Collaborative Partnerships to Improve ADHD Detection and Management in Primary Care

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While most adults and children with ADHD fail to receive treatment for their condition and its related problems, the majority will visit their family physician over the course of a year. However, the symptoms of ADHD may not be suspected or detected. This presentation looks at the role primary care could play in an integrated service delivery network, the simple skills that family physicians can apply to the management of cases to assist with the detection of ADHD and a simple treatment algorithm that can be utilized.

It also demonstrates how much more effective this role can be if primary care can be well supported by mental health services, the additional opportunities for early detection or assessment of other family members that can arise when mental health and primary care services are working collaboratively, and how mental health services can work more collaboratively with primary care providers.

ADHD and Offending

Susan Young PhD

Research suggests there is a disproportionately high concentration of individuals with ADHD involved with the Criminal Justice System. UK prison studies have indicated a rate of 43% in youths and 24% in male adults screening positive for a childhood history, 14% of whom had persisting symptoms. Those with persisting symptoms had a significantly younger onset of offending and higher rate of recidivism. ADHD was the most important predictor of violent offending, even above substance misuse. Prisoners with ADHD accounted for eight-fold more critical incidents than other prisoners.

Critical incidents have also been associated with personality disordered patients screening positive for ADHD and detained under the Mental Health Act, and in this population rates are estimated to be around 19%. It is the mood instability associated with ADHD that most likely increases the risk of critical incidents within institutional settings and these behavioural problems might therefore be expected to respond to treatments that reduce levels of ADHD symptoms. With this in mind, the treatment needs of ADHD offenders will be considered and data on the effectiveness of the revised R&R2 offending behaviour programme for ADHD youths and adults will be presented.
ADHD and the Circadian Rhythm
Sandra Kooij MD, PhD

Objectives: The majority of adults with ADHD have chronic difficulty going to bed on time and may, as a result, have difficulty getting up in the morning. This may lead to a shorter duration of sleep and daytime sleepiness that aggravates the inattention symptoms of ADHD. This sleep pattern is also known as a delayed sleep phase, and the patients as ‘evening types’. In addition, evening types have been associated with impulsiveness. Chronic short sleep duration, as well as working night shifts, has been shown to be related to obesity, metabolic syndrome and cancer.

Methods: Review of the literature regarding sleep in childhood and adult ADHD. Presentation of speaker’s own research on sleep patterns in 40 adults, using questionnaires, measurements of Dim Light Melatonin Onset and actigraphy, and comparing to controls. Data from a case-control study using the ASES A questionnaire on ADHD symptoms, sleep, work, and eating patterns; seasonal mood changes; and general health will be discussed. Additionally, the latest data on temperature and DLMO measurements in 12 adults with ADHD with a delayed sleep phase compared to controls will be presented.

Results: Approximately 80% of adults with ADHD display a chronic delayed sleep phase pattern, which is comparable to what is found in childhood ADHD. Dim Light Melatonin Onset is significantly delayed in those with sleep onset problems compared to those without, and compared to normal controls. The activity pattern, as shown by actigraphy, is delayed as well. Not only are sleep and activity patterns delayed, appetite and eating patterns, as well as temperature, were found to be affected when using questionnaires and objective measures to compare patients to controls.

Conclusions: The impact of these findings on the chronic delayed sleep pattern in adults with ADHD, findings on mood (i.e. seasonal affective disorder), eating habits (like timing of meals and binge eating), activity patterns (like nightshift work and light at night) and health in general (i.e. obesity and cancer) will be discussed.

Organizational Interventions for Children with ADHD: Comparison of Skills-based and Performance-based Treatments
Howard Abikoff PhD

Organizational, time management and planning (OTMP) difficulties, features of Attention Deficit Hyperactivity Disorder (ADHD), adversely affect children’s functioning. Poor organizational skills (such as misplacing or losing materials, forgetting to bring materials, failure to record assignment details and due dates) can compromise school performance. Impairments in time management and inefficient planning lead to difficulties in starting and completing daily and long-term assignments. These impairments diminish scholastic attainment and contribute to conflicts with parents and teachers around school performance. When children are disorganized with their home and personal possessions, this often results in home problems and family conflicts. OTMP difficulties begin in elementary school and persist through adulthood. Despite the impact of OTMP problems on the functioning of children with ADHD, few systematic efforts have targeted these problems in elementary-school aged youngsters, the age when youth first encounter expectations for many independent, organized behaviors at home and school.
This presentation will focus on a large-scale, dual-site, randomized controlled trial conducted with 158 3rd-5th grade children with ADHD and co-occurring OTMP difficulties. The study evaluated two interventions derived from two distinct deficit models (skills deficit vs. performance deficit) presumed to underlie children’s OTMP difficulties. The primary aim was to test the hypothesis that a skills-based intervention provided primarily to the child (“Organizational Skills Training”, OST), would be superior to wait-list control and to a performance-based, contingency management intervention, (“Parents and Teachers Helping Kids Organize”, PATHKO), which taught adults to motivate and reinforce children for attaining organizational “end-point” goals. The two interventions will be described, the results obtained at the completion of treatment and at follow-up regarding treatment effects on organizational, academic, and family functioning will be presented, and the implication of the findings will be discussed.

ADHD and Obesity
Brian Stonehocker MD, FRCPC

The incidence of obesity continues to rise. One in four Canadian adults, and one in ten Canadian children, is now clinically obese. Obesity is a multifaceted illness and is impacted by a number of social, psychological and behavioural factors. It has been increasingly recognized that mental health can play a role in obesity, either as a root cause or as a barrier to effective treatment. ADHD is one of the most common co-morbid illnesses.

The incidence of ADHD in adult patients seeking obesity treatment has been reported as approximately 25%, which is substantially higher than the incidence of 4% in the general adult population. A recent study of over 15,000 adolescents in the United States showed a linear association between the number of ADHD symptoms in adolescence and BMI in early adulthood. There is much speculation regarding the potential links between ADHD and obesity. Obesity and ADHD share many common biological underpinnings resulting in reward deficiency behaviours. Clinically, obese patients with ADHD often report inattention to internal cues of hunger and satiety, binge eating and distracted eating. This presentation will review the association between ADHD and obesity across the lifespan, as well as address treatment implications.