

# ADHD- Thinking Like A Child Psychiatrist

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What does the name of the presentation imply?

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# What is about ADHD that you should know?

- Known Known
- Unknown Unknown
- Known Unknown

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# What is not covered

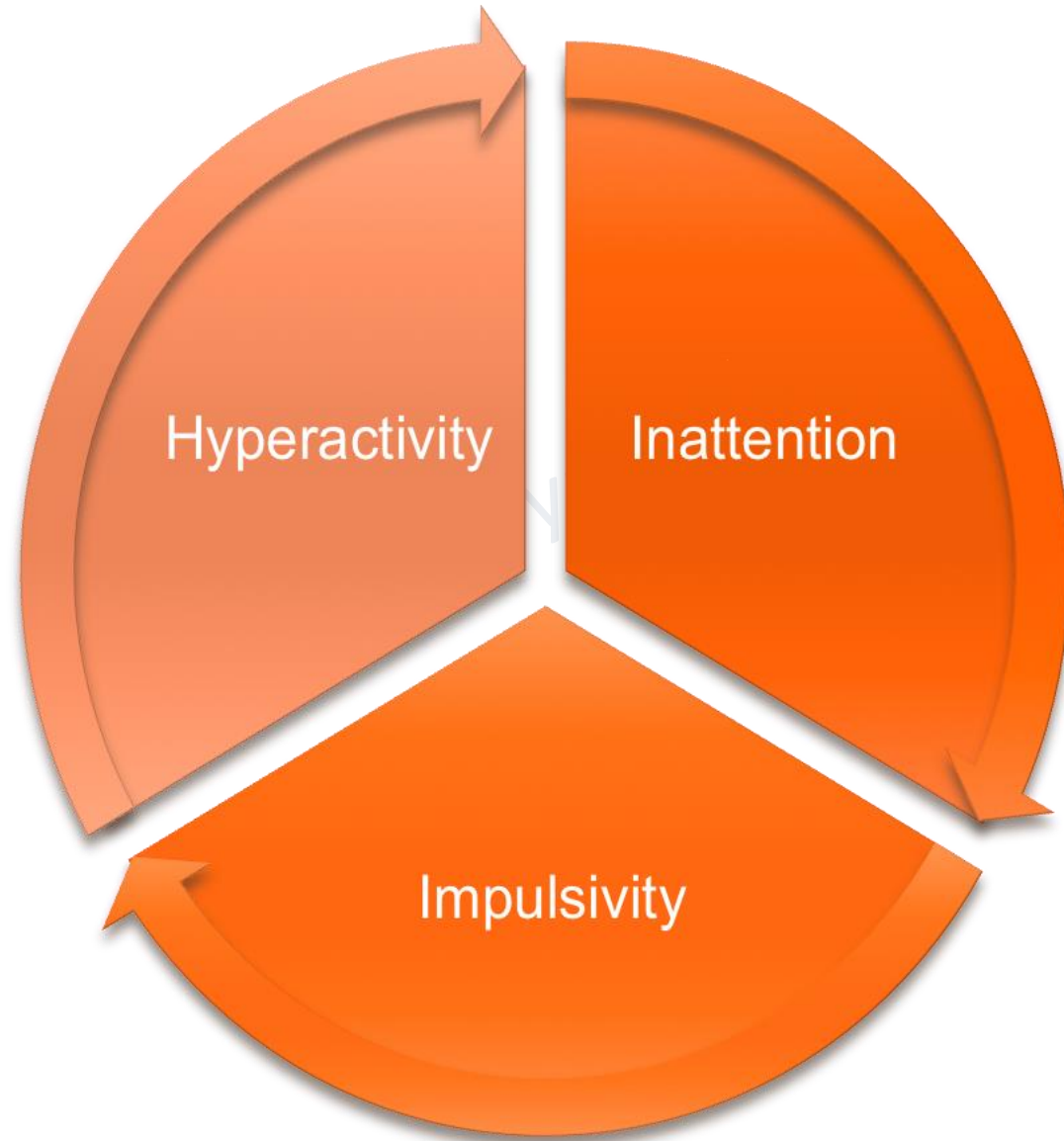
- Etiology
- Long term outcome
- Evidence base for treatment modalities
- Links with Bipolar Mood Disorder and ADHD
- Pharmacotherapy (but we can discuss this bit!)

- How to diagnose?
- How not to diagnose?
- Differential Diagnosis or Comorbidity?
- What is the importance of the above point?
- Unpeeling the diagnosis
- Why you should diagnose correctly?
- What is the treatment you can offer apart from Pharmacotherapy?
- What is your role?
- What treatments you should be aware of?
- What is the role of Psychometry?
- Should you know about Psychometry?

## My Favourite References

- Graham et al European Child and Adolescent Psychiatry 2011 January Guideline on managing side-effects of medications for ADHD
- Faraone et al ADHD and Shifting Sands of Nosology 2013 BJPsych
- Alamanac et al Evidence based guideline for pharmacological management of ADHD 2014 Journal of Psychopharmacology
- Faraone et al ADHD 2015 Nature Reviews
- Halperin et al Assessment and Treatment of Preschool ADHD 2019 JCPP

# CORE OF ADD/ADHD



# What do you need to know re core features?

- What are the manifestations of the core features?
- What are the manifestations across age span?
- Examples of core features
- Which children come to us?



- The cardinal features are persistent pattern of behaviour for the child.
- It is particularly evident in situations that require the child to be thoughtful and restrained.
- Symptoms interfere with functioning **and development**

# Assessment

- Diagnosis is based on a **clinical evaluation** which includes interview with parents about child's development and behaviour.
- Information from parents should also assess **parenting practices**, their attribution for hyperactive behaviour and parental psychopathology
- **Information from/about school is essential**, and a direct examination of the child is important.

# Assessment

- Individual interview of the Child: their understanding ( of why they are here) **self esteem**
- **Emotionality; anxiety, depression**
- Reading/writing/learning ability/speech
- Cognitive assessment if required: speech
- Physical assessment: **hearing, sight, co-ordination**

# Our Aims

- To get a complete picture of the child
- Assessment involves much more than a checklist approach
- It is a longer process, more than 1-2 consultations
- My experience – Majority of parents sign up to it

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# Assessment

- There are a number of other conditions/circumstances that can produce a reaction in a child that superficially mimics ADHD.
- Many of these conditions can also coexist with ADHD.

# Assessment

- These differential diagnosis and comorbidity can cause difficulty in a professional who merely relies on the presence of behavioural items on a checklist to make a diagnosis of ADHD (Hill et al 1999)

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# Comorbidity/Differential Diagnosis

- Normal Variation – Examples?
- Mental Retardation
- The consequences of neglect, indulgence or chaotic parenting
- Restlessness, demanding behaviour in the presence of maternal depression
- Sense organ deficits
- Conduct Disorder

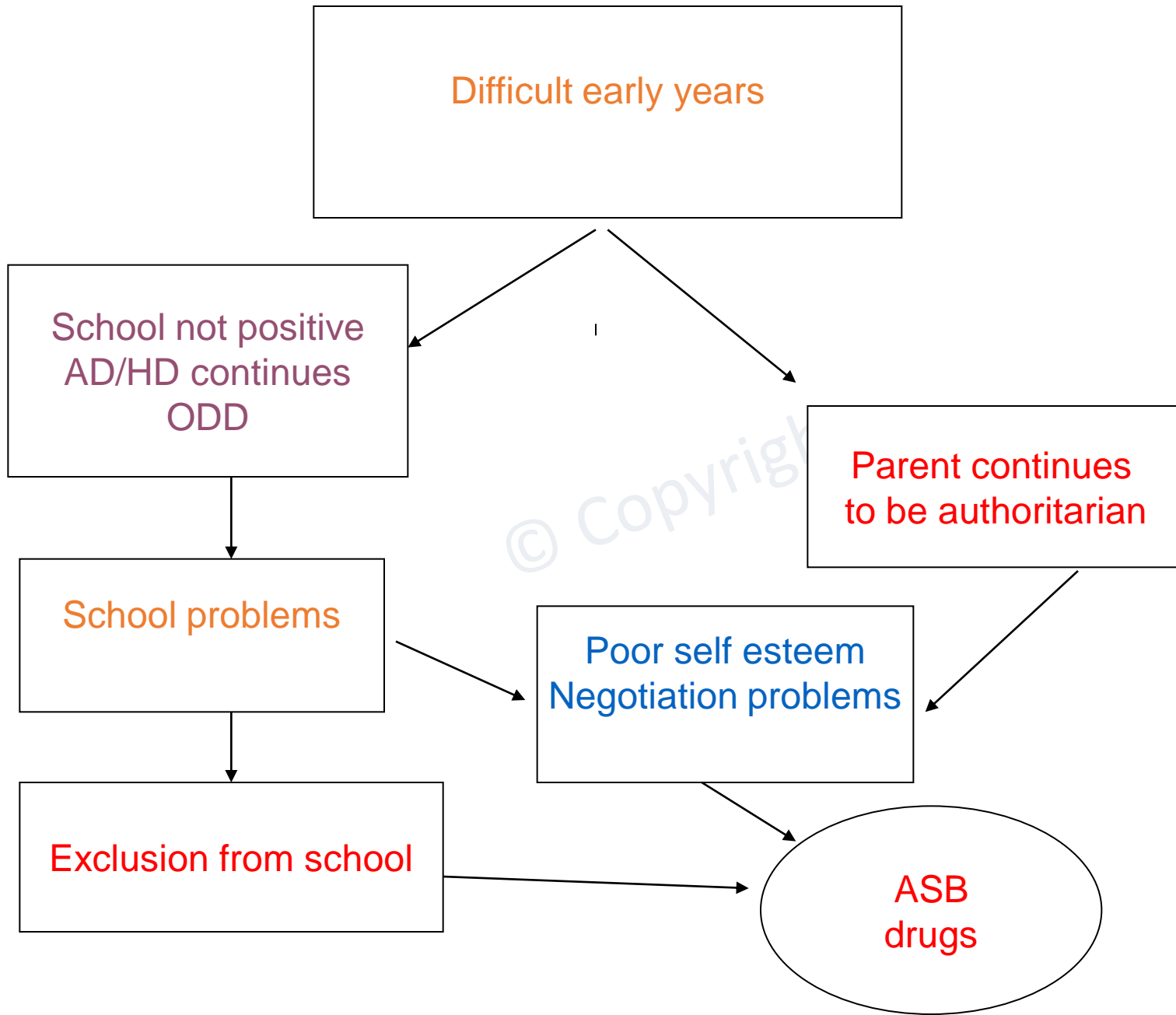
# Comorbidity/Differential Diagnosis

- Medications
- The comorbid rate of emotional disorder is also raised
- Children with ADHD show an increased rate of specific learning problems. Data from American and European studies show approximately **one third** have specific problems in reading, spelling and mathematics unaccounted for by low intelligence
- **In which childhood conditions symptoms of ADHD are present?**

# A Real Conundrum

- Young people coming to us with 'Problematic Internet Use'
- A significant proportion of them do fulfill criterion for ADHD
- How to arrive at a case formulation?

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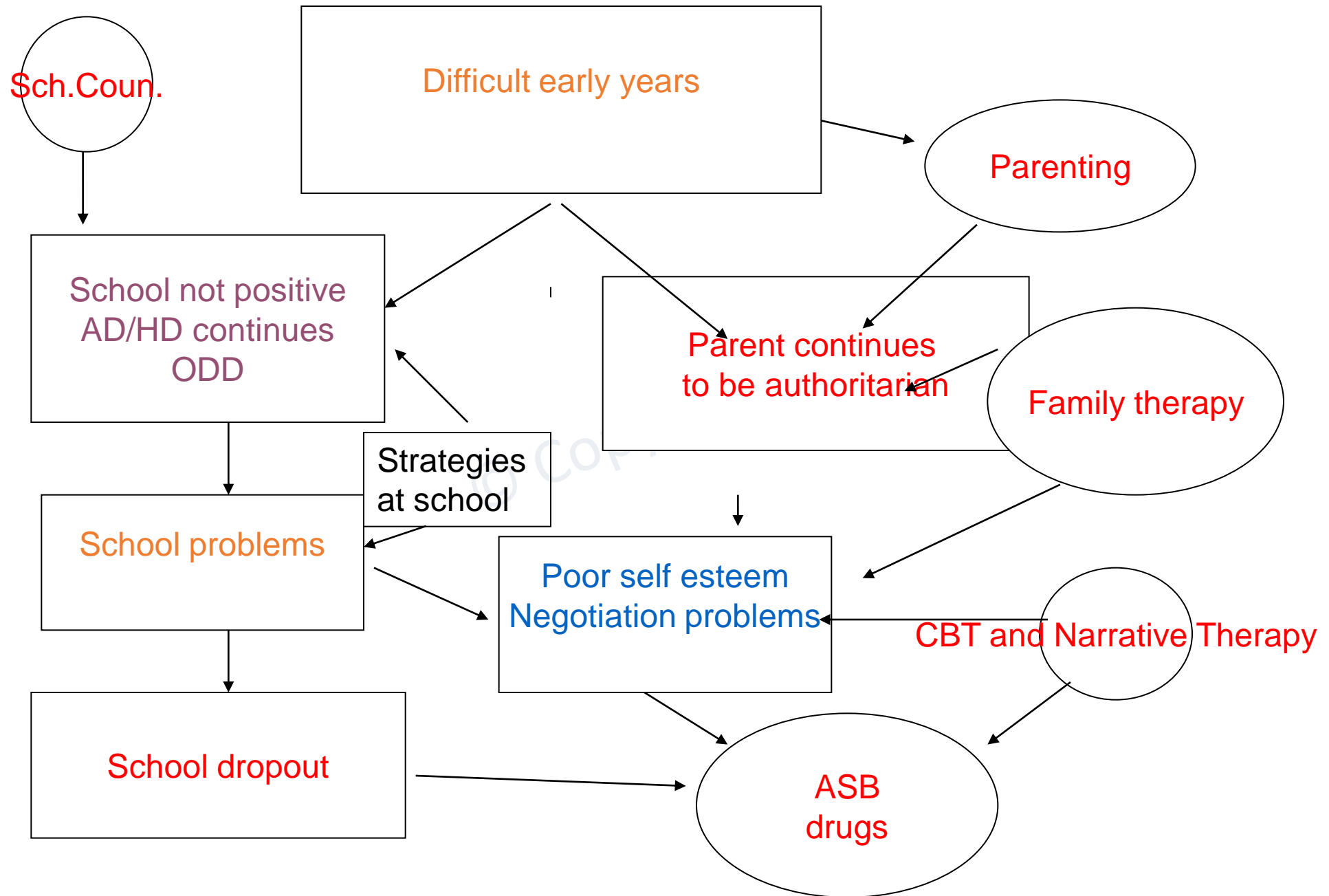


- 'It has scr.....d my whole bloody life'

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So, What is Your Role?

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THANK YOU