ADHD?

Anxiety??

or Both???

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Disclosures

- No disclosures to report for either presenter

Objectives

- Define DSM-5 criteria for ADHD and Anxiety
- Identify symptoms and screening tools to delineate between ADHD and Anxiety
- Discuss medicinal and non-medicinal strategies to help with ADHD and Anxiety

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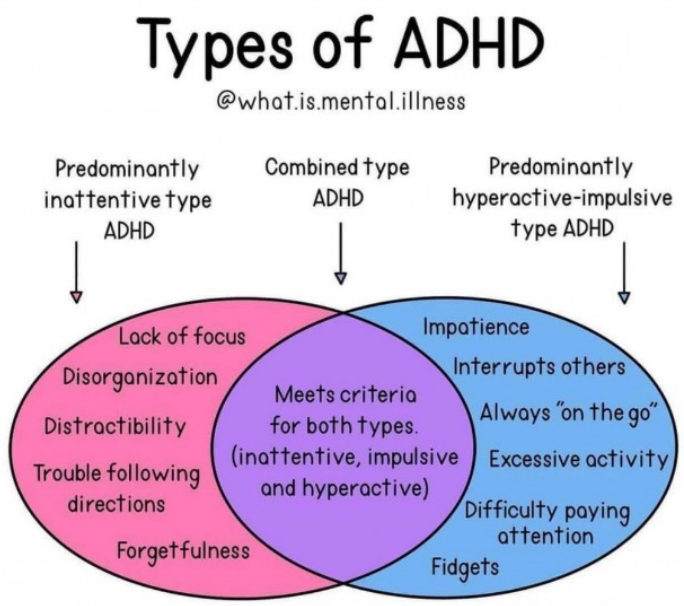
ADHD Diagnosis types:

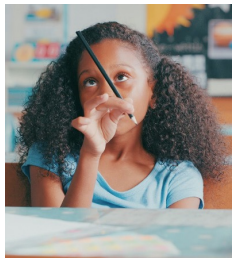
- ADHD predominantly inattentive type
- ADHD predominantly hyperactive/impulsive type
- ADHD combined type
- ADHD-unspecified



ADHD: Inattention

- Lack of attention to details/careless mistakes
- Difficulties sustaining attention
- Does not seem to listen
- Does not follow through on instructions-easily sidetracked
- Difficulties organizing tasks and activities
- Avoids sustained mental effort
- Loses and misplaces objects
- Easily distracted
- Forgetful in daily activities

ADHD: Hyperactive/Impulsive

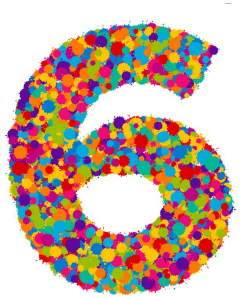


- Fidgets often
- Leaves seat frequently
- Running about/feeling restless
- Difficulty with quiet activities
- On the go – “driven by a motor”
- Excessive talking
- Blurts out answers
- Difficulty waiting turns
- Interrupts/intrudes on others

ADHD: Unspecified

- Symptoms that are impairing but do not meet the full criteria
- DSM-5 definition: "applies to presentations in which symptoms characteristic of attention deficit/hyperactivity disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for attention-deficit/hyperactivity disorder."
  - Used in situations in which the clinician chooses not to specify the reason that the criteria are not met

DSM-5 criteria for Attention Deficit Hyperactivity Disorder



or more symptoms of inattention and/or hyperactivity impulsivity

symptoms have **persisted for at least 6 months** to a degree that is **inconsistent with developmental level** and that **negatively impacts directly on social and academic/occupational activities**

DSM-5 criteria for ADHD

- Symptoms were present prior to age 12
- Symptoms are present in two or more settings (i.e. home, school, intervention services)
- Symptoms interfere with, or have a negative impact, academically, socially, and/or behaviorally
- Symptoms are not better explained by another mental disorder

What parents say……

- Child cannot sit down and play
- Doesn’t want to learn
- Has trouble getting thoughts onto paper
- Hyper-focuses
- Unintentionally rough
- Daytime accidents in an already potty-trained child
- Disruption in peer relationships

What else might you see in a child with ADHD?

- Sleep disorders

- Emotional dysregulation- BIG emotions, outbursts

- Trouble making a decision

- Frequent visits to school nurse

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Now let's move onto to anxiety……

DSM-5 criteria for Anxiety

- Excessive anxiety and worry occurring most days and at least six months
- Difficulty controlling the anxiety
- Associated with *three or more* of the following 6 symptoms:
  - Restlessness
  - Fatigue
  - Difficulty concentrating
  - Irritability
  - Muscle tension
  - Sleep disturbance
- Anxiety, worry or physical symptoms cause clinically significant distress or impairment
- Not attributed to physiological effects of a substance/medical condition
- Not better explained by another mental disorder

One of the biggest indicators of anxiety

FAMILY HISTORY!!

Is all anxiety bad??

- Typical
- Typical Developmental Fear and Worry
- Pathological anxiety develops between 6-12 years of age

What else might you see?

Frequent movements/shifting

Difficulty with decision making

Outbursts

Picking nails/skin around the nails

Somatic complaints

Anger

Difficulty maintaining friendships

Poor Sleep

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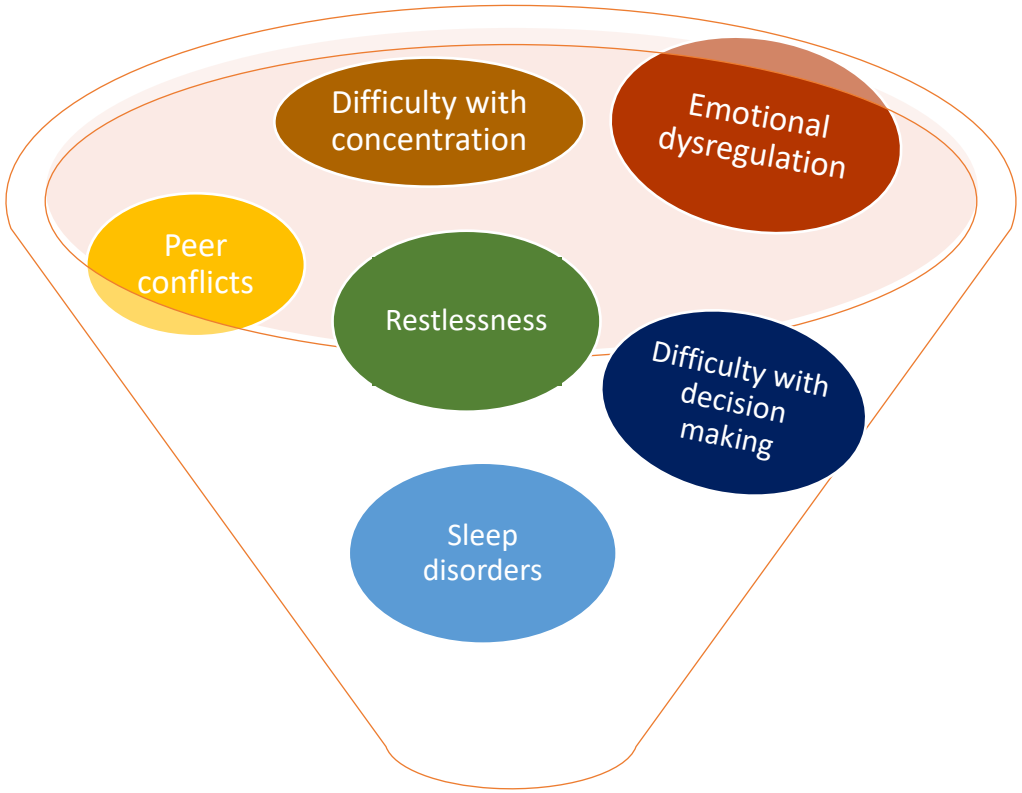
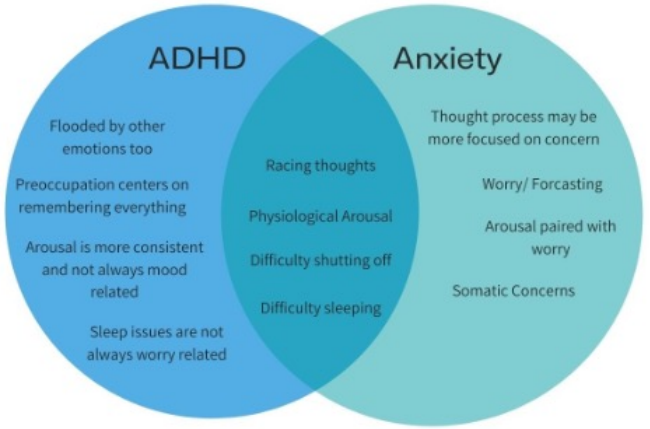
Notice anything about the two diagnoses??

Symptom overlap



To make it more unclear.....



- 25% of children with Anxiety also have ADHD
- Both disorders cause impairment in the child's day to day functioning in one or all domains: socially, academically, behaviorally
- Identifying an anxiety disorder in children can be difficult not only because symptoms may be internal, but because certain signs of anxiety—particularly restlessness and poor concentration—may be misinterpreted as symptoms of ADHD

Differentiating can be tricky

- History
- Triggers
- Screening Tools

Case Study

- Meet Liam. Liam presented to the office when he was in preschool
- He struggled with drop off and often chewed on his clothes and skin around his nails. He typically cried for the first 30 minutes of school and had to be encouraged to join in with the other students
- Once Liam warms up; he is very active and has a difficult time staying seated, often rolling around on the floor and locking his teacher in the coat closet. He had a difficult time keeping his hands to himself and was unintentionally rough with his friends
- At home, Liam often caused a strain on the family dynamics and relationships (parents, siblings). He often acted impulsively and without thinking of consequences. He had a difficult time falling asleep and will not sleep in his own room. He also struggles with sleep maintenance
- There is a significant family history of both ADHD and anxiety

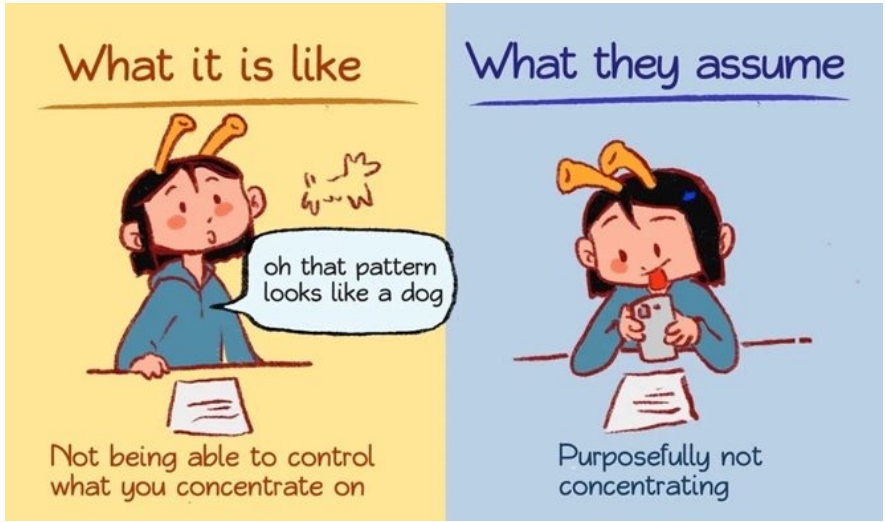
Liam

In the office; Liam stayed close to mom but then as he became comfortable, he crawled on and over the exam table. He had no concept of personal space and often grabbed at the provider's stethoscope. Interrupted often and was difficult to redirect.

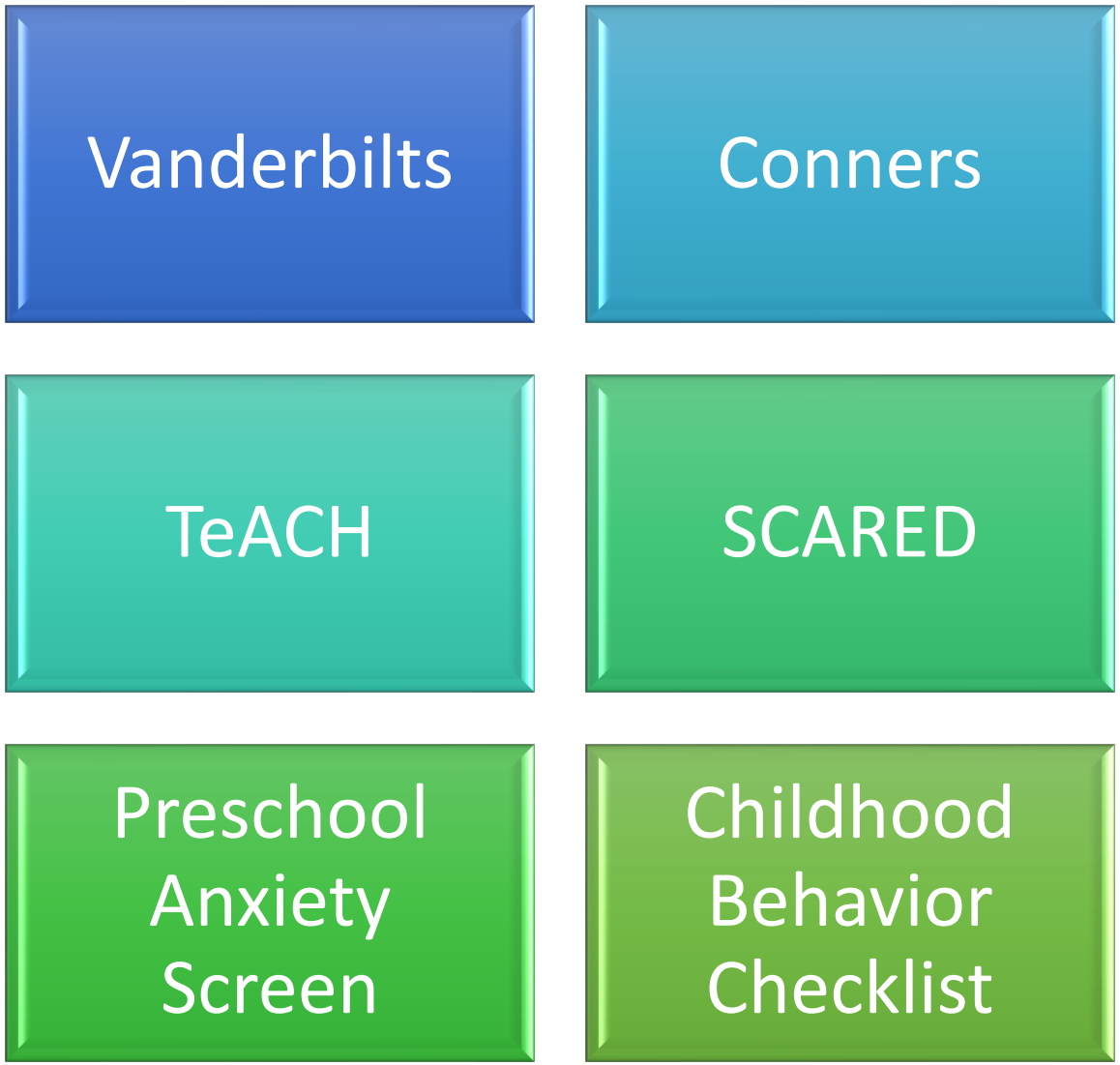
Later in the visit, he became tearful when mom was speaking about his negative behavior and was very difficult to console

Making the diagnosis

- History
  - When did the behavior start?
  - Settings
  - Family history
- Triggers
  - People, noise, overwhelmed vs. overstimulated
- Screening Tools



Screening Tools



Thinking about Liam…

Is it anxiety?

Is it ADHD?

Is it both?

Which screening tools would you use?

What should be treated first??

Well, it depends.

Treat the level of impairment first!

- What symptoms are more impairing? Anxiety or ADHD?
- Pearl-Think safety first

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ADHD versus Anxiety

Anxiety worse than ADHD

No: look at treating ADHD

Pearl: Children with ADHD tend to struggle more with impulse control and organization. Anxious children typically have more perfectionist behavior and may worry about socialization.

Back to the case

- Although Liam is young, it was decided to obtain Vanderbilt forms
  - This will show symptoms of ADHD and anxiety
- Liam does display symptoms of both ADHD and anxiety, although he seems to be struggling more with impulsivity, especially in the classroom
- Therefore, it was decided to treat his ADHD first

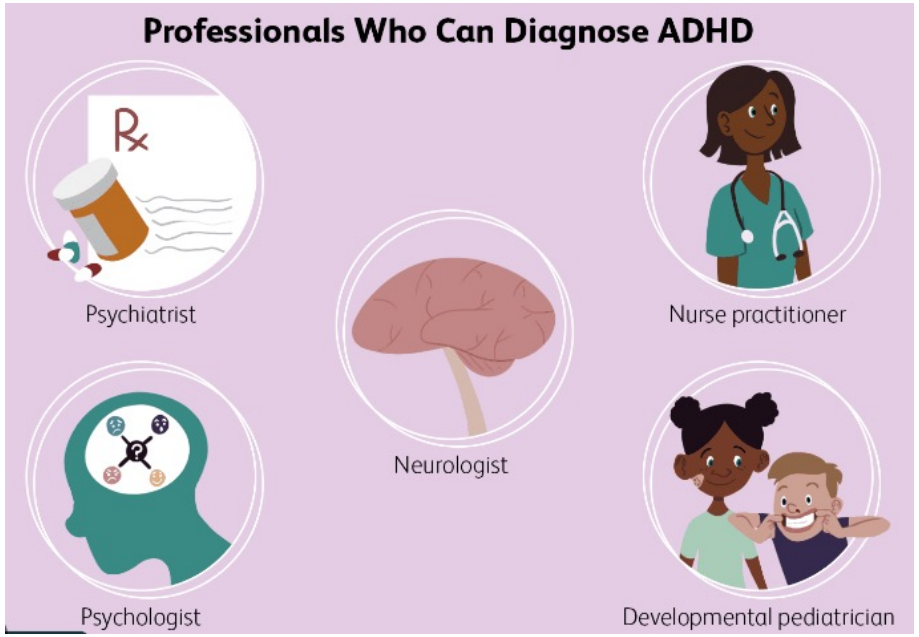
Let's look at treatment!

Key Action Statements

- AAP made key action statements to help guide diagnosis and treatment of ADHD

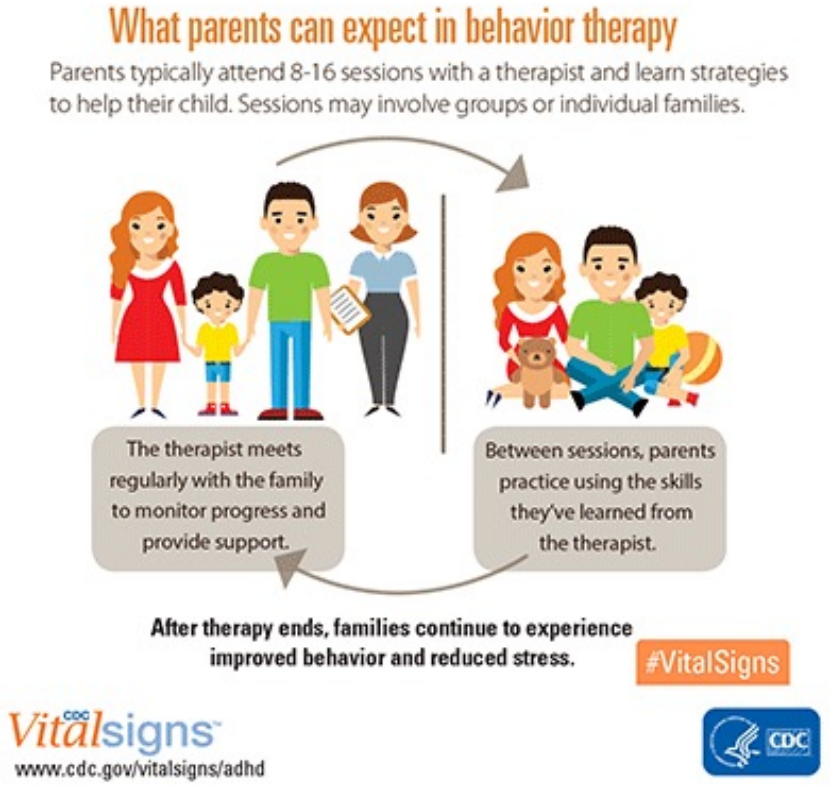
Key Action Statements

Providers should initiate an evaluation for ADHD for any child/adolescent 4-18 years of age who presents with academic or behavioral problems and show inattention, hyperactivity, or impulsivity

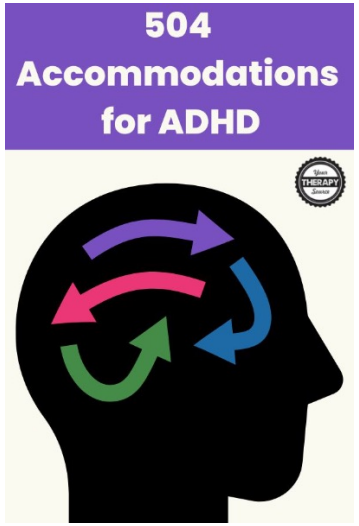


Key Action Statements

For preschool-aged children (age 4 years to the sixth birthday) with ADHD, the PCC should prescribe evidence-based parent training in behavior management (PTBM) and/or behavioral classroom interventions as the first line of treatment, if available.



Nonpharmacologic



- Evidenced based interventions
  - Triple P/The Incredible Years Program
  - PCIT
  - OT
- Education
  - 504 accommodations/IEP services
  - Behavior plans/FBA
  - Peer groups (social skills groups)

Nonpharmacologic

Behavior therapy and environmental changes that can be used by caregivers or teachers to shape the behavior of children with ADHD include:

- Maintaining a daily schedule
- Keeping environmental distractions to a minimum
- Providing specific and logical places for the child to keep their schoolwork, toys, and clothes
- Setting small, achievable goals
- Rewarding positive behavior (e.g., with a “token economy”)
- Identifying unintentional reinforcement of negative behaviors
- Using charts and checklists to help the child stay “on task”
- Limiting choices
- Finding activities in which the child can be successful (e.g., hobbies, sports)
- Using calm discipline (e.g., time out, distractions, removing the child from the situation)

Back to Liam

- Due to Liam's age: parent training behavior management is first line
  - The Incredible Years program is a good fit since he shows symptoms of both ADHD and anxiety

- Home interventions and resources provided to parent

Liam

- Liam completed The Incredible Years program and mom also completed Triple P.
- Unfortunately, Liam did not improve
- Behaviors deteriorated
- Medication was discussed

Key Action Statement-Med management

Methylphenidate may be considered if these behavioral interventions do not provide significant improvement and there is moderate-to-severe continued disturbance in the 4 through 5-year-old child's functioning.

In areas in which evidence-based behavioral treatments are not available, the clinician needs to weigh the risks of starting medication before the age of 6 years against the harm of delaying treatment.

Pharmacologic

Stimulants

- MPH
- Amphetamines

Nonstimulants

- Straterra
- Qelbree
- Alpha-adrenergic (Tenex, Clonidine)

Keep in mind that some medications can exacerbate the other diagnoses

Liam

- Started on a short acting Methylphenidate
- Showed good response socially, academically and behaviorally across settings

Treatment Goals:

Improve functional impairments, not just symptoms

- Social relationships (peers)
- Family relationships (parent-child, sibling's)
- School functioning (includes both academics and behavior)

Things to remember: ADHD is a chronic condition that often persists into adulthood

- Treatment is-
  - Ongoing and includes scheduled monitoring
    - Significance of impairment
    - Response to interventions/medications
    - Physical: H, W, BP and appetite
    - Promotion of strengths
  - May change through developmental transitions
    - Advancing through school: preschool to high school
    - Adolescence transitioning to adult care
- Periodic re-evaluation of rating scales
- Balance family preference for follow up with provider preference
  - In person versus telehealth

Back to Liam

- Liam is now in 3rd grade. He is now on his third long-acting medication. He has tried two methylphenidate's and is now on an amphetamine, Vyvanse. Although his ADHD is typically well managed, he continues to struggle with symptoms of inattention. His anxiety is becoming more apparent as well.
- Updated Vanderbilt forms were obtained, and a SCARED screening was administered
- Findings: Liam's ADHD was well managed in the school setting. His SCARED screening revealed significant scores for anxiety

What happens when diagnosed with both Anxiety and ADHD

When a child/teen has both ADHD and Anxiety, it becomes "complex ADHD"

We have guidelines for that too!

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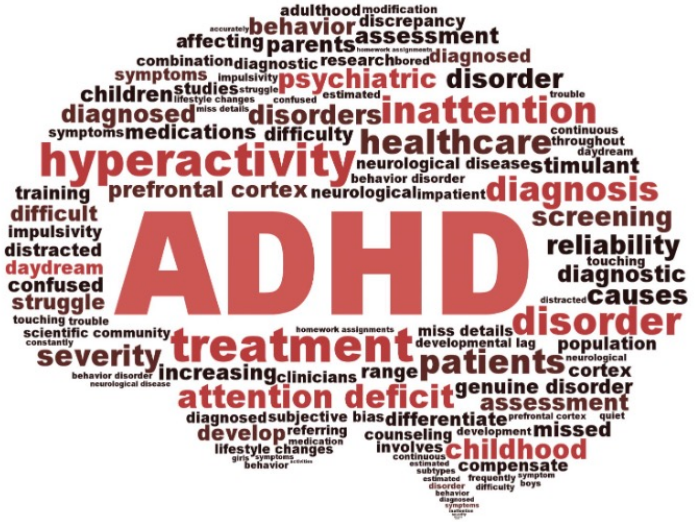
Complex ADHD

"Complex ADHD" is defined as **ADHD co-occurring with one or more learning, neurodevelopmental, or psychiatric disorders**.

Approximately 60% of children diagnosed with ADHD fit into the complex category, and these are the first guidelines to address this population in a systematic and evidence-based manner



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Complex ADHD-SDBP

- SDBP developed guidelines to aide in the treatment of Complex ADHD
- The American Academy of Pediatrics (AAP) states that the primary care provider should be prepared to treat and manage:
  - ✓ADHD
  - ✓Anxiety
  - ✓Depression
  - ✓Problematic substance use
- PCP's can also co-manage patients with more severe conditions with specialists

Anxiety treatment

Non-pharmacologic

- CBT
- Play therapy
- Family therapy
- OT
- School Based interventions

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Anxiety: Pharmacologic

- SSRI’s
- SNRI’s
- Antihistamine (Atarax)

Best treatment for anxiety?

- CBT alone?
- SSRI alone?

or

- Combination?

Child/Adolescent Anxiety Multimodal Study (CAMS):

6 year, 6 site RCT

Objective: To present the design, methods, and rationale of the Child/Adolescent Anxiety Multimodal Study (CAMS), a recently completed federally-funded, multi-site, randomized placebo-controlled trial that examined the relative efficacy of cognitive-behavior therapy (CBT), sertraline (SRT), and their combination (COMB) against pill placebo (PBO) for the treatment of separation anxiety disorder (SAD), generalized anxiety disorder (GAD) and social phobia (SoP) in children and adolescents.

Results

CBT+SSRI - most effective

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Liam continued…

- Liam participated in CBT but did not notice much benefit after 6-8 sessions.
- Medication: SSRI was started in addition to his counseling (CBT)
- He also continued Vyvanse to aide in his ADHD management
- Pearl: Zoloft or Prozac is often recommended as first line medications to start. Family history of medication taken can also drive decision making.

Wrapping up our case study

Liam continued medication for one year as well as CBT. He made great progress and participated in a slow wean of his SSRI

During this time, he continued taking Vyvanse for his ADHD

He is now in middle school and doing well; both in managing his ADHD and occasional anxiety

In Closing:

- AAP and SDBP both have guidelines that provide key recommendations

- Any questions please Email either presenter at:
  - sbennett@akronchildrens.org
  - tleonard@akronchildrens.org

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