Pediatric Psychiatry ECHO®
Notes and Resource Sheet

Maine Pediatric & Behavioral Health Partnership

Project ECHO®

December 6, 2023

DIDACTIC PRESENTATION

Attention Deficit Hyperactivity Disorder: All That Fidgets is Not Necessarily ADHD

Joshua Newman, MD
Medical Director, Child and Adolescent Psychiatry
Northern Light Health

Recording | Presentation Slides

CASE SUMMARY

The case of a 7yo male recently diagnosed by his provider with ADHD, combined type, whose parents hoped to manage without medication. When non-medical interventions did not improve behaviors, specifically impulsivity and aggressiveness, a decision was made to move forward with stimulants, but parents requested GeneSight testing first. Incorporating test results, patient was started on 5 mg Adderall XR daily, which was subsequently increased to 10mg to determine an effect. However, parents are now seeing increased emotionality, continuing impulsivity, and tantrums related to transitioning from activities.

KEY QUESTION(S)

- **Do you recommend GeneSight testing to determine likelihood of psychiatric medications working well for a particular patient?**
- **In a child who is on a stimulant that is not as effective as desired, when do you recommend adding atomoxetine vs. an alpha-2 agonist?**

CLARIFYING QUESTIONS

Does the child have his own therapist?	*No, but family has been seeing family therapist for a year.*
What changes were made in the school after 504 was implemented?	*Patient seems to be thriving in school. Current teacher doesn't show many concerns academically. School has provided a separate space for tests, closer to the teacher, and more check-ins with child. While at school, when Adderall is in place, patient is fine.*
What kind of kid is he when he is not in school and what self-regulation skills are being instructed to use? Does he have friends, have a particular hyper focus, etc.?	*He has a lot of friends at school, and they keep him so busy at school that he might not have time for much outside of school. His hyper focus is Legos and that is the hardest thing to transition him out of. He really enjoys sports and is doing socially very well at school.*
This family seems engaged and well informed, but the difference between the school report and the parent report of the Vanderbilt are significant. What do the parents make of that?	*The Vanderbilt given by the teacher of his 1st grade class mirrored the parents report. The second-grade teacher's report is significantly different. The understanding is that the medication is in his system at school and wears off at night. Parents are quite clear that they see a difference between patient on stimulate and off stimulant. More could be done regarding behavioral management.*
Are there any parenting changes that may help the situation?	*They are loving parents working very hard to do what's best, but there is some concern that their expectations might be too high for a 7yo. They have had a year of family therapy to help with his ADHD. They are using more visual charts and timers and using positive parenting. The behaviors of hitting and cursing are intense, and dad is working hard to not have big reactions to these behaviors. Concerns around aggression does seem valid.*

KEY RECOMMENDATIONS

GeneSight Testing: Does not inform what drugs to use, but sometimes in the footnotes there will be information that certain medications might be more effective than others. Typically, this is only effective or helpful for folks who have severe reactions to medications.

Medication: Current course of action is supported with an emphasis on continued monitoring.

- Keep in mind the half-life, when increasing dose of Adderall.
- Sometimes atomoxetine can be helpful as a boost for Adderall.
- Atomoxetine might not be helpful in this scenario as it targets the same thing as the current medication.
- Alpha-2s might be more helpful because they work differently and counteract the side effects of amphetamines.
- Atomoxetine has not helped historically with treating anxiety.
- Guanfacine might help more with anxiety.

There needs to be more hard science with this information.

There are many co-morbidities with ADHD: It is likely other things happening outside of ADHD that may not be side effects or symptoms.

- Provide psycho-ed around normalizing some behaviors for a 7y/o, rather than changing them. The American Academy of Child and Adolescent Psychiatry (AACAP) has a good resource on facts for families about ADHD and normal behaviors that can be printed and provided to patients.
  - https://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/ADHD_Resource_Center/Home.aspx

- Children with ADHD can have challenges with sensory processing. It may be helpful to work on sensory at home and engaging an occupational therapist for sensory processing and to work on identifying where he is with his emotions.

- Team up with the school to make sure that expectations are the same across all his environments. Having similar expectations and reinforcements at home may improve interventional effectiveness, and the child has clearer expectations regardless of medications and medical conditions.

- Parents are doing a good job of supporting family system. It could be helpful to have an individual therapist evaluate if there are additional stressors at home and manage behaviors.
  - Behavior Therapy for Children with ADHD an Overview: https://www.cdc.gov/ncbddd/adhd/documents/adhd-behavior-therapy-overview-all-ages.pdf
  - Behavior Therapy for Young Children with ADHD - What Healthcare Providers Can Do: https://www.cdc.gov/ncbddd/adhd/documents/adhd-behavior-therapy-healthcare-fact-sheet.pdf

- Sometimes diet in the afternoon is unaddressed. It might be good to review eating patterns and seeing if he is hungry in the afternoons and if behaviors are related to hunger.

Recommended reading: Smart but Scattered, as well as ADDitude

You may always reach out for a consult through the MPBHP access line 1-833-672-4711.