation. Which of the following is the most appropriate recommendation for medication treatment for this boy, based on the reference cited?

- A) Clonidine
- B) Dextroamphetamine
- C) Guanfacine
- D) Methylphenidate
- E) Mixed amphetamine salts
2017 SDBP Annual Meeting

Monday, October 16, 2017

Concurrent Session 11: 9:00am-10:30am

ADHD SIG: Key Literature Review For MOC Part 2 Self-Assessment Exercise

Tanya Froehlich, MD, MS
Elizabeth Harstad, MD, MPH
Eugenia Chan, MD, MPH
William J. Barbaresi, MD
ABP MOC Part 2
ADHD
Self-Assessment

Tanya Froehlich, MD MS
Division of Developmental and Behavioral Pediatrics
10.00 AMA PRA Category 1 Credits
Cincinnati Children’s Hospital
Accessing the Module

- Log into your ABP portfolio
- Click on My MOC Requirements
- In the MOC Dashboard, click on Find Self-assessment activities (Part 2)

Click on Interest Area of “Developmental-Behavioral”
- Choose 2016 ADHD: Diagnosis and Management
  Self-assessment
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• **REFERENCE:**
  
  • Evans SW, Owens JS, Bunford N. Evidence-based psychosocial treatments for children and adolescents with attention-deficit/hyperactivity disorder.
  
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- The parents of a 10-year-old girl with ADHD are trying a combination of
- behavioral management and medication treatment to address her
- difficulties completing homework. They would like to know if children like
- their daughter have benefited from similar combined therapy strategies.
- According to the reference cited, the benefits of combined therapy on
- homework outcomes have been shown to be strongest for
  - A) children with moderate (rather than severe) parent-rated ADHD symptoms
  - B) children who do not have learning disabilities compared with those who do
  - C) children who receive modified school services compared with those who do not
  - D) girls rather than boys
  - E) younger rather than older children
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Many parents are interested in non-medication interventions for ADHD that can help improve their children’s academic functioning (e.g., homework completion and submission, academic productivity).

According to the reference cited, interventions that have been shown to improve these outcomes include which of the following?

A) Behavioral classroom management
B) Behavioral parent training
C) Behavioral parent training, behavioral classroom management, and organization training
D) Cognitive training
E) Organization training
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- The parents of a 12-year-old boy with ADHD are very interested in neurofeedback training and ask what benefits it may offer him.
- According to the reference cited, neurofeedback training has been associated with improvement in which of the following?
  - A) Child’s functioning in the home setting
  - B) Parent ratings of ADHD symptoms
  - C) Teacher ratings of ADHD symptoms
  - D) Parent and teacher ratings of ADHD symptoms
  - E) Parent ratings of ADHD symptoms and child’s functioning in the home setting
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• A physician is interested in recommending an intervention for a patient with ADHD that would improve his social functioning.
• According to the reference cited, which of the following intervention(s) has been shown to improve peer functioning and acceptance for children with ADHD?
• A) Behavioral classroom management
• B) Behavioral parent training
• C) Behavioral peer interventions
• **D) Behavioral peer interventions and behavioral classroom management**
• E) Behavioral peer interventions and behavioral parent training
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• Epub 2014 Mar 17.
TREATING ADHD

• Key Findings
  • Early ADHD diagnosis is highly likely to persist at school age in children receiving g ADHD diagnosis after comprehensive initial evaluation
  • Goal of academic achievement associated with medication initiation
  • Factors associated with diagnostic stability included:
    • Baseline internalizing and externalizing symptoms
    • Parental psychopathology
    • Family SES
Based on the reference cited, what is the likelihood that a 5-year-old child diagnosed with ADHD will continue to fulfill the diagnostic criteria for ADHD at 12 years of age?

- A. 30%
- B. 40%
- C. 50%
- D. 60%
- E. 70%
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- According to the reference cited, which of the following factors is predictive of the persistence of ADHD into middle childhood for a child diagnosed at younger than 7 years of age?
  - A. Birth order
  - B. Low maternal education level
  - C. Presence of externalizing symptoms
  - D. Receipt of special educational services
  - E. Treatment with stimulant medication
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• According to the reference cited, which of the following co-morbid conditions is most common among children younger than 7 years of age diagnosed with ADHD after a multi-disciplinary evaluation in a tertiary care child development clinic?
  • A. Learning disorder
  • B. Mood disorder
  • C. Other developmental disability
  • D. Sleep disorder
  • E. Tic disorder
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• Fiks AG, Mayne S, DeBartolo E, Power TJ,
• Guevara JP. Parental preferences and goals regarding ADHD treatment. Pediatrics
• 2013;132:692-702.
The parents of a 7-year-old girl with newly diagnosed ADHD of the combined presentation are being counseled regarding treatment options for ADHD.

Based on the reference cited, the physician should emphasize which of the following during this discussion with the parents?

A. Behavioral and medication treatments address different goals of ADHD treatment *
B. Benefits of medication treatment outweigh the potential risks
C. Behavioral treatment addresses behavioral compliance more effectively than medication
D. Medication addresses academic performance more effectively than behavioral treatment
E. Both behavioral and medication
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• The parents of a 5-year-old boy with ADHD express their desire for improved behavioral compliance as a treatment outcome.

• Based on the reference cited, the parents are most likely to initiate which of the following treatment options for their child’s ADHD?

• A. Alpha-adrenergic agonist therapy only
• B. Methylphenidate therapy only
• C. Child-focused psychotherapy only
• D. Parent-focused behavior therapy only *
• E. Both methylphenidate and family therapy
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• The parents of an 8-year-old boy with ADHD of the predominantly inattentive presentation wish to discuss treatment options for ADHD.

• Based on the reference cited, the boy’s parents are MOST likely to initiate medication treatment if:

  • A. Medication has not been tried before
  • B. Previous behavioral treatment has failed
  • C. Their son is not doing well in school *
  • D. They are frustrated by their son’s behavior
  • E. They do not disclose the medication treatment to the school
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• The parents of a 7-year-old boy with ADHD of the combined presentation,
• disagree about whether to treat their son’s ADHD with medication or with
• behavioral therapy.
• Based on the reference cited, which of the following might help these parents
• arrive at a reasoned decision?
• A. Discuss the range of side effects associated with stimulant
• medication
• B. Educate the parents regarding negative outcomes of untreated
• ADHD
• C. Establish a plan to try one of the treatments and then the other if
• the first treatment is unsuccessful
• D. Explain that behavior therapy can be very effective but takes time
• and effort
• E. Identify each parent’s goals and preferences for treatment *