

Answering Questions from Families

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Watch the series: listeningtofamilies.co.nz/adhd/answering-questions-from-families

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1. ADHD - What it is and causes

So ADHD is a condition which incorporates difficulties with attention, impulsivity and hyperactivity. And it's generally first evident in childhood. So the diagnostic criteria suggests that you need symptoms prior to 12 years of age. And those symptoms need to be associated with functional impairment. So the symptoms are getting in the way of social functioning or functioning at school or at work, those kind of things. And the symptoms shouldn't be better accounted for by other conditions that can look like ADHD. So inattention is a very common symptom in lots of different mental health conditions.

And you need to make sure it's ADHD rather than anxiety, for instance, that's causing it. The other things about ADHD, it's strongly heritable, so it runs in families frequently. We think about 75% of the likelihood of having ADHD is due to genetic factors. So ADHD, as I said before, is strongly genetic. 75% of the chances of you having ADHD are genetic in the origin. But there are a small number of other things that can raise the likelihood of ADHD. And they tend to be things that are present early in your development. So some substances during pregnancy are unhelpful for the developing fetus.

Alcohol being kind of number one. So fetal alcohol syndrome or fetal alcohol spectrum condition frequently involves ADHD-type symptoms and executive functioning difficulties. But there's some discussion of organophosphates and sodium peroxide. They're probably some other substances that are unhelpful. And then premature birth and having a very low birth weight are things that increase the likelihood that you may have ADHD. If you have hypoxia at birth, a cord around your neck for too long, three minutes or longer, that can increase the chances of attentional issues later on in life. And then head injuries is another thing that can increase the likelihood.

We tend not to think that the general range of parenting is involved in causing ADHD. But some people with very significant early trauma can be much more likely to have ADHD than people without very significant early trauma. It seems to change the brain structure and function.

2. ADHD - Diagnosis

So ADHD is usually diagnosed by either a psychologist, a paediatrician or a psychiatrist and it would normally follow a comprehensive assessment. So it would be meeting with one of those people and getting a history of the types of difficulties that they've been having, looking at their inattention, impulsivity, hyperactivity, looking at what difficulties those create for different people and a big part of the assessment is kind of other things that can look like ADHD and either including them or excluding them, things like head injuries or substance use issues or other things. And generally people will ask about family history and try and place the presentation in the competition.

So that's the context of what's known within the family and then some observation in clinic although we don't tend to rely very strongly on that because people can present quite differently in a new clinic with a novel person than they do in the ordinary world and we would ordinarily get some rating scales from relevant people. So for young kids that would be their parents and teacher. For older people... it could include themselves frequently, teenagers or adults would give information about themselves or sometimes an employer or an extended relative, something like that. So you put all that information together and come up with what you think is your best diagnosis.

It can be and diagnosis can change over time. So we used to think that ADHD was a disease. So we used to think that ADHD was a disease. So we used to think that ADHD was a disease. So we used to think that ADHD was present at 6, 7 and then may continue or might not continue but later studies are suggesting that people can present much later in life. And that what didn't reach threshold earlier may then reach threshold when the demands are greater. So people might get through primary school and intermediate. Holding and those things. And sometimes, yeah, sometimes it does become apparent that what you thought was your most likely diagnosis wasn't the best explanation.

So sometimes over time, autism spectrum disorders may become more apparent as you get to know the person and start to understand more about them. So things can change a little bit. And sometimes other conditions become more prominent. Anxiety, for instance, may be less prominent at 6, 7, but might be very prominent at 13. So people aren't static and you do need to be able to adjust and keep your formulation, your summary about them open a little bit. So ADHD is a relatively stable condition from sort of 6 on. Before 6, it's pretty unstable. So we tend not to make a diagnosis before that and these things happen.

So ADHD only really occurs by itself. It's usually associated with something else. Frequently two or more conditions in 50% of people. And the most common conditions in childhood tend to be oppositional defiant disorder, which has been stubborn, argumentative, irritable, or associated learning issues. So dyslexia, difficulties with maths, dyslexia, dyslexia and dyspraxia, those types of conditions. So they are very, very frequently present in a third to a half of cases. And then some other conditions are overrepresented. So anxiety and mood disorders, particularly depression. Increasingly, people are talking about neurodiversity.

So they're including within that ADHD, autism, sometimes a range of learning issues, occasionally Tourette's and other things. And those conditions are very frequently clustered together. So that people with autism, around 40 to 50% of the time will have ADHD. And that's frequently missed and should be looked for. And then as you get older, other conditions start to come on stream. So people with ADHD are more likely than people without ADHD to develop substance use issues and smoke cigarettes or vape. People with ADHD are more likely to engage in other substance use, illegal substance uses, illegal substance use over time.

And adults can have quite complicated presentations with low self-esteem and depression and lots of things going on at the same time. It can be quite hard to disentangle all the components. So ADHD for many people continues to be an issue for them as they grow up. By teenage time, around a third of people with ADHD have matured out of it or grown out of it. And we can't really tell at the start which people those will be. It's really determining how they do during follow-up. DSM-5 estimates that 2.5% of the adult population have ADHD and 5% of children and adolescents have ADHD. So they expect that for around half of people by adulthood, ADHD is not significant enough to cause impairment.

Difficulties with attention span tend to be more persistent. So concentration, organisation, forgetfulness, those symptoms are more persistent than hyperactivity and impulsivity, which often improve.

3. ADHD - Treatment

So for ADHD, treatment for individual people is often quite complex. It's frequently multidisciplinary, depending on what is associated with the ADHD. So if there are associated symptoms of other disorders, they need to be addressed. In terms of treatment for ADHD symptoms themselves, we think, due to evidence from trials, that medication approaches are the treatment of choice if people have moderate to severe ADHD. And within those treatments, there are stimulants, methylphenidate and dexamphetamine. And then there are some non-stimulant treatments, so most commonly atomoxetine or Strattera, which increases more epinephrine. Medication is

called Alpha-2 agonists, which include clonidine and guanfacine. And those medications have FDA approval for long-acting preparations, but we don't have them in New Zealand. So sometimes clonidine is used off-label here. And generally there will be a treatment algorithm, so frequently we will start with a stimulant, and if people don't respond to that, and 70% of people don't respond to that, people will respond to the first stimulant. We will trial the second stimulant, unless there's a contraindication for that. And if that's not effective, it can be useful to trial some of the non-stimulant medications, most frequently atomoxetine. So you're really working through a treatment algorithm, and it's trial and error, unfortunately.

4. ADHD - The role of stimulants

It's a good question. Frequently asked that by parents, so it sounds counterintuitive. So stimulants when used in a manner that are not supposed to be used can create euphoria. So the medications used to treat ADHD can be abused by some people. They tend not to be used in the doses that we would be using, or they tend not to be used in ways that we would recommend. So frequently, rather than take an orally, they're injected or snorted, all those sorts of things. And in those situations, you get euphoria and increased blood pressure and pulse and all those sorts of things. At therapeutic doses, you tend not to get increased feelings of well-being or euphoria, but you can get some small increases in pulse and blood pressure and those sorts of things which need to be monitored.

Some people say that... Stimulants, it's to do with them stimulating the noradrenaline and dopamine neurotransmitters. And other people suggest that stimulants stimulate the frontal lobe and its connections with other parts of the brain which are under-stimulated in people with ADHD. So frequently parents are concerned about change in personality in their young person, and that's a concern for us as well. And for the most part, the underlying personality structure of a young person won't change. If people use stimulants in very high doses, you can get over-focusing and a kind of zombie effect.

But it's dose-related and would indicate that the dose is way too high. And we would be looking at reducing the dose or trying out an alternative medication. That's a completely reversible effect. So when the medication's out of your system, we'd expect your personality to go back to your usual self reasonably quickly following that. You can get some subtle changes in personality, so people can be less reactive, which we would think is a good thing. They can be less impulsive, can be less reactive, reactively aggressive. So there can be some beneficial personality changes, but if people have concerns about that, then on stopping the medication, people would go back to their normal self fairly quickly.

So people with ADHD, as they grow up, are more likely to engage in substance misuse. So they're known to have a higher likelihood of that. And many parents are concerned that giving a medication that can be abused increases the likelihood of that. There have been 13 or so trials looking at that. There was a big review of that in 2013. And there's been a lot of research on that. And it suggested that there was no negative effect of early use of medication, increasing substance uses in later life, possibly having a slightly protective effect. So we don't think that's a strong factor.

5. ADHD - Alternative treatments

Parents are often concerned about trialling a medication, and it can be quite a big step. And there is a small amount of evidence that some other treatments may be somewhat beneficial. The most commonly asked of that would be the omega fatty acids, fish oils. And there are a number of trials of them, and it seems overall that there may be a mild effect on symptoms. And so if parents are wishing to trial those approaches in the first instance, we would think that's fine. And we suggest that that's monitored with rating scales to determine the effect, to see whether it's worthwhile or not, and reserve medication for later on if need be.

There's some concern about some of those trials in that the trials that found that they were not effective were not effective. And there's some concern about some of those trials in that the trials that found the biggest effect tend to be those trials where the person that gave it saw the effect and teachers found less effect, or where teachers had given the medication occasionally, parents had found less effect. So there's a little bit of a question about how blind the raters were, but there's no harm in that at all. Some people ask about micronutrients. So Julia Rutledge, a professor at Canterbury University, has been engaged in, in two big trials of ADHD, one in children in adolescence and the other one in adulthood.

And they seem to exert some effects in that the clinicians rating how people went in the trials found that 40 to 50% of the young people or adults were improved, much improved or very much improved. But if you look at the ADHD aspects themselves, it's less clear that it's that which has an impact. There was a positive effect in the adult trial, but not in the child trial. And some other things did seem to improve, things like emotional regulation, which is sometimes a really challenging feature and behavioural issues. And the micronutrient trial, there's been another study in the States which showed much the same findings.

So there's something in it, but for core ADHD symptoms, you know, my opinion is it's probably less useful than some of the medication options, which have a, a stronger effect.

6. ADHD - Resources and weblinks

There are some really good websites. In terms of information, the one I usually use is from the National Institute of Mental Health. It has a very good 30-odd page summary of ADHD, its treatment, associated conditions, and some strategies. So if you did a search on NIMH, ADHD, that would come up. There are some support groups in New Zealand, so there's ADHD NZ. There's also a local ADHD and Neurodiversity support group, which meets periodically. And they can be helpful information. There's a lot of misinformation on the web, and it's good to get information from what I think are some of the better sites.

Some parents who are particularly interested sometimes wish to see practitioners. So there's practice parameters. So there's NICE or the American Academy of Child and Adolescent Psychiatry have a practice parameter which indicates how ADHD should be assessed and treated, and that can be quite helpful. So they're my preferred sources of information. In terms of teachers, there's some really good resources available. So Leading Lights recently published a book called The Life of a Child and Young Person. Leading Lights recently has developed a pathway which gives concrete and practical advice for people to work through, helping them understand and give them some ideas about strategies that might be useful in terms of managing young people with ADHD.

And TKI has a really good handout PDF on ADHD, which again is really evidence-based and I find quite useful. It's quite long.