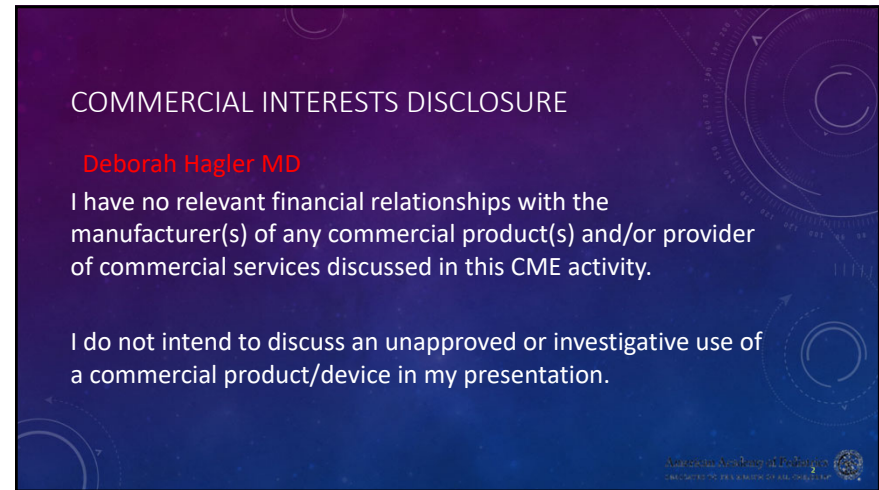


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3



4



OPPOSITIONAL  
DEFIANT DISORDER  
DSM5 CRITERIA

**Angry/Irritable**

- ✓ Often Loses Temper
- ✓ Touchy/Easily Annoyed
- ✓ Angry/Resentful

5



ODD- Defiant

- Often Argues with Authority Figures
- Defies / refuses to comply with rules
- Deliberately annoys
- Blames others for misbehavior

6



ODD- Vindictive

- Vindictive / seeks to get even
- At least 2 times in last 6 months

7

ODD- ETIOLOGY???

Risks-

- Family Psycho pathology
- Single parenting
- Child neglect/maltreatment
- Poor disciplinary Practices
- Environmental factors – poverty/ congested neighborhoods
- Epigenetic and genetic studies
- Associated with several Co-morbidities- ADHD/Anxiety Depression/Conduct disorder

8

## HOW/WHY IS THIS IMPORTANT TO IDENTIFY

### Vanderbilt-

- Often or Very Often
- Disobeys/ Refuses to Follow adult requests or rules
- Is Angry or Bitter
- Child Behavior Check List
- Disrupted Relationships
- Significant relationship disruptions
- Risk of Conduct disorder
- Risk of SUD
- Increased risk Suicide

9



## ODD- TREATMENTS

### Psycho- social Mainstay-

- Parent management/Functional Family Therapy/ CBT
- Multi Systemic and Multi Dimensional Therapy
- Diagnose and Manage Co-morbidities
- Collaborative Problem Solving

10

## ADHD

- Worldwide prevalence estimates from 2.2% – 7%
- 2012-2013 data from CDC 6.1 million office visits made by children ages 4-17 with primary ADHD diagnosis
- 48% of those visits were to a pediatrician/36% to child psychiatrist / 12 % to general practitioners
- During 80% of those visits a stimulant was prescribed or monitored
- 29% of the visits had a co-morbid diagnosis

11

## A BRIEF WORD ON PATHOPHYSIOLOGY

**Structural Differences on MRI-2017 Lancet Psychiatry** – 1713 patients with ADHD / 1529 Controls- Median age 14/ 23 sites around the globe- Effects most notable in children less than 15- Smaller accumbens/amygdala/ hippocampus/caudate and putamen.

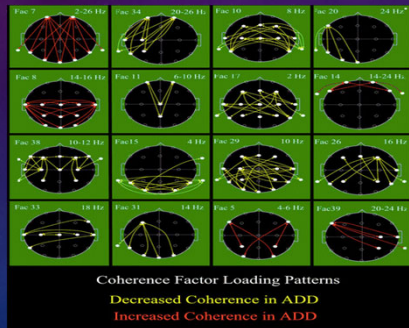
**Functional MRI Differences ADHD/Control**

**Electro physiologic Differences- ADHD** –Specific Connectome characteristic of ADHD at certain ages.

12



## PHYSIOLOGY



13

Understand Conditions &gt; ADHD Essentials

ADHD MYTHS &amp; FACTS

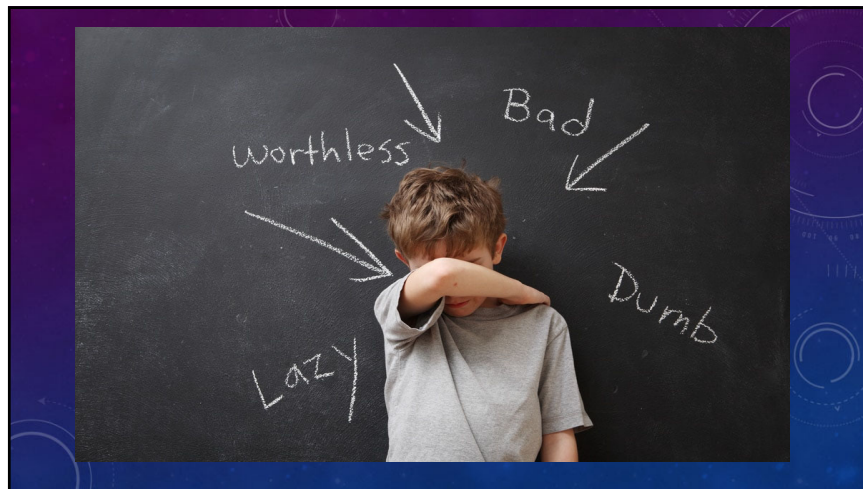
**What NOT to Say to the Parent of a Child with ADHD**

Despite iron-clad medical evidence to the contrary, ADHD is still considered by many to be nothing more than poor parenting, too much screen time, or a parental excuse for lack of discipline. Not so. If you know someone who is parenting a child with ADHD, here are 10 untruths and misperceptions you just shouldn't repeat.

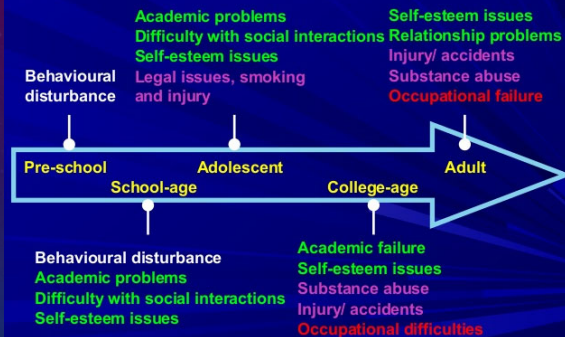
BY ADDITUDE EDITORS



14



15

**Developmental Impact of ADHD**

16



19

[illegible]

20

- Children Struggle more with social and communication skills-
- Less able to cooperate
- Poor turn taking skills
- Intrusive/disruptive in interactions
- More rejection by peers
- Less reciprocal friendships
- More Internalizing /externalizing behaviors
- Executive Function problems: inhibit, shift, emotional control, self-monitor, initiate, working memory, planning, and organization of materials.

- Odds of Injury about 30% greater in children with ADHD versus peers.
- Injuries reduced in children receiving medication treatment.
- ER visits reduced in children receiving treatment.
- Mortality rates greater across all age groups with ADHD when controlling for co-morbidities.
- Mortality highest within first 5 years of diagnosis and if ADHD diagnosed in Adulthood.
- Mortality higher in females.

## ACADEMIC FUNCTIONING

- Lower School Grades
- Lower Achievement Scores
- 30% will repeat a grade
- 10-35% will drop out of school
- Short term academic gains with medication- improved classroom productivity, problems completed on quizzes, improved quality of work .
- Long term academic gains – treatment with stimulants for more than 3 years improves scores on standardized achievement tests but by small amounts.
- Long term stimulants have not been shown to consistently improve grades or decrease grade retention.

21

## ADHD AND EATING BEHAVIORS

- Children with ADHD 12 times more likely to have loss of control eating syndrome
- Higher odds ratio in both children and adults with ADHD of developing obesity.
- In most studies looking at association ADHD dx preceded obesity diagnosis.
- Many mechanisms postulated
- More research forthcoming

22

## CRIMINAL JUSTICE INTERACTIONS

- Increased risk of driving citation
- Speeding tickets
- License suspension
- At- Fault Automobile accidents
- Multinational surveys ( USA, UK, Finland, Canada, Sweden Norway) find up to 2/3 of youth offenders and 50% of adult offenders have hx childhood ADHD . In many symptoms still persist.
- UK series- ADHD most important predictor of violent offences ( More so than substance misuse)

23

## SUBSTANCE USE DISORDER

- Earlier onset of substance Use
- Increased variety of substances tried
- 2.5 times more likely to develop SUD than children without ADHD
- Similar biologic underpinnings- Dopamine...
- Significant evidence from large data bases that treatment with psychostimulants reduces substance use related problems-Timing seems to be important- treat earlier.

24



## CO- MORBID CONDITIONS

- ODD
- Conduct Disorder
- Anxiety
- Depression
- Increased risk of suicide
- Early treatment with psycho- stimulants may decrease risk of developing some co-morbid mental health conditions.

25

## TOWARD GUIDELINE-DRIVEN IMPROVEMENT...



- CQN projects are built on a model.



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RECOMMENDATIONS FOR PREVENTION AND TREATMENT

26

## WE CAN DO BETTER



U.S. Department of Health and Human Services  
Office of Inspector General

**Many  
Medicaid-Enrolled  
Children Who  
Were Treated for  
ADHD Did Not  
Receive  
Recommended  
Followup Care**

27

## A CHRONIC CONDITION TO BE MANAGED

- Diagnosis
- Treatment- Medication Adherence
- Ongoing monitoring Growth and medication side effects
- Co-Morbidities
- Age related difficulties
- Communication with multiple stakeholders

28

**Your Pediatric Home**  
**Midcoast Pediatrics**

Home Our Office Made Simple Our Providers New Patient Information Forms Health Information Contact

You are here: Home / Our Office Made Simple / Appointments / ADHD

## ADHD

### Information & Forms for Patients with ADD/ADHD

When calling to schedule an initial appointment, for ADD/ADHD, it is important to know that our providers will initially see your child for an extended (15 minute) visit. Your child must be present at this and all visits.

The first visit will be used to discuss your concerns and observations of your child's behavior. If you have notes, progress reports, etc. from your child's teachers or daycare provider, it would be helpful to fax, mail or drop these off prior to the appointment date. This would give the provider time to review the information and be more prepared for the first visit.

If your child is an established patient and you have a concern about ADD/ADHD, you may be asked to fill out a Vanderbilt Assessment form, and to have your child's teachers also complete this form.

If you have been given forms to have completed, please be

**Vanderbilt Assessment Forms**

For parents whose child will be seen by the doctor to discuss the possibility of ADD/ADHD these forms may be requested of you prior to the appointment, and/or at various stages of treatment. Please read the instructions on the Vanderbilt Assessment questionnaire.

It is VERY important that ALL information (Patient name, date of birth, date the behavior was observed, parent name, teacher name, time of class, etc.) be completed.

Please also note that these forms are two-sided. In order for the Vanderbilt forms to be scored correctly, all questions must be answered appropriately. Parents and teachers are welcome to write a note to further explain the child's behavior if they wish, but please do so on a separate piece of paper.

Vanderbilt Assessment Form-Parent Informant  
Vanderbilt Assessment Follow-Up Parent Informant

29

## CO-MORBID OR CO-OCCURRING CONDITIONS

Medical	Psychological	Educational
Sleep disorders	Anxiety	Intellectual Disability
Tourette's/Tics	Depression/Mood Disorder	LD/Dyslexia
	ODD/CD	Processing Issues
	OCD	Speech/Language
	ASD	Working Memory

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30

## IT CAN BE DIFFICULT TO REFER KIDS TO BEHAVIORAL THERAPY WITH QUALIFIED MENTAL HEALTH PROFESSIONALS ...ALL (PHYSICIANS) HAVE IN THEIR TOOL KIT IS MEDICATION.

WILLIAM PELHAM, JR., PHD, CHAIR OF PSYCHOLOGY AT FIU

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31

## EVIDENCE-BASED BEHAVIORAL THERAPY

Intervention Type	Description	Typical Outcome(s)	Effect Size
Behavioral parent training (BPT)	Behavior-modification principles provided to parents for implementation in home settings	Improved compliance with parental commands; improved parental understanding of behavioral principles; high levels of parental satisfaction with treatment	.55
Behavioral classroom management	Behavior-modification principles provided to teachers for implementation in classroom settings	Improved attention to instruction; improved compliance with classroom rules; decreased disruptive behavior; improved work productivity	.61

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32



**ADDITUDE**

## 25 THINGS TO LOVE About ADD

1. Insomnia makes for more time to stay up and surf the net!
2. The drive of **HYPERFOCUS**.
3. Resiliency.
4. A sparkling **PERSONALITY**.
5. Generosity with money, time, and resources.
6. **INGENUITY**.
7. A strong sense of what is **FAIR**.
8. Willingness to take a **RISK**.
9. Making far-reaching analogies that no one else understands.
10. **SPONTANEITY**.
11. You have a "Ferrari" brain, but with "Chevy" brakes!
12. Pleasant and constant surprises due to finding clothing (or money or spouses) you forgot about.
13. Being **FUNNY**.
14. Being the last of the **ROMANTICS**.
15. Being a good conversationalist.
16. An innate understanding of intuitive technologies, such as computers or PDAs.
17. Honestly believing that **ANYTHING IS POSSIBLE**.
18. Rarely being satisfied with the status quo.
19. Compassion.
20. Persistence.
21. Joining the ranks of artists, musicians, entrepreneurs, and other creative types.
22. Always being there to provide a different **PERSPECTIVE**.
23. Willingness to fight for what you believe in.
24. Excellence in **MOTIVATING OTHERS**.
25. Being highly organized, punctual, and generally responsible (OK, so I lied!).

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33



34

## FAMILY SUPPORT

- MAINE PARENT FEDERATION 1-800-870-7746
- Child Mind Institute
- The Clay Center at MGH
- CHADD
- ADDitude Magazine

**The Clay Center for Young Healthy Minds**  
Shining light on mental health through education.

35

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Michal Al-Yagon, Dovrat Forte, Lital Avrahami/*Journal of Attention Disorders*  
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39

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40