



Maine Pediatric & Behavioral Health Partnership

Attention-Deficit/Hyperactivity Disorder

Robin Caron, DO, MPH
Child and Adolescent Psychiatrist
Northern Light Acadia Hospital

Maine Pediatric and Behavioral Health Partnership (MPBHP) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,851,222.00 with zero percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

MPBHP is a partnership between Maine CDC, Northern Light Acadia Hospital and MaineHealth



MaineHealth

Learning Objectives

Providers will:

- be able to diagnose ADHD per DSM 5 criteria.
- be able to provide education about diagnosing ADHD to parents and patients.
- be able to provide education on reasons to treat versus not to treat ADHD to patients and families.

Integrity & Independence in Continuing Interprofessional Development

All planners, faculty, and others in control of the content of this educational activity have no relevant financial relationships with ineligible entities (i.e., commercial organizations), except as noted below:

Maine Pediatric and Behavioral Health Partnership (MPBHP) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,851,222.00 with zero percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government. MPBHP is a partnership between Maine CDC, Northern Light Acadia Hospital and MaineHealth.

All relevant financial relationships have been mitigated.

“The school recommended that I have my child evaluated, but I thought short attention spans and high levels of activity are a normal part of childhood?”



- For children with ADHD, these behaviors are excessive, inappropriate for their age and interfere with daily functioning at home, school and with peers.
- ADHD can interfere with a child’s ability to perform at school, do homework, follow rules, and develop and maintain peer relationships.
- Early identification improves prognosis.
- Effective medication and behavioral treatments are available to help manage symptoms.

“My child was diagnosed with ADD. Is that the same thing as ADHD?”

ADD vs ADHD

ADD Is viewed as an outdated term that lacks ability to describe the condition, what we originally described as ADD is now 'Predominantly inattentive ADHD'

ADHD Predominantly-inattentive or Predominantly-hyperactive are the two types of ADHD, although most fit into a **combination** of both.



There are three main presentations of ADHD:

1. Predominately inattentive, in which individuals have problems concentrating and focusing
2. Predominately hyperactive-impulsive, in which individuals experience impulsivity and excess activity
3. Combined type, in which individuals experience symptoms of inattention, hyperactivity and impulsivity

Three Possible ADHD Presentations

Children need to exhibit six or more symptoms in two or more settings for a diagnosis; older teens and adults should have at least five of the symptoms. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) lists three presentations of ADHD—Predominantly Inattentive, Hyperactive-Impulsive, and Combined.

Inattentive



Often:

- Fails to give close attention to details or makes careless mistakes
- Has difficulty sustaining attention
- Does not appear to listen
- Struggles to follow instructions
- Has difficulty with organization
- Avoids or dislike tasks requiring sustained mental effort
- Loses things
- Is easily distracted
- Is forgetful in daily activities

Hyperactive-impulsive



Often:

- Fidgets with hands or feet or squirms in chair
- Has difficulty remaining seated
- Runs about or climbs excessively; extreme restlessness in adults
- Difficulty engaging in activities quietly
- Acts as if driven by a motor; adults will often feel inside as if they are driven by a motor
- Talk excessively
- Blurts out answers
- Difficulty waiting or taking turns
- Interrupts or intrudes upon others

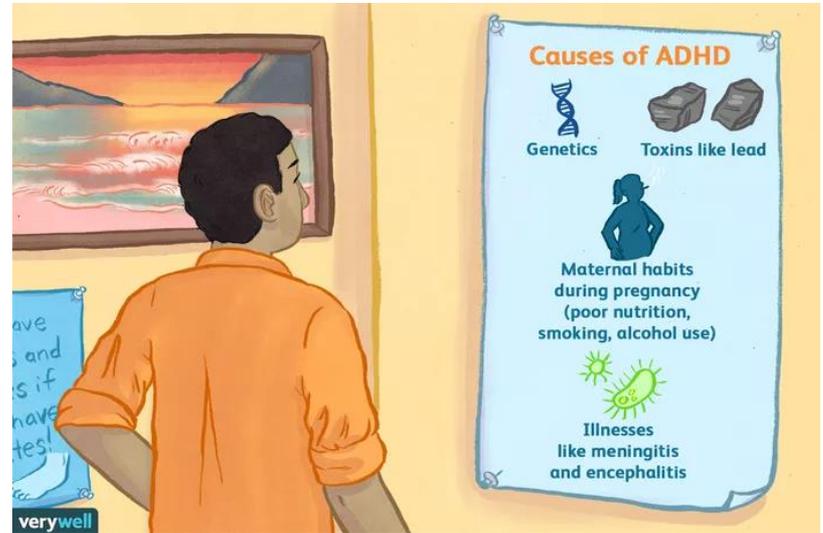
Combined



Meets the criteria for both inattention and hyperactive-impulsive presentations.

To receive a diagnosis, these symptoms need to start before age 12, be present in more than one setting, interfere with functioning at home, school or work, in social settings, and cannot be better explained by another disorder.

“Why do all of my kids have ADHD?”

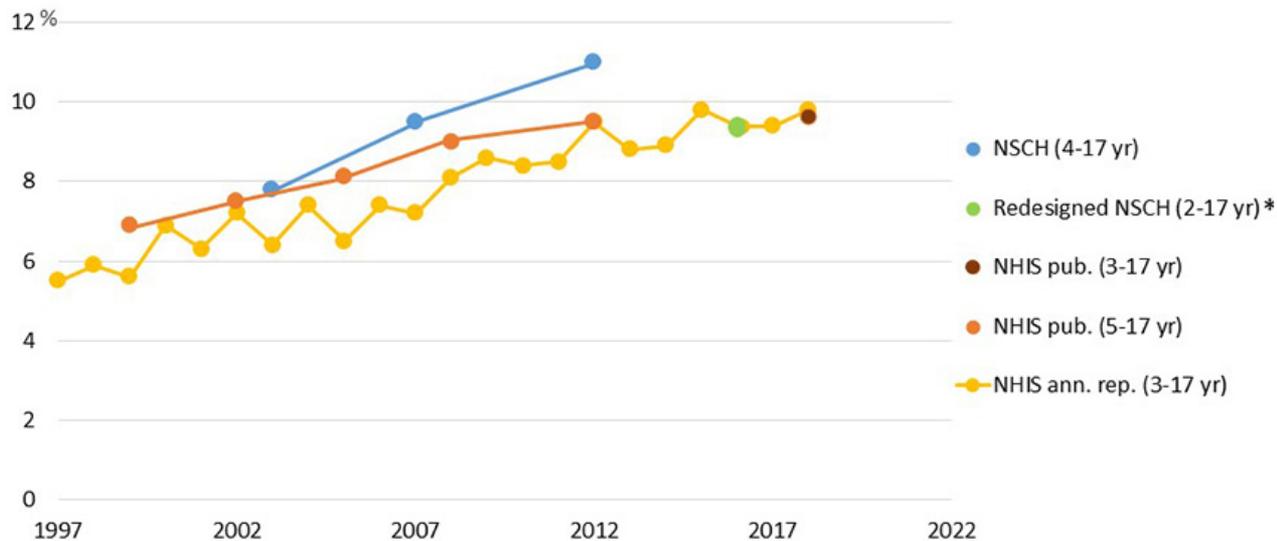


What does **NOT** cause ADHD

- Watching TV
- Diet, including too much sugar
- Hormone disorders
- Poor parenting
- Playing video and computer games

“It seems like every kid in my son’s class is on stimulants.”

The first national survey that asked parents about ADHD was completed in 1997. Since that time, there has been an upward trend in national estimates of parent-reported ADHD diagnoses across different surveys, using different age ranges.



FDA-Approved ADHD Medication Table

<i>Stimulants</i>		
Class	Trade Name	Generic Name
<i>Amphetamines</i>	Adderall	mixed amphetamine salts
	Adderall XR	extended release mixed amphetamine salts
	Dexedrine	dextroamphetamine
	Dexedrine Spansule	dextroamphetamine
	Vyvanse	Lisdexamfetamine (extended release)
<i>Methylphenidate</i>	Concerta	methylphenidate
	Daytrana	methylphenidate (patch)
	Focalin	dexmethylphenidate
	Focalin XR	extended release dexmethylphenidate
	Metadate ER	extended release methylphenidate
	Metadate CD	extended release methylphenidate
	Methylin	methylphenidate hydrochloride (liquid & chewable tablets)
	Quillivant XR	extended release methylphenidate (liquid)
	Ritalin	methylphenidate
	Ritalin LA	extended release methylphenidate
	Ritalin SR	extended release methylphenidate
<i>Non-stimulants</i>		
Class	Trade Name	Generic Name
<i>Norepinephrine Uptake Inhibitor</i>	Strattera	Atomoxetine
<i>Alpha Adrenergic Agents</i>	Intuniv	extended release guanfacine
	Kapvay	extended release clonidine

“What are the possible side effects of medication?”

“Do my kids have to take stimulants on non-school days?”

“Do ADHD medications cause tics?”

“Will ADHD meds change my kid’s personality?”

“Why would you prescribe a medication my child will become addicted to?”



“Are there any risks to not treating ADHD and just **allowing my kid to be a kid?**”

Potential Consequences when ADHD is Left Untreated

- Increased risk for school failure and dropout in both high school and college
- Behavior and discipline problems
- Social difficulties and family strife
- Accidental injury
- Alcohol and drug abuse
- Depression, anxiety and other mental health disorders
- Employment problems
- Driving accidents
- Unplanned pregnancy and sexually transmitted diseases
- Delinquency, criminality, and arrest

Resources

- **Maine Chapter of American Academy of Pediatrics:** www.maineaap.org
- **American Academy of Family Physicians:** www.aafp.org
- **American Academy of Child and Adolescent Psychiatry:** www.aacap.org
- **Child Mind Institute:** www.childmind.org
- **211 Maine:** 211maine.org
- **G.E.A.R Parent Network:** <https://gearparentnetwork.org/>
- **Maine Parent Federation (MPF):** mpf.org
- **National Alliance for the Mentally Ill:** www.namimaine.org



Project Manager:

Department of Health and Human Services

Maine Center for Disease Control and Prevention

Stacey LaFlamme, LSW, OQMHP

Maine Pediatric Mental Health Access Project Manager

Stacey.laflamme@maine.gov

p: 207-441-5324



Jennifer Laferte-Carlson, Program Coordinator

268 Stillwater Ave

Bangor Me 04402

P: 207-735-6252

jlafertecarlson@northernlight.org

MaineHealth

Julie Carroll, MPH, Project Manager

66 Bramhall St

Portland Me 04102

P: 207-661-2771

Jcarroll1@mmc.org