


Attention-Deficit / Hyperactivity Disorder (ADHD)

The bottom of the slide features a decorative graphic consisting of several overlapping, wavy, light blue and white shapes that create a sense of movement and depth.

DSM Criteria for ADHD

DSM-5 criteria for ADHD

≥5 symptoms per category **in adults**, ≥6 months; age of onset ≤12 years; noticeable in ≥2 settings; impact on social, academic or occupational functioning; not better accounted for by another mental disorder



Inattention

- (a) Lack of attention to details / careless mistakes
- (b) Difficulty sustaining attention
- (c) Does not seem to listen
- (d) Does not follow through on instructions (easily side-tracked)
- (e) Difficulty organising tasks and activities
- (f) Avoids sustained mental effort
- (g) Loses and misplaces objects
- (h) Easily distracted
- (i) Forgetful in daily activities

Hyperactivity / Impulsivity

- (a) Fidgetiness (hand or feet) / squirms in seat
- (b) Leaves seat frequently
- (c) Running about / feeling restless
- (d) Excessively loud or noisy
- (e) Always "on the go"
- (f) Talks excessively
- (g) Blurts out answers
- (h) Difficulty waiting his or her turn
- (i) Tends to act without thinking

When does ADHD begin

- * ADHD begins when an individual starts to show signs
- * The individual starts to have difficulty sustaining attention
- * Children begin to struggle with poor performance
- * Children may also struggle with poor relationships
- * Individuals begin to have hyperactive-impulsive behaviors
- * Symptoms in children begin before age 12



ADHD Diagnosis

A Attention
D Deficit
H Hyperactivity
D Disorder

- * Since the Attention-Deficit/Hyperactivity Disorder (ADHD) has no specific symptom, in such occasion the health officer needs to dig more and find where there is another symptom that can explain ADHD better.
- * To get to know how “Attention-Deficit/Hyperactivity Disorder (ADHD)” is diagnosed, healthcare officer has to use the strategies from the “American Psychiatric Association’s Diagnostic and Statistical Manual, Fifth edition (DSM-5)”.
- * When using this criteria it gives an assurance that individuals are properly treated and diagnosed for ADHD in the diagnostic average required.

Prevalence in Canadian Context

- * Death rate is very high to kids with ADHD, this is as a result of high rate of accidents to them.
- * The research shows that opposing consequence of ADHD are not limited to speculative and communal operational but also it is related to amplified risk of fortunes and hurts to youngsters and teenage.
- * Genetic variants increase the risk of ADHD in more boys than girls
- * Girls are more protected from developing ADHD
- * It takes a high burden of risk factors for girls than boys to develop ADHD
- * Girls miss ADHD symptoms
- * Mental health problems of girls develop into other complications and not ADHD

Treatment of ADHD



* treatment methods include:

1. Therapeutic treatment (Lachaine et al., 2016)
2. Psycho-educational treatment
3. Pharmacological
4. Canine Therapy

Therapeutic treatment

- * ADHD is a complaint that is associated with intelligence and behavior. There is no identified known cure for attention deficit hyperactivity disorder (ADHD). Though there is no specified cure for ADHD, several options are necessary for the affected one can manage the symptoms.
- * **Therapeutic treatment:**
- * Medications only can not treat attention deficit hyperactivity disorder (ADHD). Different therapies are vital for treating ADHD in children. Therapy is not only efficient in treating ADHD only, it can also be useful in suppressing problems such as anxiety disorders appearing with ADHD.

Psycho-educational treatment

- * It is the parent who has a child who has attention deficit hyperactivity disorder (ADHD) will be made to discuss it and also its effects.
- * It aims to make the children youngsters and the grownups to make sense of the act of being diagnosed with ADHD.
- * The talk is aimed at helping the ones suffering to be able to cope with the situation and be able to live with the disease.

Pharmacology

- * Pharmacology: Children with ADHD have taken Stimulants prescribed for ADHD; these medications have been effective in treating attention deficit disorder. They have been useful for the treatments for ADHD, and the research back up their effectiveness. The stimulant includes medication such as **Ritalin**, **Adderall**, and **Dexedrine**. Other drugs such as Strattera Unlike stimulants, which affect dopamine, Strattera boosts the levels of norepinephrine, a different brain chemical. Strattera is longer-acting than stimulant drugs. It lasts over 24 hours— making it a good option for those who have trouble getting started in the morning. Since it has some antidepressant properties, it's also a top choice for those with co-existing anxiety or depression. Another plus is that it doesn't exacerbate tics or Tourette's Syndrome. (Canadian Pediatric Society, pediatric Child health,2018,23:462-472
- * **Pharmacological treatment.**
- * It is considered to be the first-line treatment of ADHD in youngsters and teenagers. We all deal with recent seminal studies and recent literature regarding the treatment of ADHD using pharmacological way in the young and the teenagers.

Canine Therapy

- * Across both treatment groups, parents reported improvements in children's social skills, prosocial behaviors, and problematic behaviors. Group studies have shown , the severity of ADHD symptoms declining during treatment; however, children who received the CAI model exhibited greater reductions in the severity of ADHD symptoms than did children who received cognitive-behavioral therapy without CAI. **Conclusion:** Results suggest that CAI offers a new therapeutic strategy that may enhance cognitive-behavioral interventions for children with ADHD. **Canine-Assisted Therapy for Children With ADHD: Preliminary Findings From The Positive Assertive Cooperative Kids Study**
- * Show all authors Sabrina E. B. Schuck, Natasha A. Emmerson, Aubrey H. Fine, ...

Group and Family Therapy

- * Group Therapy

- * No psychosocial treatments have been developed for children with ADHD and severe mood dysregulation (SMD) despite the significant prevalence and morbidity of this combination. Therefore, the authors developed an innovative treatment program for children with ADHD and SMD. **Method:** The novel therapy program integrates components of cognitive-behavioral therapies for affect regulation with a parent-training intervention for managing recurrent defiant behaviors. It consists of nine 105-min child and parent groups run in unison. A pilot trial was conducted with seven participants with ADHD and SMD ages 7 to 12 who were on a stable stimulant regimen. **Results:** Six of the seven (86%) families completed the program. Participants showed significant improvements in depressive symptoms, mood lability, and global functioning. Milder improvements in externalizing behaviors were observed. **Conclusion:** Results suggest the feasibility and potential efficacy of the therapy program for children with ADHD and SMD and warrant a larger controlled trial. (James G Waxmonsky, Fran A Wymys, Meagane E. Pariseau published Feb 28, 2012)

Other

- * RCT, compared to the use of psychoeducational interventions with the support of parents and youth ADHD has shown significant improvement in parents reporting symptoms with additional benefits in pro-social behavior after one year.

Best practice



Best Practices in the Treatment of ADHD

Exploring the components of effective treatment

Posted Aug 13, 2015

References:

My child has been diagnosed with ADHD—now what? (2015, April 01).

Retrieved from <http://www.cdc.gov/ncbddd/adhd/treatment.html>

- * Identify and treat ADHD and causes
- * How to identify ADHD
- * Wellness check-ups; Seek wellness check-up every three months
- * Seek behaviour Therapy
- * ADHD is a biological condition that cannot be willed away; behavioral therapy remains a crucial ingredient in proper treatment.
- * , Seek accommodations for ADHD and control impulsive behavior. In some cases, behavioral therapy can even decrease or remove the need for medication.
- * Classroom behaviour management strategies have been sufficient for treating ADHD

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