

Understanding Attention Deficit Hyperactivity Disorder: an overview

Amber Hammontree, LPC
Clinical Trainer
Georgia Families 360°



GAPEC-1207-16

March 2016



Learning objectives

- To have a general understanding of Attention Deficit Hyperactivity Disorder (ADHD)
- To understand the difference between the subtypes of ADHD
- To know what information is needed for an ADHD evaluation
- To learn the treatment options for ADHD

Test your knowledge

1. How many subtypes of ADHD are there?
Bonus: Can you name them?
2. What is the average onset age for ADHD?
3. What gender is more likely to be diagnosed with ADHD?
4. True or false: Only children can be diagnosed with ADHD.
5. True or false: Medication should always be the first line of treatment for ADHD.

Facts about ADHD

- Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common neurobehavioral disorders of childhood.
- The average age of onset is 7 years old with symptoms continuing into adulthood.



Facts about ADHD (cont.)

- ADHD affects approximately 9 percent of American children ages 13 to 18 and 4.1 percent of adults age 18 or older.
- Males tend to be four times more at risk than females.
- Females are more likely to display inattentive features.
- Between 2011 and 2012, 6 percent (or 3.5 million) 4 to 17 year olds were taking medication to treat ADHD.

ADHD subtypes

ADHD has three subtypes:

- Predominantly hyperactive-impulsive
- Predominantly inattentive
- Combined, hyperactive-impulsive and inattentive



ADHD-predominantly hyperactive-impulsive

Typical symptoms

- Squirming, fidgeting, feeling restless
- Near-constant talking
- Trouble engaging in quiet activities
- Impatience
- Interrupting

ADHD-predominantly inattentive

Typical Symptoms

- Gets bored quickly
- Loses items needed to complete a task
- Trouble following directions and is distracted easily
- Has trouble focusing, organizing thoughts and learning new information
- Processes information more slowly and less accurately than others

ADHD-combined, hyperactive-impulsive and inattentive

- Characterized as having both hyperactive-impulsive and inattentive symptoms equally
- According to National Institute of Health (NIH), this type of ADHD is the most predominant

Causes

The causes of ADHD are unclear, but research has indicated that ADHD most likely results from a combination of factors:

- Genetics
- Environmental
- Nutrition



Genetics

- Results from several international studies of twins show that ADHD often runs in families.
- According to the National Institute of Health (NIH), having a family member with ADHD makes an individual more likely to also have the disorder. In fact, one third of fathers who have or had ADHD will have children who will be diagnosed with ADHD.



Environment



- Studies have suggested a potential link between cigarette smoking and alcohol use during pregnancy and ADHD.
- Preschoolers who have been exposed to high levels of lead have a higher risk of developing ADHD.
- Other possible links: low birth rate, child abuse, neglect and multiple foster placements.

Nutrition

- Recent British research has shown a possible link between artificial colors/preservatives and an increases in ADHD behaviors. Research is being conducted to confirm the results.
- Sugar?? Research tends to discount the impact of sugar on ADHD symptoms.



Is it really ADHD?

- ADHD shares symptoms with many different diagnoses.
- It is important that the medical/behavioral health professional completes a thorough assessment to ensure that the right treatment is being recommended and prescribed.



Evaluation of ADHD



The assessment of ADHD should include the following:

- History: birth, developmental, family and behavioral
- Presenting symptoms

Evaluation of ADHD (cont.)

- Medical: A recent physical examination with the primary care provider (PCP). The physical is also known as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) checkup.
- ADHD rating scales (Connors and Vanderbilt): Rating scales allow for multiple individuals involved with the youth to report information on displayed symptoms and the environment in which the symptoms were noticed.

Other possible diagnoses

- Learning disability
- Oppositional defiant disorder (ODD)/conduct disorder
- Anxiety/Posttraumatic Stress Disorder (PTSD)
- Mood disorder (bipolar and depression)
- Reactive attachment disorder (RAD)
- Neurodevelopmental disorders
- Autism spectrum disorder
- Substance abuse
- Medication that can induce symptoms of ADHD

Foster care, ADHD and trauma : diagnostic considerations

- Youth who come into foster care, have been removed from their homes to protect them from immediate physical harm. Due to these situations, the majority of these youth have experienced neglect, trauma, abuse and disruption of attachments.
- In light of their individual situations, it is important for caregivers to provide all historical information available during the ADHD evaluation. They should also include the events that brought the child into foster care. This information will assist the assessor in making an accurate diagnosis.

Foster care, ADHD and trauma: diagnostic considerations (cont.)

- ADHD and trauma symptoms are very similar and are hard to differentiate. Similar characteristics of ADHD and trauma:

Inattention	Distraction
Restless	Impatient
Impulsive	Sleeping problems
Poor memory	Poor concentration
- Adding a trauma assessment to the evaluation process would help the assessor explore the youth's experiences and determine the nature and severity of the traumatic events.

Foster care, ADHD and trauma: diagnostic considerations (cont.)

In light of research completed by Dr. Nicole M. Brown, on trauma and ADHD, the American Academy of Pediatrics (AAP) is in the process of developing new treatment guidelines for ADHD. It will include a section on assessing trauma in patients. The AAP plans on having these new recommendations completed in 2016.



Primary care provider vs behavioral health

Primary care providers (PCPs) can diagnose and treat ADHD, however, referrals to behavioral health providers are suggested for the following:

- Preschool children
- If a diagnosis is uncertain
- Not responding to treatment
- Intolerant to medication side effects
- Psychiatric comorbidities

Treatment

According to AAP Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents, treatment for ADHD depends on two factors:

- The age of the youth
- The severity of the symptoms.

Treatment falls into two categories

- Behavioral interventions/therapy
- Medications



Behavioral intervention/therapy

- **Psycho-education:** Caregivers and member learn about the diagnosis and treatment. Education is presented to the member in a manner appropriate for their age and functioning level.
- **Parent training:** Parents/caregivers learn ways to motivate a child (reinforcement, time-out, loss of privileges); adjusting interactions, and maintaining routines (i.e., Parent Child-Interaction therapy-PCIT).
- **Social skills training:** Communication; coping with frustration; time management; organization, peer mentoring and body language.
- **Therapy:** Cognitive behavioral therapy, group therapy, family therapy and Community Support Individual (CSI).
- **Coaching (ADHD, Life and Career)**
- **School:** The youth's school (teachers and school counselor) should be involved in the treatment planning.

Treatment (cont.)

Medication

- Sometimes behavioral interventions do not make the improvements needed. At that time, a medication trial is warranted.
- Medication is not recommended to be a solitary treatment option. Behavioral interventions should remain part of the treatment plan.



Treatment and preschool aged youth

- Initial treatments are evidence-based parent-and/or teacher-administered behavioral interventions (i.e., PCIT, reward system, social skills training)
- If behavioral interventions do not improve symptoms, and there continues to be a moderate to severe disturbance in the youth's functioning, a medication trial may be merited.

Important reminders for preschool age children

- Medications are not recommended for children under age 5.
- The child should be referred to a psychiatrist for medication management.
- Behavioral interventions should remain part of the treatment plan.

Treatment for school-aged children

According to the AAP Clinical Practice Guidelines, stimulants and other medications should be part of the initial treatment plan.

- Behavioral interventions, with focus on school, should be included (i.e., communication; coping with frustration; time management; organization, peer mentoring and body language).
- Children with complex presentations may require additional behavioral interventions/therapy (individually and along with the caregiver/family).

Treatment for adolescents

Recommendations from the AAP Clinical Practice Guidelines, stimulants should be part of the initial treatment plan.

- The caregiver/legal guardian and youth should be provided education on the medication.
- Consent from the youth should be obtained along with consent from the legal guardian.
- Behavioral interventions, with focus on school, should be included (i.e., communication; coping with frustration; time management; organization, peer mentoring and body language).
- Youth with complex presentations may require additional behavioral interventions/therapy (individually and along with the caregiver/family).

Treatment for adults

ADHD medications approved for use with adults should be considered as part of the initial treatment plan.

- The individual and significant other should be provided education on the medication.
- Consent by the individual should be obtained.
- Interventions with the family or spouse may be needed.
- Career and educational interventions may be needed to improve functioning.

Treatment and ongoing assessment

- Routine medication management appointments should be scheduled to monitor effectiveness.
- ADHD rating scales should be completed by the youth's caregiver and their teacher(s).
- The ADHD rating scales should be completed prior to the start of medication and then on a yearly basis.

Treatment and ongoing assessment (cont.)

At times, a prescriber will recommend a structured treatment interruption (discontinue medication for a brief time). When this occurs, the youth should receive a follow-up appointment with the prescriber within 30 days of restarting the medication.



Measurement of compliance

- In accordance with the Department of Community Health (DCH), Amerigroup Community Care has established measurements based on Healthcare Effectiveness Data and Information (HEDIS) and medical record review (MRR).
- The HEDIS and MRR measurements are used to assess compliance with the guideline.

Healthcare Effectiveness Data Information Set

The following HEDIS® measurements are used to assess the practitioner compliance.

- Youth, ages 6 to 12 years, who receive an initial prescription for ADHD medication, should receive at least one follow-up visit with a prescriber within 30 days of initiation of medication treatment.
- Youth who remain on medication for at least 210 days should have at least two more follow-up visits between four weeks and nine months.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Medical record review

The following information should be included in provider documentation to assess compliance with MRR:

- Developmental history
- Physical exam during visits
- Rating scale
- Parent and member education
- Medication management

Georgia Families 360° Care Coordination team

- Every youth in the Georgia Families 360° program is assigned to a Regional Care Coordination team with a specified care coordinator.
- Care coordinators are the primary partner for identifying and referring services that a youth needs. They assist with identifying treatment gaps, work with treatment teams to fill the gaps and assist with the holistic treatment of the youth.

Care Coordination team

Care coordinators can assist by:

- Discussing medical and behavioral health issues
- Reviewing current services and effectiveness of the treatment
- Help locate an Amerigroup provider
- Assist involved parties in gathering needed items for clinical documentation (i.e., dates of last PRTF admit)
- Liaison between stakeholders, providers and the Amerigroup Utilization Management department



Care Coordination team (cont.)

For questions or for assistance, contact the
Intake Line, 24/7 at
1-855-661-2021



Next steps

Our goal is to ensure that our youth are getting the right care at the right time. We could use your help!

- Make sure that the youth is evaluated by a PCP to ensure that symptoms are not caused by a medical condition. An EPSDT check is recommended.
- Add a trauma assessment to the initial assessment process to ensure that symptoms are not trauma related.
- Contact the youth's GF360° Care Coordinator for additional information or assistance.

Resources

- **CHADD: The National Resource of ADHD:**

www.chadd.org

- **National Institute of Mental Health (NIH):**

www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd/index.shtml#part_145449

- **Centers for Disease Control and Prevention (CDC):**

www.cdc.gov/ncbddd/adhd/

- **Children's Healthcare of Atlanta (CHOA):**

www.choa.org/Child-Health-Glossary/A/AD/ADHD_KH_Teen

Resources (cont.)

- **Attention Deficit Disorder Association (ADDA):**
www.add.org/
- **National Institute for Children's Health Quality- Vanderbilt**
www.nichq.org/childrenshealth/adhd/resources/vanderbilt-assessment-scales
- **Multi-Health Systems-Conners**
www.mhs.com/product.aspx?gr=cli&id=overview&prod=conners3#scales

References

- National Institute of Mental Health (2015). What is Attention Deficit Hyperactivity Disorder (ADHD, ADD)?
 - Retrieved from www.nichq.org/childrens-health/adhd
- American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.
- American Academy of Pediatrics (2011). Clinical practice guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents.
 - Retrieved from pediatrics.aappublications.org/content/pediatrics/128/5/1007.full.pdf

References (cont.)

- The ADHD Genetic Research Study at the National Institutes of Health and The National Human Genome Research Institute of Health (2012, November 15).
 - Retrieved June 14, 2013, from www.genome.gov/10004300
- American Academy of Pediatrics. Study Finds ADHD and Trauma Often Go Hand in Hand.
 - Retrieved from www.aap.org/en-us/about-the-aap/aap-press-room/pages/Study-Finds-ADHD-and-Trauma-Often-go-Hand-in-Hand.aspx

Questions

