

Attention Deficit Hyperactivity Disorder

He just can't sit still!

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(with many thanks to Dr Megan Yap for slide contribution "Dr Megs – Paeds & Feeds" & <http://www.kids-health.guru/>)

ACKNOWLEDGEMENT

Western Health acknowledges the Traditional Custodians of the land on which our sites stand. The Wurundjeri Woi-Wurrung, Boon Wurrung and Bunurong peoples of the greater Kulin Nation. We pay respects to Elders past, present and emerging.

We are committed to the healing of country, working towards equity in health outcomes, and the ongoing journey of reconciliation.

Western Health is committed to respectfully listening and learning from Aboriginal and Torres Strait Islander people and wholeheartedly supports their journey to self-determination.



Our service

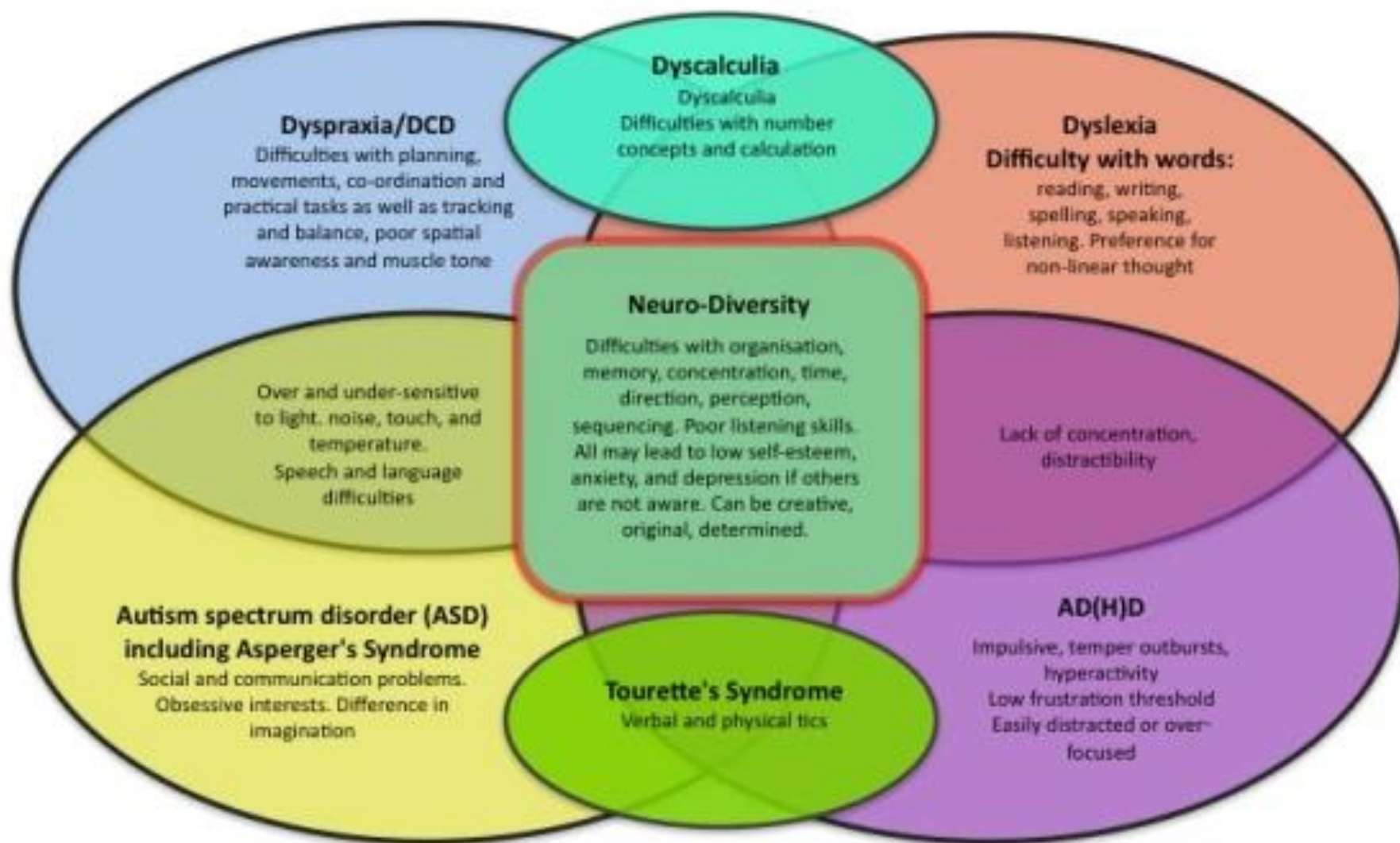


Attention Deficit Hyperactivity Disorder

- What is neurodiversity and where does ADHD fit in
- What is ADHD and what does this look like in children
- Diagnosis of ADHD
- The role of paediatricians and GPs
- Management of ADHD
 - Pharmacological Strategies
 - Non-pharmacological Strategies

The Make-up of Neuro-Diversity

This is a document for discussion, concentrating mainly on the difficulties of those with neuro-diversity. It must however be pointed out that many such people are excellent at maths, co-ordination, reading etc . We are people of extremes.



Myths and misconceptions

- Kids with ADHD are just naughty
- They need firmer boundaries
- It's all because of sugar
- Only boys have ADHD
- They will outgrow it
- If they can focus on the TV / their own interest, they can't have ADHD

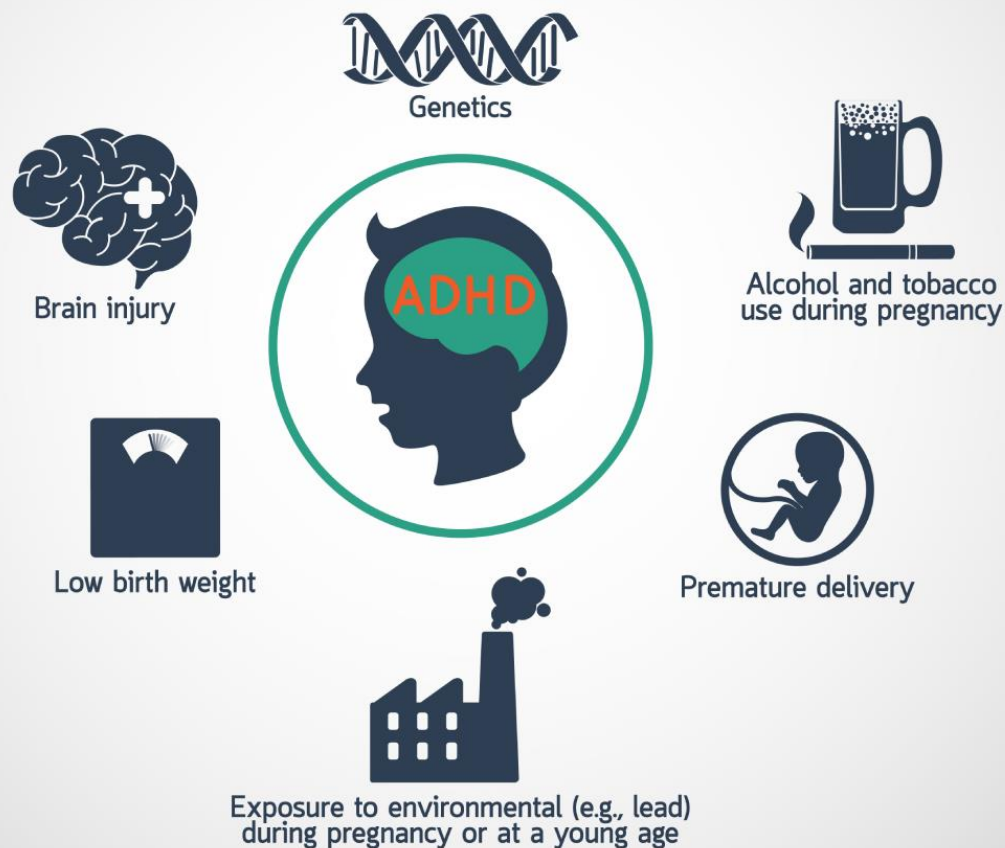
ADHD in Australia

- Around 1 in 20 Australians have ADHD
- ADHD is the most prevalent mental disorder affecting children in Australia (281,200 Australian Children aged 0-19y)
- More than three-quarters of children continue to experience symptoms into adulthood.
- More common in boys

Causes of ADHD

Causes of ADHD

In addition to genetics, scientists are studying other possible causes and risk factors including:



What does it look like – The DSM-V?

- Three subtypes
 1. Predominantly hyperactive
 2. Predominantly inattentive
 3. Mixed
- Across at least two settings ie home and school
- Present for at least 6 months

Inattentive Subtype

Six (or five for people over 17 years) of the following symptoms occur frequently:

- Lack of attention to detail/mistakes
- Drifts off during classes
- Distracted
- Starts things and doesn't finish them
- Disorganised; procrastinates
- Loses things
- Poor at adulting (!)

Hyperactive/Impulsive Subtype:

Six (or five for people over 17 years) of the following symptoms occur frequently:

- Fidgets with or taps hands or feet, or squirms in seat.
- Not able to stay seated (in classroom, workplace).
- Runs about or climbs where it is inappropriate.
- Unable to play or do leisure activities quietly.
- Always “on the go,” as if driven by a motor.
- Talks too much.
- Blurts out an answer before a question has been finished
- Has difficulty waiting his or her turn, such as while waiting in line.
- Interrupts or intrudes on others

Superpowers of ADHD



Co-morbidities



Diagnosis

- Collateral history from home and school
- Broadband questionnaires or ADHD rating scales

SNAP-IV 26-Item Teacher and Parent Rating Scale
James M. Swanson, Ph.D., University of California, Irvine, CA 92715

Patient/Client Name: _____

Date of birth: _____ Gender: _____

Grade: _____ Type of class: _____ Class size: _____

Completed by: _____ Date: _____

Physician Name: _____

For each item, check the column which best describes this child/adolescent:

	Not at all	Just a little	Quite a bit	Very much
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
2. Often has difficulty sustaining attention in tasks or play activities				
3. Often does not seem to listen when spoken to directly				
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties				
5. Often has difficulty organizing tasks and activities				
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
7. Often loses things necessary for activities (e.g., toys, school assignments, pencils or books)				
8. Often is distracted by extraneous stimuli				
9. Often is forgetful in daily activities				
10. Often fidgets with hands or feet or squirms in seat				
11. Often leaves seat in classroom or in other situations in which remaining seated is expected				
12. Often runs about or climbs excessively in situations in which it is inappropriate				
13. Often has difficulty playing or engaging in leisure activities quietly				
14. Often is "on the go" or often acts as if "driven by a motor"				
15. Often talks excessively				
16. Often blurts out answers before questions have been completed				
17. Often has difficulty awaiting turn				
18. Often interrupts or intrudes on others (e.g., butts into conversations/games)				
19. Often loses temper				
20. Often argues with adults				
21. Often actively defies or refuses adult requests or rules				
22. Often deliberately does things that annoy other people				
23. Often blames others for his or her mistakes or misbehaviour				
24. Often is touchy or easily annoyed by others				
25. Often is angry and resentful				
26. Often is spiteful or vindictive				



TEACHER'S REPORT FORM FOR AGES 6-18

For office use only
ID # _____

Your answers will be used to compare the pupil with other pupils whose teachers have completed similar forms. The information from this form will also be used for comparison with other information about this pupil. Please answer as well as you can, even if you lack full information. Scores on individual items will be combined to identify general patterns of behavior. Feel free to print additional comments beside each item and in the spaces provided on page 2. **Please print, and answer all items.**

PUPIL'S FULL NAME First Middle Last	PUPIL'S AGE	PUPIL'S ETHNIC GROUP OR RACE	PARENTS' USUAL TYPE OF WORK, even if not working now (Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)
PUPIL'S GENDER <input type="checkbox"/> Boy <input type="checkbox"/> Girl		FATHER'S TYPE OF WORK	
TODAY'S DATE Mo. _____ Date _____ Yr. _____	PUPIL'S BIRTHDATE (if known) Mo. _____ Date _____ Yr. _____	MOTHER'S TYPE OF WORK	
GRADE IN SCHOOL	NAME AND ADDRESS OF SCHOOL	THIS FORM FILLED OUT BY: (print your full name)	
		Your gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Your role at the school: <input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Special Educator <input type="checkbox"/> Administrator <input type="checkbox"/> Teacher's Aide <input type="checkbox"/> Other (specify): _____	

I. For how many months have you known this pupil? _____ months

II. How well do you know him/her? 1. ☐ Not Well 2. ☐ Moderately Well 3. ☐ Very Well

III. How much time does he/she spend in your class or service per week?

IV. What kind of class or service is it? (Please be specific, e.g., regular 5th grade, 7th grade math, learning disability, counseling, etc.)

V. Has he/she ever been referred for special class placement, services, or tutoring?
☐ Don't Know 0. ☐ No 1. ☐ Yes — what kind and when?

VI. Has he/she repeated any grades? ☐ Don't Know 0. ☐ No 1. ☐ Yes — grades and reasons:

VII. Current academic performance — list academic subjects and check box that indicates pupil's performance for each subject:

Academic subject	1. Far below grade	2. Somewhat below grade	3. At grade level	4. Somewhat above grade	5. Far above grade
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Be sure you answered all items. Then see other side.

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NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____
Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child ☐ was on medication ☐ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "con" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.



American Academy
of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

NICHQ

National Initiative for Children's Healthcare Quality

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Adapted from the Vanderbilt Rating Scale developed by Mark L. Weitzach, MD.

Revised - 11/02



CHILD BEHAVIOR CHECKLIST FOR AGES 6-18

For office use only
ID # _____

CHILD'S FULL NAME First Middle Last	PARENTS' USUAL TYPE OF WORK, even if not working now (Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)
CHILD'S GENDER <input type="checkbox"/> Boy <input type="checkbox"/> Girl	TYPE OF WORK
CHILD'S AGE	TYPE OF WORK
CHILD'S ETHNIC GROUP OR RACE	THIS FORM FILLED OUT BY: (print your full name)
TODAY'S DATE Mo. _____ Date _____ Yr. _____	CHILD'S BIRTHDATE Mo. _____ Date _____ Yr. _____
GRADE IN SCHOOL	NAME AND ADDRESS OF SCHOOL
NOT ATTENDING SCHOOL <input type="checkbox"/>	YOUR GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female Your relation to the child: <input type="checkbox"/> Biological Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify): _____

I. Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.
☐ None

	Less Than Average	Average	More Than Average	Don't Know
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Please list your child's favorite hobbies, activities, and games, other than sports. For example: stamps, dolls, books, piano, crafts, cars, computers, singing, etc. (Do not include listening to radio or TV.)
☐ None

	Less Than Average	Average	More Than Average	Don't Know
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Please list any organizations, clubs, teams, or groups your child belongs to.
☐ None

	Less Active	More Active	Don't Know
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Please list any jobs or chores your child has. For example: paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)
☐ None

	Below Average	Average	Above Average	Don't Know
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Be sure you answered all items. Then see other side.

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To Treat or Not to Treat

- Factors to consider:
 - Concerns from school
 - Child self-rating
 - Family's attitude
- Risks of not-treating or undiagnosed:
 - Increase risk of mental health issues including low self-esteem, depression, anxiety
 - Difficulty in relationships ie. Partner, parent-child
 - Job instability
 - Substance use
 - Increased mortality rate

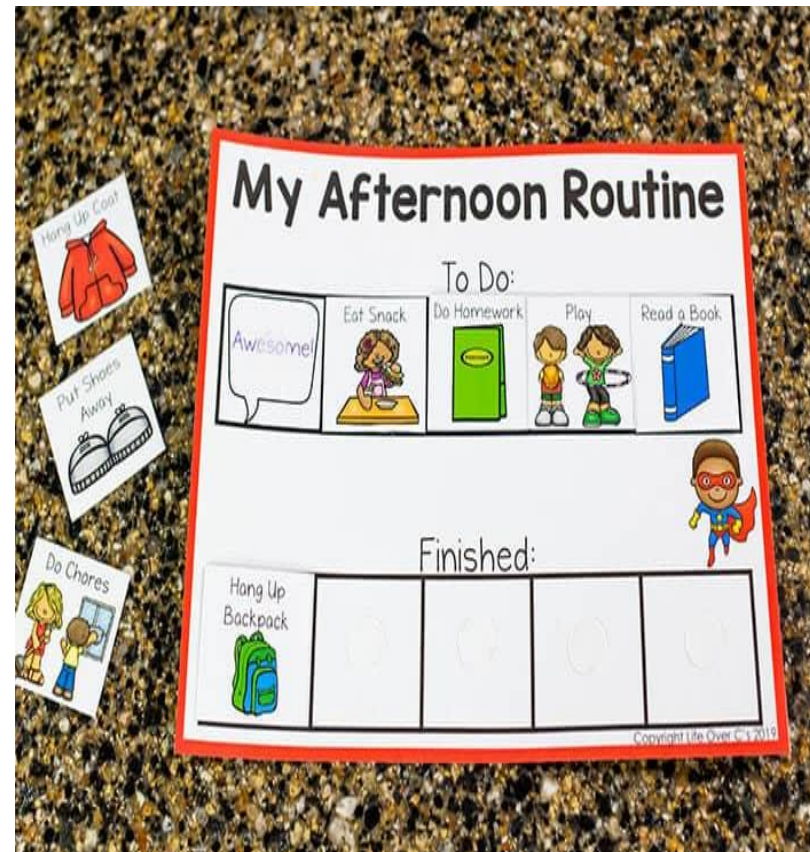
Treatment: Non- pharmacology

1. Routine
2. Parenting
3. Sleep
4. Nutritional
5. Other professionals

Routine

- Predictable day to day routine.
- Limiting screen time.
- Ensuring daily physical exercise and involving entire family.
- May benefit from help of OT or Speech therapist.

1		Take off coat <small>(Coat, armoire, ready and hat)</small>
2		Open Backpack
3		Take out work
4		Take out lunch
5		Hang up coat
6		Hang up backpack



Parenting

- Ensuring stability in household
- Consistent boundaries applicable to household
- Referral to services such as Social Work at community services and Orange Door
- Use of parenting programs:
 - Circle of Security
 - Triple P parenting

Sleep

- Establishing sleep routine and adherence
- Optimising sleep hygiene and minimizing screen time
- Other resources:
 - Melatonin
 - Raising children's network

Nutritional

- Common question for parents
- Generally diet recommendations include healthy balanced diet, especially for children
- Research not supportive of elimination diets
- Some evidence supporting use of Fish Oil

Other professionals

- Occupational Therapist to help with hyperactivity, self-regulation, sensory issues
- Psychologist to help with emotional regulation, impulsivity and family dynamics
- ADHD coach for young people – lived strategies
- Teachers – classroom strategies
- Written resources

Pharmacological

Type of Medication	Brand Name	Generic Name	Duration
Stimulants			
Short Acting amphetamine	-	Dexamphetamine	4-6h
Short Acting methylphenidate	Ritalin SA	Methylphenidate	3-5h
Intermediate acting methylphenidate	Ritalin LA	ER Methylphenidate	6-8h
Long acting amphetamine	Vyvanse	Lisdexamphetamine	10-12h
Long acting methylphenidate	Concerta	ER Methylphenidate	10-12h
Long acting non-stimulants			
	Intuniv	Guanfacine	24h
	Catapres	Clonidine	12h
	Strattera	Atomoxetine	24h

Side effects of Stimulants

- Sleep initiation difficulties
- Reduced appetite
- Mood changes including emotional lability
- Worsening of tics and anxiety
- Cardiovascular effects

Monitoring

- Presence of side effects
- Growth including height and weight
- Patient, family/carer and teacher opinions
- Cardiovascular system especially blood pressure
- Ensure long-term plan discussed with families

Role of the GP

- *If you are concerned about the child:*
 - Start a discussion
 - Make referrals to services
 - Include as much information as you have!
 - Screen for medical issues
 - Hearing
 - Nutrition (including bloods if indicated)
 - Sleep

Ongoing GP Management

- Monitoring weight and BP
- Monitoring co morbidities
- Checking in on family function, school attendance, engagement with therapies
- Repeat scripts?

Applying for a permit

[Application for a permit to treat a patient with Schedule 8 drugs \(business.gov.au\)](https://business.gov.au)

General practitioners will generally only be issued with permits to prescribe dexamphetamine, lisdexamfetamine or methylphenidate where there is evidence of a specialist diagnosis and that a specialist review has taken place within a specified period.

HealthPathways - New Pathway!

ADHD In Children and Youth

ADHD diagnosis usually starts with a visit to the GP. The earlier ADHD is assessed and managed the better the outcome for the child and the family. *HealthPathways Melbourne* have developed a new pathway to help you assess and support the child and family, providing resources, referral guidelines and local service information.

[ADHD in Children and Youth](#)

Written by

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Other Useful Resources

- AADPA National Guidelines
- Raising Children Network
- RCH – ADHD information
- Department of Health
 - <https://www.health.vic.gov.au/drugs-and-poisons/stimulants-for-adhd-or-narcolepsy-permit-requirements#other-medical-practitioners-not-paediatricians-and-psychiatrists>

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Session conclusion

You will receive a post session email within a week which will include slides and resources discussed during this session.

Attendance certificate will be received within 4-6 weeks.

RACGP CPD hours will be uploaded within 30 days.

We value your feedback, let us know your thoughts.

Scan this QR code

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<https://nwmpnhn.org.au/resources-events/events/>

This session was recorded, and you will be able to view the recording at this link within the next week.

<https://nwmpnhn.org.au/resources-events/resources/>

