

# Managing ADHD in Adults in your Practice

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Nick Kates MBBS, FRCPC, MCFP(hon)



Palais des congrès  
de Montréal



THE COLLEGE OF  
FAMILY PHYSICIANS  
OF CANADA



LE COLLÈGE DES  
MÉDECINS DE FAMILLE  
DU CANADA

# Presenter Disclosure

**Presenter:** Nick Kates

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## **Relationships with financial sponsors:**

- Any direct financial relationships, including receipt of honoraria: **None**
- Membership on advisory boards or speakers' bureaus: **None**
- Patents for drugs or devices: **None**
- **The presenter and presentation has received no financial support from any source**
- Other: My life long devotion to

# Plan for today

- ▶ Prevalence and Key Symptoms
- ▶ Consequences & Co-Morbidities
- ▶ Detection & Assessment
- ▶ Management “Pills & Skills”
  - ▶ Medication
  - ▶ Education
  - ▶ Coping strategies
  - ▶ Maintaining self-esteem
  - ▶ Family interventions
  - ▶ Coaching
  - ▶ CBT



# Prevalence

- ▶ 6 - 9 % of all children
- ▶ 25-78% continue to have problems as adults
- ▶ 4-5% of all adults
- ▶ Could be third most prevalent psychiatric disorder
- ▶ ? 50 – 60 adults in an average family practice
- ▶ Democratic
- ▶ Male : female 2:1
- ▶ Changing prevalence with age



# ADHD Sufferers in Canada in 2005

(Statistics Canada)

	ADHD in children, teens (age 5–19)	ADHD in adults (age 20–59)
Total Population <i>(estimates)</i>	6,182,933	18,567,976
Prevalence (%)	6%	4.4%
Patients with ADHD	370,976	816,990
% Diagnosed and Treated	33%	7%
Patients Diagnosed and Treated	122,422	57,189

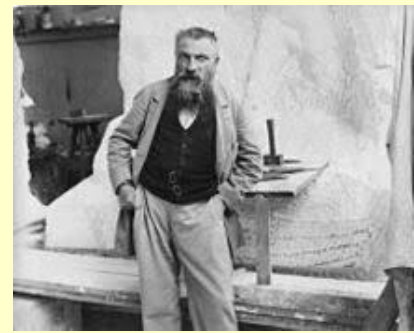
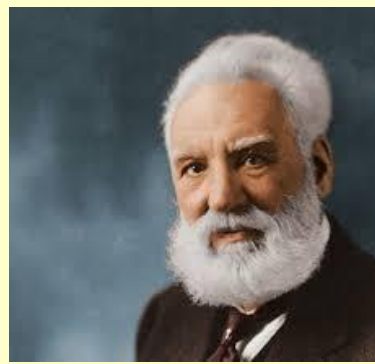
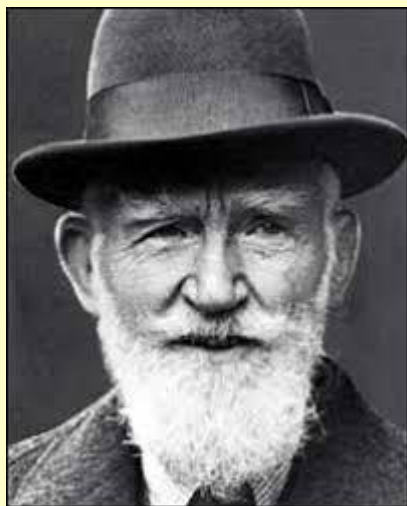
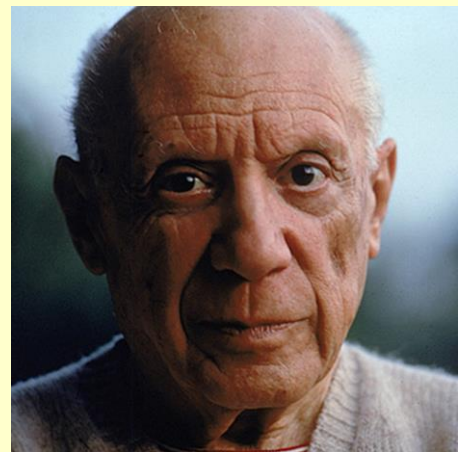
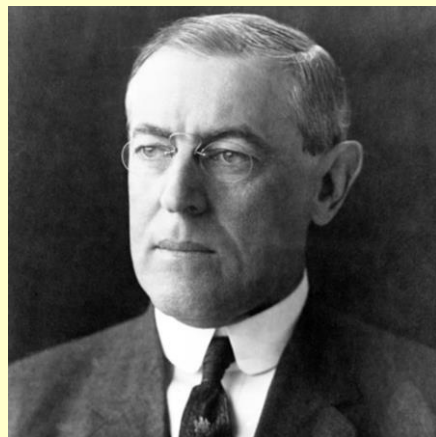
**How many adults are left untreated? 759,801**

Kessler RC, et al, Am J Psychiatry 2006;  
Statistics Canada, 2004 projected to 2005;  
% diagnosed calculated based on estimate  
of treated patients in Canada











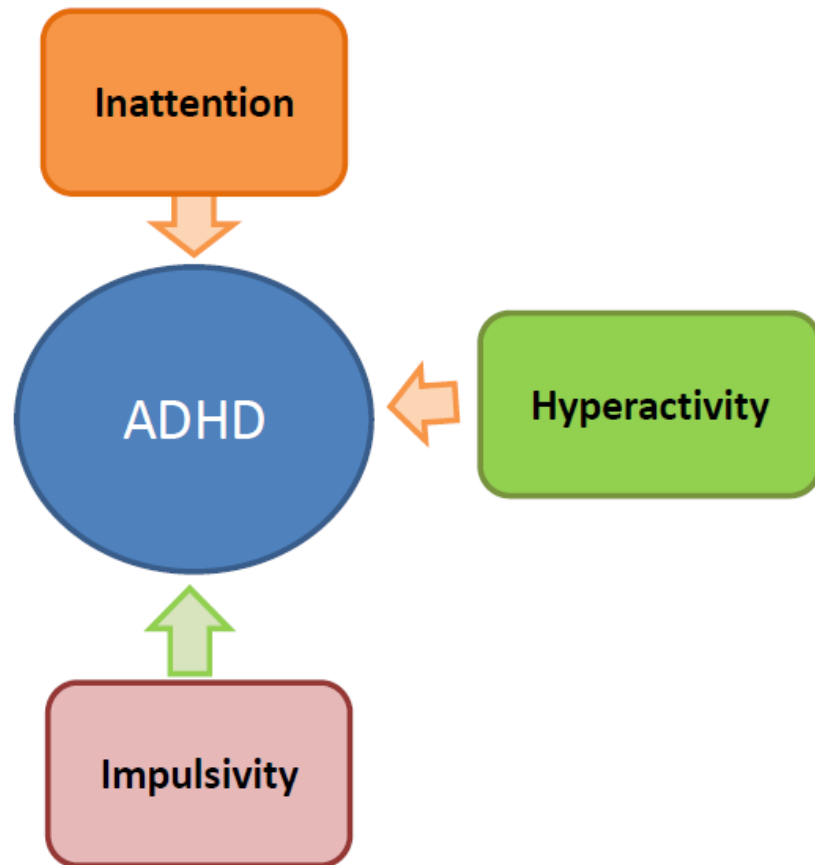




# What is AD(H)D

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# ADHD – Delayed Maturity in Three Domains



Adopted from: American Psychiatric Association. DSM-5. 2013.



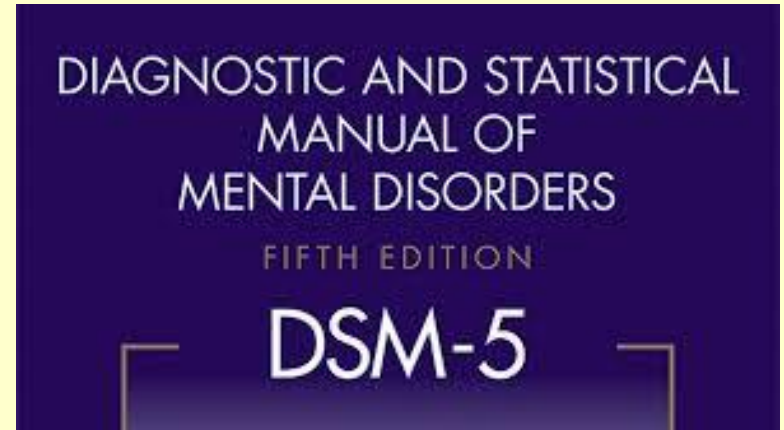
**Key Symptoms are classified  
in those three domains**

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# Symptoms (DSM 5)

## ▶ Criteria

- Inattention
- Impulsive / hyperactivity
- Both
  - 5 or more symptoms
  - Greater than 6 months
  - Persistent and Maladaptive
  - At least two domains
- Before the age of 12 (was 7)



# Adult ADHD – DSM 5 – Attention (5)

- ▶ Avoiding tasks or jobs that require concentration
- ▶ Difficulty initiating tasks
- ▶ Difficulty organizing details required for a task
- ▶ Difficulty recalling details required for a task
- ▶ Poor time management, losing track of time
- ▶ Indecision and doubt
- ▶ Hesitation of execution
- ▶ Difficulty persevering or completing tasks
- ▶ Delayed stop and transition of concentration from one task to another





# Adult ADHD – DSM 5 - Hyperactivity / Impulsivity (5)

- ▶ May choose highly active, stimulating jobs
- ▶ Avoids situations with low physical activity or sedentary work
- ▶ May choose to work long hours or two jobs
- ▶ Seeks constant activity
- ▶ Easily bored
- ▶ Impatient
- ▶ Intolerant, frustrated, easily irritated
- ▶ Impulsive, snap decisions and irresponsible behaviors
- ▶ Loses temper easily, angers quickly

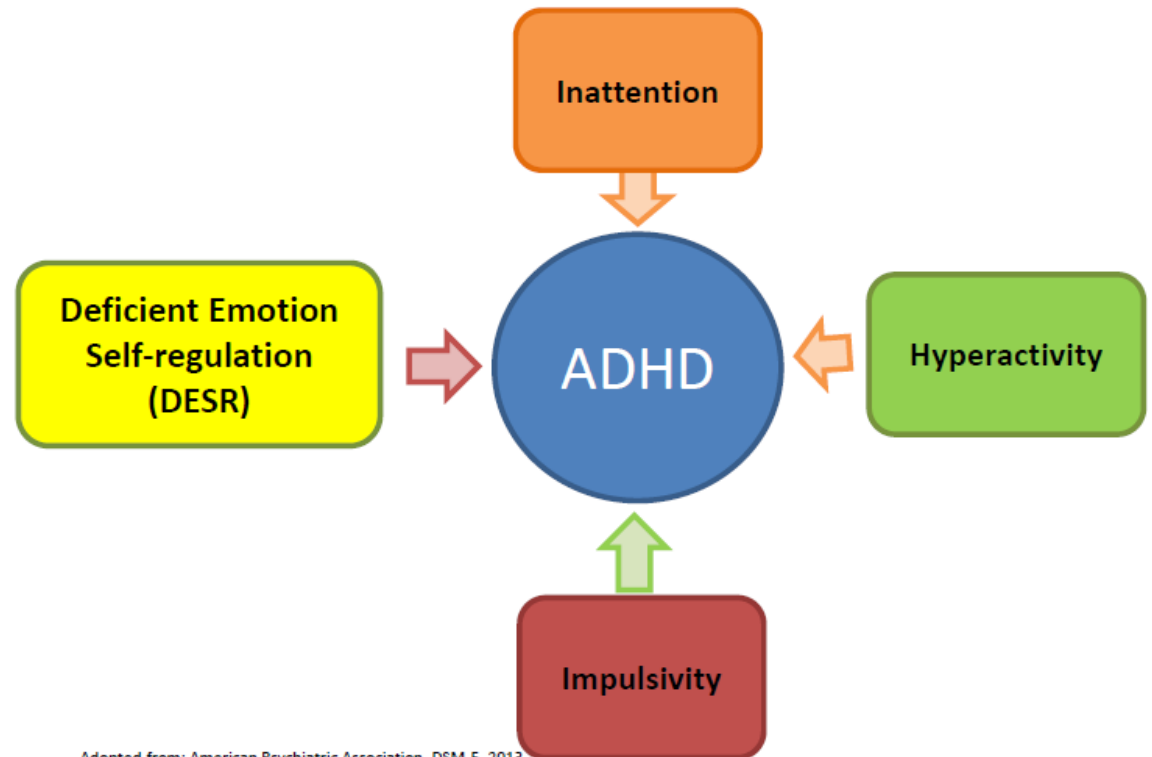


# Wender's Criteria (4/7)

- ▶ Attention difficulties
- ▶ Hyperactivity/restlessness
- ▶ Disorganization
- ▶ Impulsivity
- ▶ Temper
- ▶ Affective lability
- ▶ Emotional over reactivity



# ADHD – Delayed Maturity in **Four** Domains



Adopted from: American Psychiatric Association. DSM-5. 2013.



# Severity of symptoms

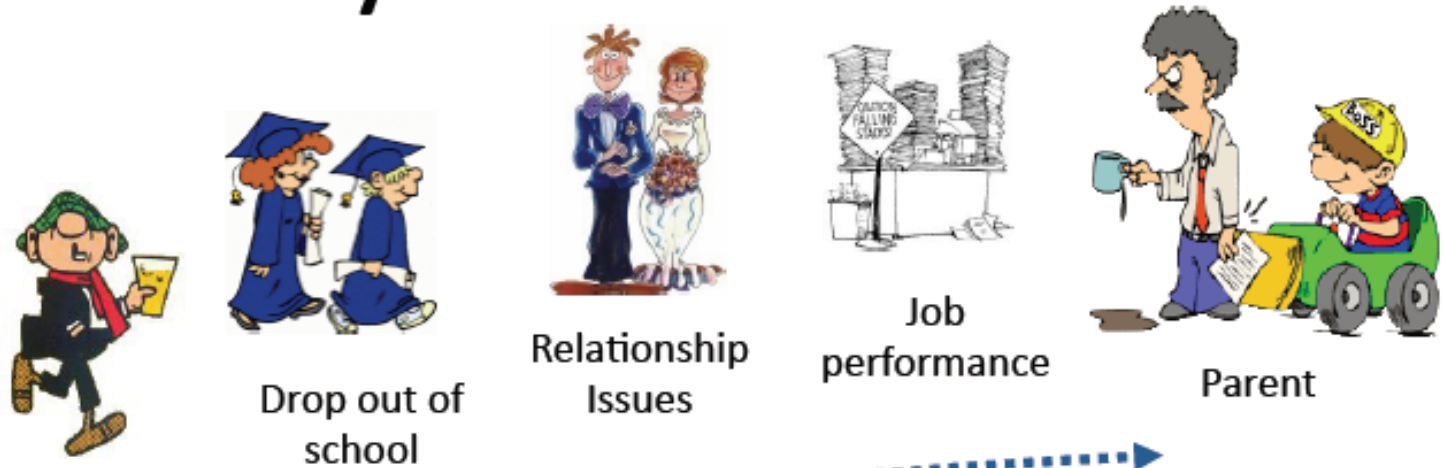
- ▶ Present along a spectrum
- ▶ Symptoms improve with age
  - ? Maturation process
  - Learning new skills
  - Developing adaptive compensatory mechanisms
- ▶ Presence doesn't always require treatment
- ▶ Treatment decisions based upon extent to which it interferes with daily activities



# Course

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# Lifecycle of ADHD



Alcohol/Substance Abuse



Accidents

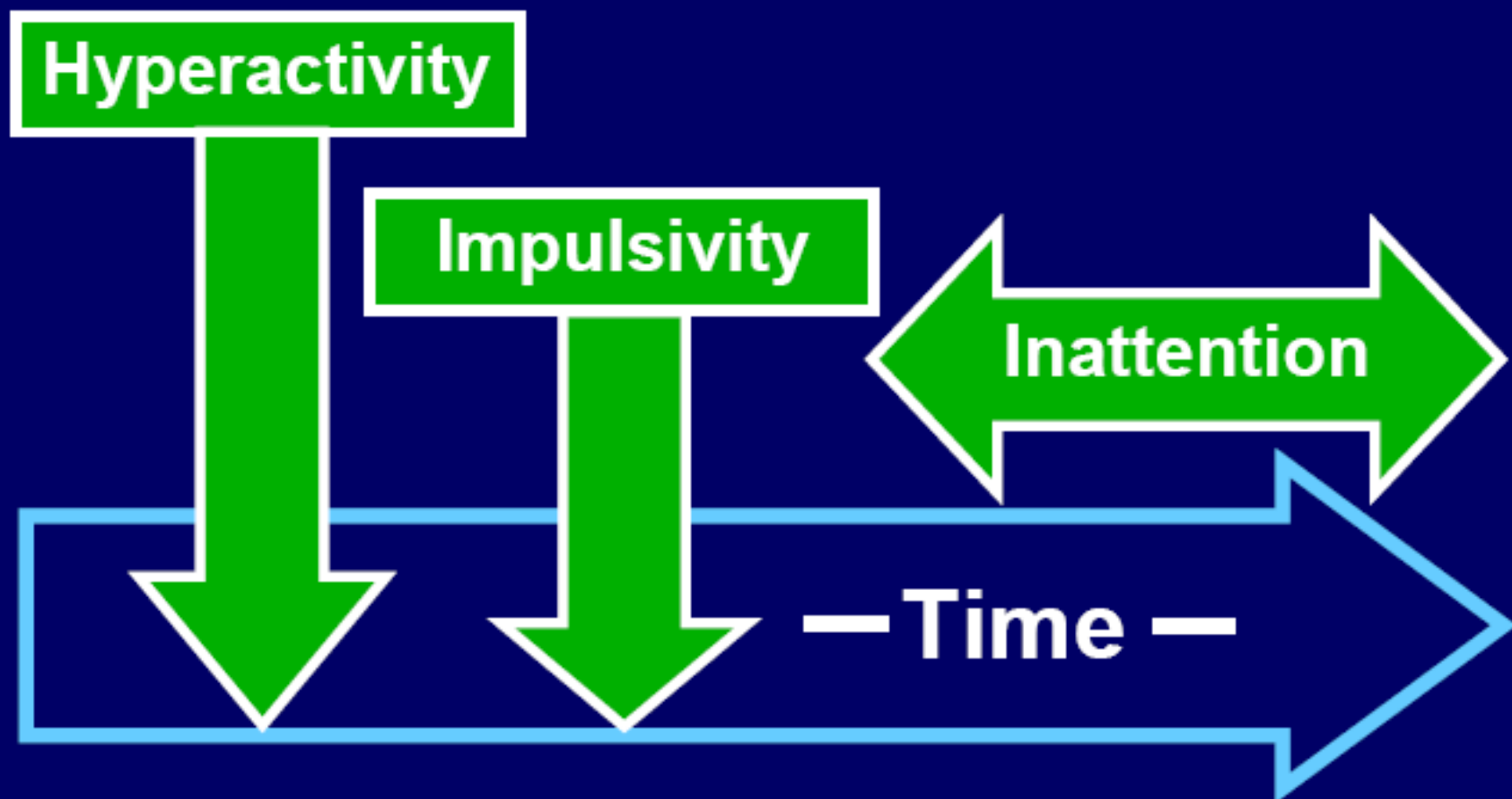


Hyperactive as child

- ▶ Prevalence continues to decrease with age
- ▶ Adults more likely to “act in” than “act out”
- ▶ Sometimes can be adaptive
- ▶ Some individuals present when structure of home / school is removed



# ADHD Symptoms Change in Adolescence and Adulthood

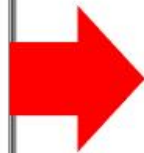


# Consequences

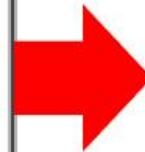
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# The Emotional Price of Delayed Maturity

Poor social skills  
Emotionality  
Odd behaviours



Isolation  
Ostracization  
Bullying



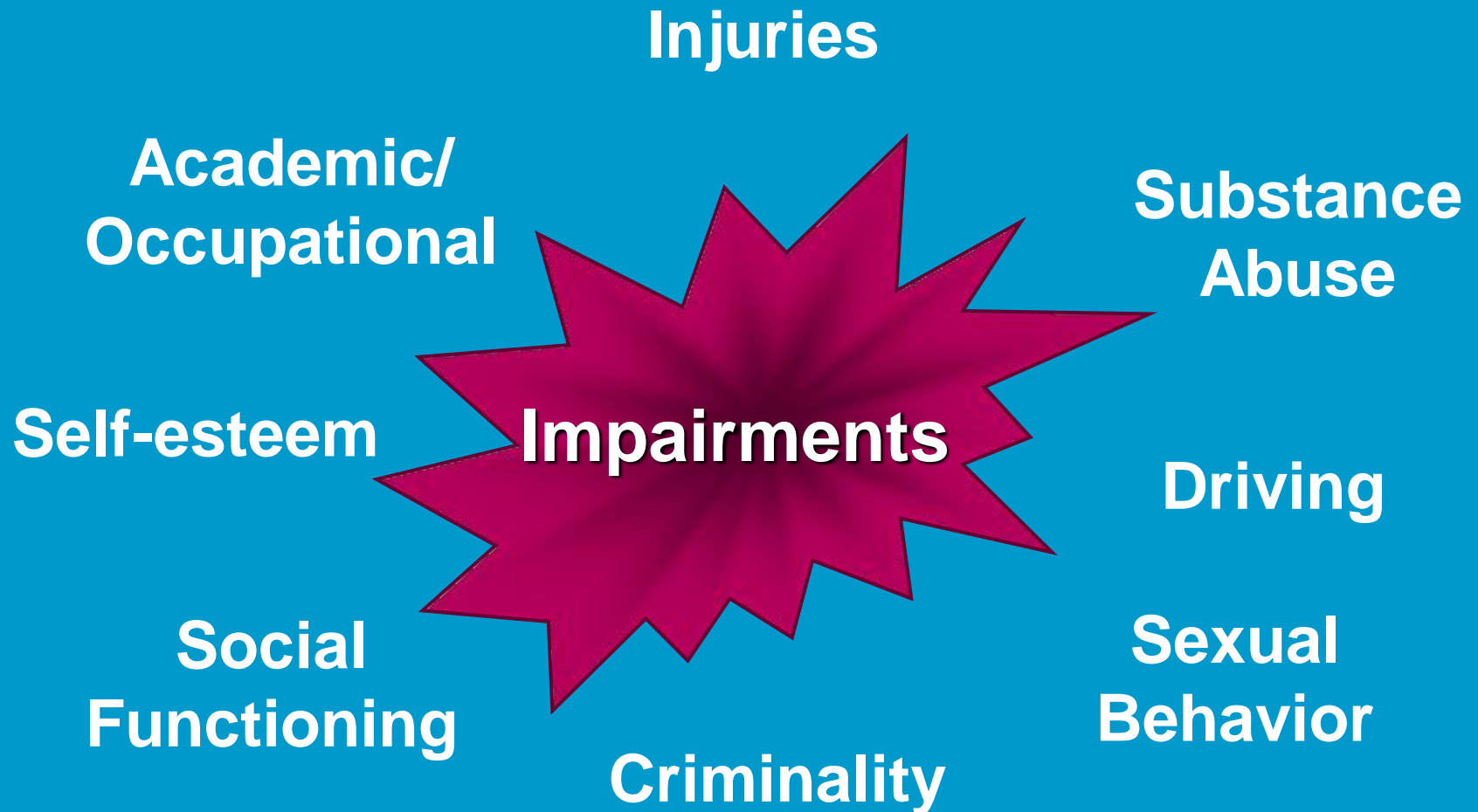
Anxiety  
Low self-esteem  
Lack of confidence



# ADHD Impairment Persists

Childhood	▶ ▶ ▶	Adulthood
School failure or underachievement	Becomes	Job failure or underemployment
Multiple injuries	Becomes	Motor vehicle accidents or risk taking
Drug experimentation	Becomes	Drug dependence
Oppositional defiant or conduct disorder	Becomes	Antisocial personality disorder, criminality
Impulsivity, carelessness	Becomes	Unwanted pregnancy, sexually transmitted disease, etc
Repetitive failure	Becomes	Hopelessness, frustration, giving up

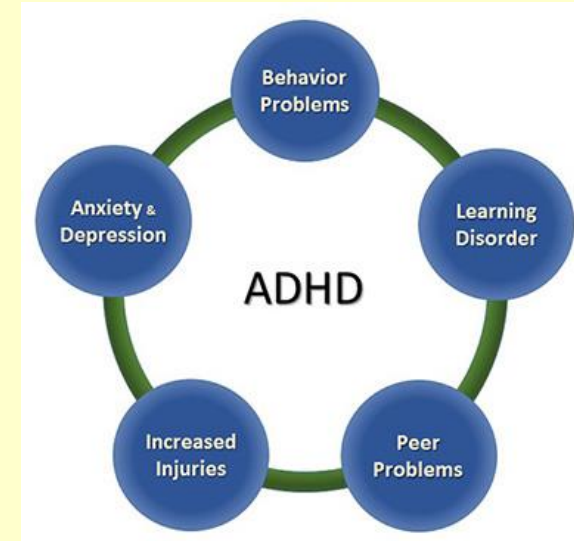
# Domains of Impairment





# Other costs of ADHD

- ▶ Increased likelihood of being in an MVA
- ▶ Increased medical costs
- ▶ Increased likelihood of unemployment
- ▶ Significant increases in incarceration rates
- ▶ Increased problems with sexual health
- ▶ Increased medical costs (system)

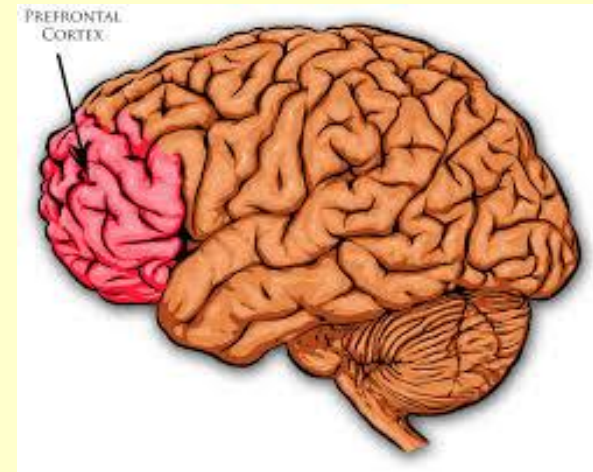


# Causes

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# Proposed Model (Barkley)

- ▶ Prefrontal Cortex - 4 functions
    - Working memory
    - Self-regulation of affect / arousal
    - Internalisation of speech
    - Reconstitution - Behavioural analysis
  - Self regulation
  - Future directed activity
  - Self-control of emotions / impulses
  - Planning / organising
- 
- Dopaminergic and noradrenergic pathways
  - Role of REM sleep in brain development

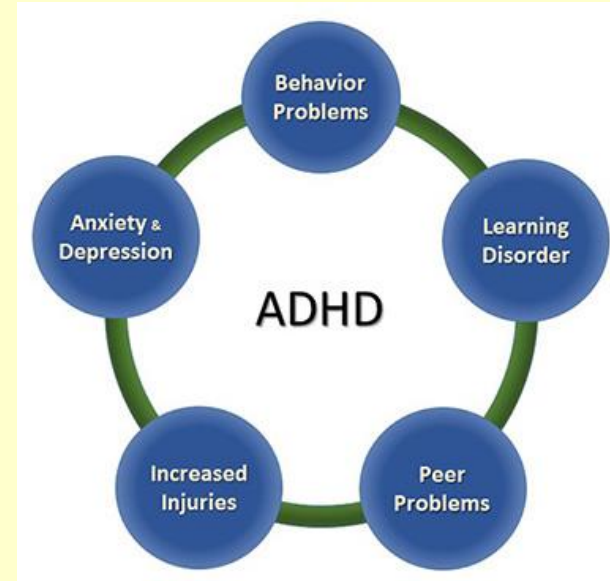


# Co-Morbidities

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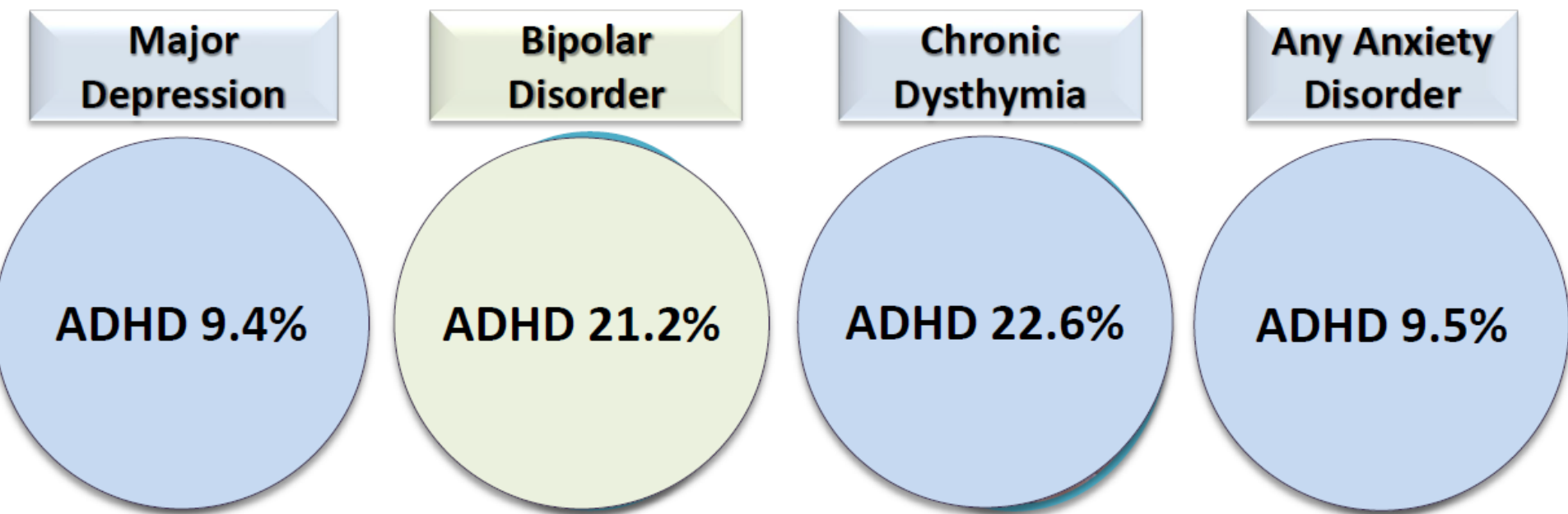
# Prevalence and Co-Morbidity

- ▶ 60 adults in your practice
- ▶ 20% of mothers, 25-30% of fathers have ADHD
- ▶ High prevalence of co-morbid mood and anxiety disorders





# National Comorbidity Survey: Comorbidity of ADHD in Mood and Anxiety Disorders

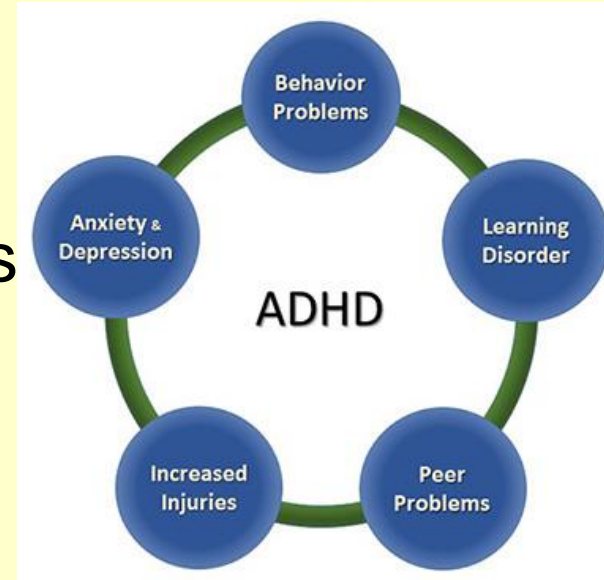


12-month prevalence rates prior to assessment.

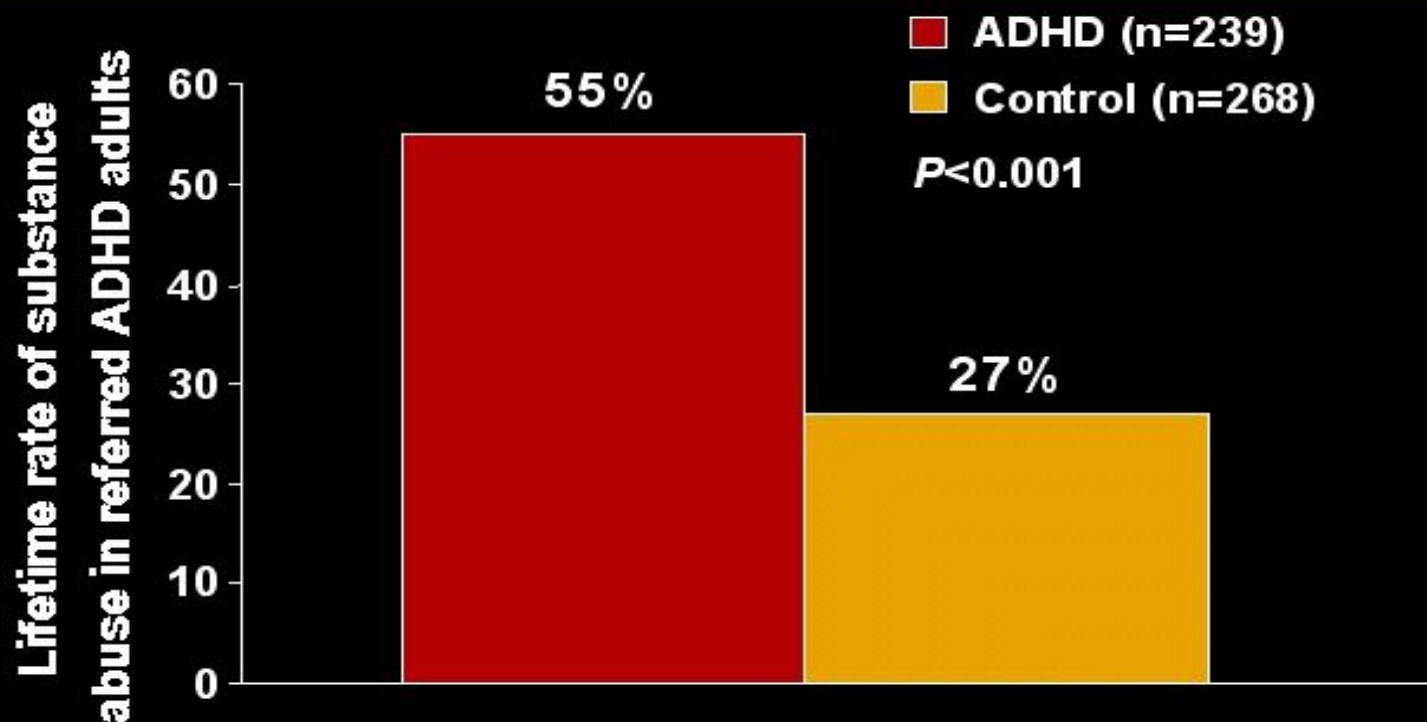
Kessler RC et al. *Am J Psychiatry*. 2006;163:716-723.

# Prevalence and Co-Morbidity

- ▶ 60 adults in your practice
- ▶ 20% of mothers, 25-30% of fathers have ADHD
- ▶ High prevalence with mood and anxiety disorders
- ▶ 25% have co-morbid substance use disorders



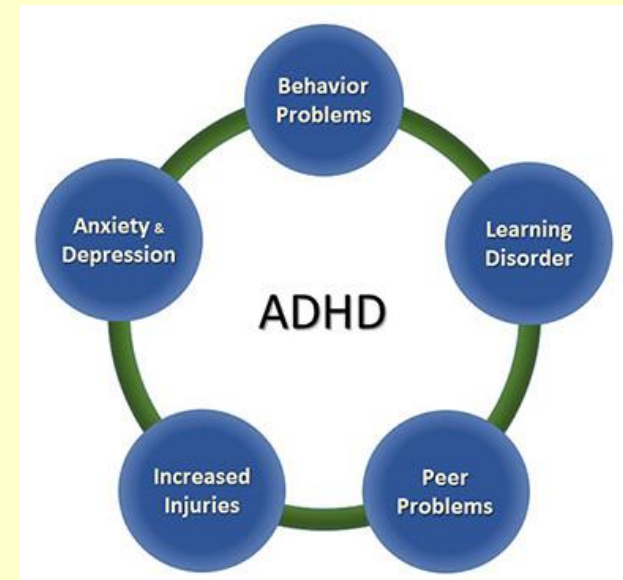
# Increased Lifetime Substance Abuse in Untreated Adults with ADHD



Biederman, et al. *Biol Psychiatry*. 1998;44:269-273.

# Prevalence and Co-Morbidity

- ▶ 60 adults in your practice
- ▶ 20% of mothers, 25-30% of fathers have ADHD
- ▶ High prevalence with mood and anxiety disorders
- ▶ 25% have co-morbid substance use disorders
- ▶ 75% have a sleep disorder (Delayed sleep phase syndrome)
- ▶ 40-70% of people with ASD have ADHD



# Sensory Processing Disorder

- ▶ In 40% of people with ADHD sensory information is not adequately filtered and is experienced overly intensively or unduly muted
- ▶ You can ask
  - ▶ Do any sights, sounds, smells upset you
  - ▶ Do any particular materials feel uncomfortable on your skin
  - ▶ Do you have to cut the labels out of your clothes
  - ▶ Do any foods make you gag



# **How ADHD in adults can present in Primary Care**

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# Self diagnosed

- ▶ They've been thinking about it for a while
- ▶ A child (or parent) receive a diagnosis
- ▶ A friend or relative suggests it
- ▶ They had completed an on-line survey
- ▶ Celebrity ripple effect

*"We're in luck!  
Oprah's dealing with  
your problem  
this week."*



# BOB

- ▶ Self-referred – concerned about his mood
- ▶ Recent life stresses
- ▶ Inconsistent work and relationship history
- ▶ Met criteria for ADD + PHQ score was 16
- ▶ Was also depressed – wanted to start an antidepressant (Bupropion)
- ▶ Seen a year later – mood was brighter and wanted to start a stimulant
- ▶ Still met criteria for ADD
- ▶ Positive response to Dextroamphetamine





# JANE

- ▶ Referral for her Bipolar Affective Disorder
- ▶ Mood swings consistent with cyclothymia
- ▶ Consistent history of problems with attention, distractibility, academic underachievement
- ▶ Two diagnoses eventually established
- ▶ Some overall improvement with Lithium
- ▶ Reluctant to start a stimulant





# HEATHER

- ▶ Friend suggested she take an on-line screen
- ▶ Tested positive
- ▶ Came to her FP requesting medication
- ▶ Met diagnostic criteria
- ▶ Did well on Methylphenidate



# Detection

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# Why is it difficult to detect

- ▶ Diagnosis based on behaviours only
- ▶ Symptoms along a spectrum
- ▶ Symptoms are similar to those in other conditions
- ▶ Co-morbid Condition
- ▶ Previous history often undocumented
- ▶ “Vogue” diagnosis – increasing self-detection

# Clues to the presentation





# Possible Flags from the History

- ▶ Concentration / Forgetful
- ▶ Lack of organisation
- ▶ Work performance
- ▶ Underachieving
- ▶ Impulsivity
- ▶ Relationship instability / conflict
- ▶ Family history
- ▶ Poor self-esteem



# Other clues

- ▶ Mood and Anxiety with a poor response to treatment
- ▶ Drug abuse or drug dependence
- ▶ Frequent job changes or moving often
- ▶ Frequent driving infractions
- ▶ Higher number of accidents than expected
- ▶ Poor school performance as a child
  - Not reaching their potential / underachieving
  - Disruptive in class
  - “Could do better” “Needs to hand assignments in on time”
  - Split in marks
    - Good in visual subjects,
    - Poor in Maths and Science





# In Your Office

- Are forgetful - miss appointments or arrive late
- Lose prescriptions
- Do not carry out instructions or the treatment plan
- Are hypertalkative
- **Has emotional storms, triggered by life events**

# Assessment

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# Assessment – Areas to cover

- ▶ Symptoms
- ▶ Course / Time Frame
- ▶ Other mental health issues / diagnoses
- ▶ Substance use
- ▶ Relationships – social & family
- ▶ Family history
- ▶ Legal history
- ▶ School / work performance - underachieving
- ▶ History from family



**Family  
members can  
bring a  
different  
perspective**



*"My family's all grown up now —  
except for my husband, of course."*

# Collateral History from Friends, Partners

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Are they  
organized?

Are they  
forgetful?  
Reliable?

Are they  
moody?

Do they finish  
projects at  
home?

How are they  
at managing  
their finances?

Do they talk  
too much?

Do they finish  
your  
sentences?

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# Berkley's 9 areas to cover

1	Is often easily distracted by extraneous stimuli or irrelevant thoughts
2	Often makes decisions impulsively
3	Often has difficulty stopping his or her activities or behaviour when he or she should do so
4	Often starts a project or task without reading or listening to directions carefully
5	Often shows poor follow-through on promises or commitments he or she may make to others
6	Often has trouble doing things in their proper order or sequence
7	Often more likely to drive a motor vehicle much faster than others (excessive speeding) <i>Alternative:</i> Often has difficulty engaging in leisure activities or doing fun things quietly
8	Often has difficulty sustaining attention in tasks or play activities
9	Often has difficulty organizing tasks and activities



# Questions for Suspected Adult ADHD

Have you ever been diagnosed with ADHD?

- ▶ Do you have a family history of ADHD (siblings, children, parents or extended family)?
- ▶ Did you have any difficulty in school?
  - Did you daydream or have difficulty paying attention?
  - Did you get your homework done on time?
  - Were you disruptive?



Anything positive – move to Step 2

Do you currently have substantial difficulties with forgetfulness, attention, impulsivity or restlessness that are interfering with your relationships or your success at work?



Anything positive – move to Step 3

Complete ASRS and Complete Diagnostic Interview

# Screening Instruments

- ▶ Not diagnostic
- ▶ Self-Reports
- ▶ Point out areas for interventions
- ▶ May identify co-morbid problems
  - ASRS (Adult Self-Report Scale)
  - Barkley Screener
  - Weiss Functional Impairment Scale

# Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name		Today's Date						
Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.		Never	Rarely	Sometimes	Often	Very Often		
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?								
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?								
3. How often do you have problems remembering appointments or obligations?								
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?								
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?								
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?								
Part A								
7. How often do you make careless mistakes when you have to work on a boring or difficult project?								
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?								
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?								
10. How often do you misplace or have difficulty finding things at home or at work?								
11. How often are you distracted by activity or noise around you?								
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?								
13. How often do you feel restless or fidgety?								
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?								
15. How often do you find yourself talking too much when you are in social situations?								
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?								
17. How often do you have difficulty waiting your turn in situations when turn taking is required?								
18. How often do you interrupt others when they are busy?								

Part B

# Adult Self-Report Scale v1.1 (ASRS)- Screener

ASRS Screener v1.1		Never	Rarely	Sometimes	Often	Very Often
Inattention	How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
	How often do you have difficulty getting things in order when you have to do a task that requires organization?					
	When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
	How often do you have problems remembering appointments or obligations?					
Hyperactive/ Impulsive	How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
	How often do you feel overly active and compelled to do things, like you were driven by a motor?					

*Significant items shaded (p=0.5); Likely to have ADHD with  $\geq 4$  significant items*

# **Management “Pills and Skills”**

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# Management

- ▶ Medication
- ▶ Education
- ▶ Structure and coping strategies
- ▶ Coaching
- ▶ Psychotherapy
- ▶ Maintaining self-esteem
- ▶ Family interventions



# Medication

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# Medication

- ▶ Stimulants
  - Methylphenidate
    - Concerta
    - Biphentin
    - Foquest
  - Dextroamphetamine
    - Adderall
    - Vyvanse
- ▶ ~~Atomoxetine~~
- ▶ Guanfacine
- ▶ Clonidine
- ▶ Anti-depressants
  - ▶ Bupropion
  - ▶ Venlafaxine
  - ▶ Desipramine



80% of prescriptions for stimulants are written by family physicians

# Prescriptions for Adults Annually










## ICES Study 2014

- ▶ 5.8 million prescriptions
- ▶ Increase of 119% from 2004
- ▶ Canada 69:1000
- ▶ Quebec 105:1000
- ▶ Manitoba 38:1000
- ▶ Ontario 55:1000

## BC Study 2023

- ▶ Increase of 17% a year in prescriptions since 2004
- ▶ Was 1 user per 1000. Now 16 users per 1000

# CADDRA Guide to ADHD Pharmacological Treatments in Canada - 2019

Medications available and illustrations	Characteristics	Duration of action <sup>1</sup>	Starting dose <sup>2</sup>	Dose titration as per product monograph	Dose titration as per CADDRA <a href="http://www.caddra.ca">www.caddra.ca</a>
<b>AMPHETAMINE-BASED PSYCHOSTIMULANTS</b>					
<b>Dexedrine®</b> tablets 5 mg  <b>Dexedrine®</b> spansules 10, 15 mg	Pill can be crushed <sup>3</sup> Spansule (not crushable)	~ 4 h ~ 6 - 8 h	Tablets = 2.5 to 5 mg BID Spansules = 10 mg q.d. a.m.	↑ 2.5 - 5 mg at weekly intervals; Max. dose/day: (q.d. or b.i.d.) All ages = 40 mg	↑ 2.5 - 5 mg/day at weekly intervals Max. dose/day: (q.d. or b.i.d.) Children and Adolescents = 20 - 30 mg Adults = 50 mg
<b>Adderall XR®</b> Capsules 5, 10, 15, 20, 25, 30 mg 	Sprinkable Granules	~ 12 h	5 - 10 mg q.d. a.m.	↑ 5 - 10 mg at weekly intervals Max. dose/day: Children = 30 mg Adolescents and Adults = 20 - 30 mg	Children: ↑ 5 mg at weekly intervals Max. dose/day = 30 mg Adolescents and Adults: ↑ 5 mg at weekly intervals max. dose/day = 50 mg
<b>Vyvanse®</b> capsules 10, 20, 30, 40, 50, 60, 70* mg 	Capsule content can be diluted in water, orange juice and yogurt	~ 13 - 14 h	20 - 30 mg q.d. a.m.	↑ by clinical discretion at weekly intervals Max. dose/day: All ages = 60 mg	↑ 10 mg at weekly intervals Max. dose/day: Children = 60mg Adolescents and Adults = 70 mg
<b>METHYLPHENIDATE-BASED PSYCHOSTIMULANTS</b>					
<b>Methylphenidate short acting, tablets</b> 5 mg (generic) 10, 20 mg (Ritalin®) 	Pill can be crushed <sup>3</sup>	~ 3 - 4 h	5 mg b.i.d. to t.i.d. Adult = consider q.i.d.	↑ 5 - 10 mg at weekly intervals Max. dose/day: All ages = 60 mg	↑ 5 mg at weekly intervals Max. dose/day: Children and Adolescents = 60 mg Adults = 100 mg
<b>Biphentin®</b> Capsules 10, 15, 20, 30, 40, 50, 60, 80 mg 	Sprinkable Granules	~ 10 - 12 h	10 - 20 mg q.d. a.m.	↑ 10 mg at weekly intervals Max. dose/day: Children and Adolescents = 60 mg Adults = 80 mg	↑ 5 - 10 mg at weekly intervals Max. dose/day: Children = 60 mg Adolescents and Adults = 80 mg
<b>Concerta®</b> Extended Release Tabs 18, 27, 36, 54 mg 	Pill needs to be swallowed whole to keep delivery mechanism intact	~ 12 h	18 mg q.d. a.m.	↑ 18 mg at weekly intervals Max. dose/day: Children = 54 mg Adolescents = 54 mg / Adults = 72 mg	↑ 9 - 18 mg at weekly intervals Max. dose/day: Children = 72 mg Adolescents = 90 mg / Adults = 108 mg
<b>Foquest®</b> Capsules 25, 35, 45, 55, 70, 85, 100 mg 	Sprinkable Granules	~ 16 h	25 mg q.d. a.m.	↑ 10-15 mg in intervals of no less than 5 days Max. dose/day: Children and Adolescents = 70 mg Adults = 100 mg	↑ 10-15 mg in intervals of no less than 5 days Max. dose/day: Children and Adolescents = 70 mg Adults = 100 mg
<b>NON PSYCHOSTIMULANT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR</b>					
<b>Strattera®</b> (Atomoxetine) Capsules 10, 18, 25, 40, 60, 80, 100 mg 	Capsule needs to be swallowed whole to reduce GI side effects	Up to 24 h	Children and Adolescents : 0.5 mg/kg/day Adults = 40 mg q.d. for 7-14 days	Maintain dose for a minimum of 7 - 14 days before adjusting: Children = 0.8 then 1.2 mg/kg/day 70 kg or Adults = 60 then 80 mg/day Max. dose/day : 1.4 mg/kg/day or 100 mg	Maintain dose for a minimum of 7 - 14 days before adjusting: Children = 0.8 then 1.2 mg/kg/day 70 kg or Adults = 60 then 80 mg/day Max. dose/day: 1.4 mg/kg/day or 100 mg
<b>NON PSYCHOSTIMULANT - SELECTIVE ALPHA-2A ADRENERGIC RECEPTOR AGONIST</b>					
<b>Intuniv XR®</b> (Guanfacine XR) Extended release tabs 1, 2, 3, 4 mg 	Pills need to be swallowed whole to keep delivery mechanism intact	Up to 24 h	1 mg q.d. (morning or evening)	Maintain dose for a minimum of 7 days before adjusting by no more than 1 mg increment weekly Max. dose/day: Monotherapy: 6-12 years = 4 mg, 13-17 years = 7 mg As adjunctive therapy to psychostimulants 6-17 years = 4 mg	Maintain dose for a minimum of 7 days before adjusting by no more than 1 mg increment weekly Max. dose/day: Monotherapy: 6-12 years = 4 mg, 13-17 years = 7 mg As adjunctive therapy to psychostimulants 6-17 years = 4 mg

# Short acting stimulants

- Methylphenidate (up to 80 mgm. / day)
- Dextroamphetamine (up to 40mgm / day)
- Short acting (2-4 hours)
- Up to 3 divided doses a day
- Fixed schedule or as needed
- Can be combined with a long-acting stimulant
- Greater potential for abuse
- Side-effects
  - Sleep
  - Appetite
  - Rebound
  - Restlessness
  - Tics (MPH)



# Long-Acting Medications: Dosing

Product	Admin	Availability	Starting Dose	Titration	Max Dose
Methylphenidate hydrochloride extended-release (Concerta)	Tablet in the morning	18, 27, 36, 54 mg	18 mg/day (morning)	PRN adjusted weekly	72 mg/day
Methylphenidate hydrochloride controlled release (Biphentin)	Capsule, in the morning, Can be sprinkled on food	10, 15, 20, 30, 40, 50, 60, 80 mg	10 mg OD (morning) *up to 0.25/mg/kg	10 mg weekly up to max	1 mg/kg/day Not exceeding 80 mg/day
Methylphenidate hydrochloride controlled release (Foquest)	Capsule once a day	25, 35, 45, 55, 75, 0, 85, 100	25 mg	Increase by 10 or 15mgm weekly	100 mg/day
Lisdexamfetamine -dimesylate (Vyvanse)	Capsule in the morning. Can dissolve in water	10, 20, 30, 40, 50, 60 mg	30 mg	10-20 mg/day at weekly intervals	70 mg/day
Mixed salts amphetamine extended-release (Adderall XR)	Capsule in the am. Can sprinkle on applesauce	5, 10, 15, 20, 25, 30 mg	5-10 mg/day	5-10 mg weekly	30 mg/day
Guanfacine (Intuniv)	Tablet once a day	1, 2, 3, 4 mg	1 mg	Increase weekly by 1 mg Can be used to augment a stimulant	7 mg in adults, 4 in children, 4 in combination



# Long acting stimulants

- ▶ Usually last 9-14 hours – Longest Foquest, Vyvanse
- ▶ Longer and smoother onset and withdrawal
- ▶ Less potential for abuse
- ▶ Different delivery methods
- ▶ May be easier for adherence as taken once a day
- ▶ Can be taken with short-acting stimulants
- ▶ Dosing can be staggered
- ▶ A number of different options

# Side-effects



*“‘This medication causes drowsiness and lethargy.’ Good.”*

# Side-effects of long-acting medications

- ▶ Sleep
- ▶ Appetite
- ▶ Less rebound
- ▶ Increased arousal / irritability
- ▶ Weight loss
- ▶ Low mood
- ▶ Foggy thoughts
- ▶ Slight increase in blood pressure and heart rate but not of stroke or MI
- ▶ No need for an EKG unless pre-existing condition

# Benefits of Stimulants

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# Stimulants Improve ADHD Symptoms

## Core Symptoms

- ▶ Inattention
- ▶ Impulsivity
- ▶ Hyperactivity

## AND

- ▶ Compliance (ODD)
- ▶ Impulsive aggression
- ▶ Social interactions
- ▶ Academic efficiency
- ▶ Academic accuracy

**Effects increase with dose but watch for cognitive toxicity:  
“ZOMBIE” “SPACED OUT”**

# Prescribing in ADHD: Rule of Thirds

Based on clinical experience and expert consensus:



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Literature reviews have found that up to 95% of ADHD patients may respond to stimulants (68-71% to methylphenidate and 68-77% to amphetamines)



# Evidence re Stimulants

## Reviews – Meta-analyses suggest

### ► Faraone 2010

- Long-acting no different from short-acting
- Amphetamine derivatives slightly more effective than methylphenidates
- Stimulants more effective than anti-depressants

# Other Medication Options

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# Guanfacine (Intuniv)

- ▶ Selective alpha 2A–adrenergic receptor agonist
- ▶ 1–7 mgm, once daily
- ▶ Can take up to 2 weeks to work
- ▶ Not a stimulant
- ▶ Reinforces receptors in the brain
- ▶ Can be used in conjunction with a stimulant
- ▶ Swallowed not crushed
- ▶ Stop gradually

# Clonidine

- ▶ Selective alpha 2A–adrenergic receptor agonist
- ▶ 0.1–0.6 mgm, once or twice daily
- ▶ Slower build up but lasts 25 hours
- ▶ Not a stimulant
- ▶ Also used for treating hypertension
- ▶ Reinforces receptors in the brain
- ▶ Can be used in conjunction with a stimulant

# Antidepressants

## Dopamine / Noradrenaline

- ▶ Bupropion
- ▶ Venlafaxine
  
- ▶ TCAs
  - Desipramine
  - Imipramine

## Serotonin

- ▶ SRIS
  - No evidence of any benefits

# The “skills”

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# Education

- ▶ Information about the prevalence
- ▶ Information about the symptoms
- ▶ Family linkage
- ▶ Information about course and possible consequences
- ▶ Reading materials
- ▶ Any questions your patient may have

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for living better with
ADULT ADHD

When you have adult ADHD, it can be very difficult to deal with daily distractions, lack of organizational skills and the sense of feeling overwhelmed. Here are tips for developing coping strategies.

 <p><b>EXERCISE</b></p> <p>Make time for exercise every day. Exercise helps increase focus and attention, decrease excess energy and combat symptoms of depression.</p>	 <p>Adding an exercise program in your daily routine will provide you with many physical and mental health benefits.</p>
 <p><b>LIMITATIONS</b></p> <p>Accept yourself and your limitations. Remember that ADHD does not just affect children and is a real disorder.</p>	 <p>A diagnosis of ADHD can help you understand why you act in certain ways, but it is not an excuse for inappropriate behavior.</p>
 <p><b>NETWORK</b></p> <p>Find people who accept you. Adults with ADHD may feel that they are misunderstood and judged by people around them.</p>	 <p>If people you spend time with make you feel uncomfortable or inadequate, it's time to find new friends. Look for support groups in your area or create your own network of friends who accept you.</p>
 <p><b>UNWIND</b></p> <p>Look for time in your day to unwind. Use transitional time between activities to de-stress and relax.</p>	 <p>Take an opportunity to relax in a park on your way home if you have a chance. When you do get home, let your family know you need a few minutes of alone time before joining family activities.</p>
 <p><b>PRIORITIZE</b></p> <p>Create a system for prioritizing your day. Look over what needs to be accomplished and complete the items that are most important first.</p>	 <p>Should you eventually become distracted, you will know that you still have accomplished the most important items for the day.</p>
 <p><b>PRODUCTIVITY</b></p> <p>Use your own internal clock to your benefit. If you are a morning person and are more productive early in the day, arrange your schedule so you focus on the most important items first.</p>	 <p>Look for jobs that permit you to be flexible in your schedule and allow you to make the most of your productive periods.</p>
 <p><b>DEADLINES</b></p> <p>Create deadlines for projects. If you find that you tend to procrastinate, outline projects with deadlines for each step you need to take to finish them.</p>	 <p>Even if you are just working around the house, give yourself a time limit to complete portions of the task.</p>
 <p><b>BREAK IT DOWN</b></p> <p>Break down all tasks into steps. Adults with ADHD are often overwhelmed by large projects. This can cause projects to go unfinished and sometimes never get started.</p>	 <p>Remember, break steps. For example, if you are going to clean your bedroom, make it a game: first make the bed, second - straighten the living room, third - dust. Don't worry about any steps other than the one you are currently on.</p>
 <p><b>ORGANIZE</b></p> <p>Provide your own structure. Develop systems that help you define routines, such as creating a daily schedule.</p>	 <p>Use organizational helpers like to-do lists, smartphones, daily planners, and tape recorders.</p>
 <p><b>LEARN</b></p> <p>Learn about ADHD. The more you learn about your diagnosis, the more prepared you will be to handle daily difficulties.</p>	 <p>Read books, ask your doctor questions or join a support group.</p>

Source:
Health Central

# **Books to recommend**

## **Driven to Distraction**

Edward Hallowell and John Ratey

## **Delivered from Distraction**

Edward Hallowell and John Ratey

## **Succeeding With Adult ADHD**

Abigail Levrini

## **You mean I'm not lazy, crazy or stupid**

Kate Kelly and Peggy Ramundo

## **Taking Charge of Adult ADHD**

Russell Barkely

# Web resources

## Rating Scale

[www.med.nyu.edu/psych/assets/adhdscreen18.pdf](http://www.med.nyu.edu/psych/assets/adhdscreen18.pdf)

## Information

[www.caddra.ca](http://www.caddra.ca)

[www.caddac.ca](http://www.caddac.ca)

[www.chaddcanada.org](http://www.chaddcanada.org)

[www.adhdcanada.ca](http://www.adhdcanada.ca)

[www.ADHDandYou.ca](http://www.ADHDandYou.ca)

[www.associationpanda.qc.ca](http://www.associationpanda.qc.ca)

[www.attentiondeficit-info.com/home.php](http://www.attentiondeficit-info.com/home.php)

# Two Sites with a selection of Apps

Healthline.com

[www.healthline.com/health/adhd/top-iphone-android-apps#A-quick-look-at-the-best-ADHD-apps](http://www.healthline.com/health/adhd/top-iphone-android-apps#A-quick-look-at-the-best-ADHD-apps)

Additude.com

[www.additudemag.com/mobile-apps-for-adhd-minds/](http://www.additudemag.com/mobile-apps-for-adhd-minds/)

# Structure

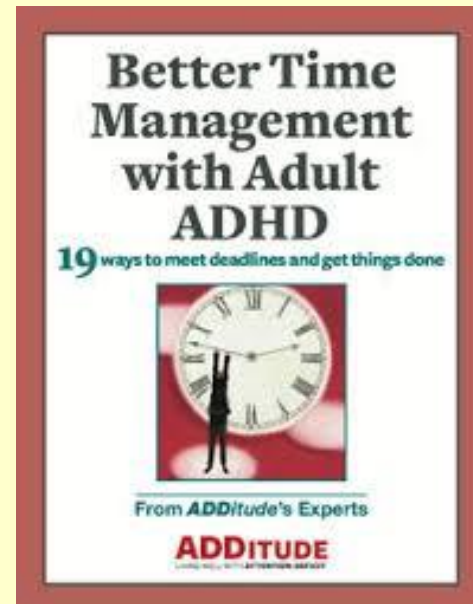
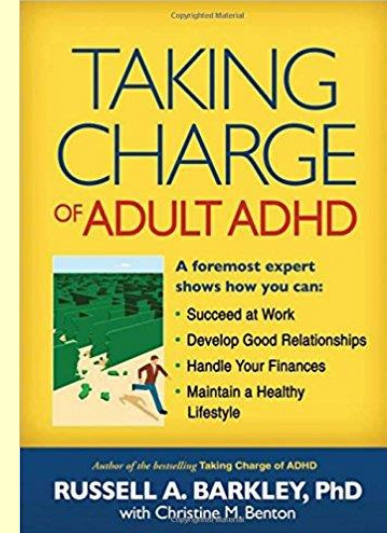
- ▶ Daily list of tasks - keep it manageable
- ▶ Break tasks into manageable pieces
- ▶ Keep an appointment book / planner
- ▶ Keep notepads in accessible places
- ▶ Use a personal dictaphone or cell phone to write things down
- ▶ Post key messages in visible places ie car
- ▶ Develop a filing system - file everything immediately
- ▶ Ask a friend / family member to remind you of important events / appointments

10 best  
jobs for  
adults with  
ADHD



# Coping Strategies

- ▶ Set personal / attainable goals
- ▶ Develop daily routines
- ▶ Reward yourself when achieved
- ▶ If it didn't work, take a time out to review the situation
- ▶ Stress management
- ▶ Sleep hygiene / decrease screen time
- ▶ Physical activity
- ▶ Maintain a sense of humour
- ▶ Use mindfulness techniques





# Coaching

Practical, supportive and directive, similar to cognitive behaviour therapy interventions:

- ▶ time management (watch, timer, agenda, mobile phone/PDA)
- ▶ getting oversight of finances
- ▶ planning time / intimacy with spouse
- ▶ organising daily life (household, children, administration)
- ▶ reorientation on education or work
- ▶ addressing process of acceptance of the disorder and need for medication
- ▶ learning social and organisational skills



# Psychotherapy

- Building self-esteem
- CBT - SPEAR  
**S**top, **P**ullback, **E**valuate, **A**ct, **R**e-evaluate
- Individual and Family Support
- Counselling
- Maintaining self-esteem

# Maintain self-esteem

- ▶ recognise achievements
- ▶ find strengths
- ▶ avoid failures
- ▶ avoid criticism
- ▶ cognitive approaches
- ▶ empowerment



# Family interventions

- ▶ Help with assessment
- ▶ Identify other issues
- ▶ Explain and answer any questions
- ▶ Reading material
- ▶ Engage as a “coach”
- ▶ Support



# Summary

- ▶ Common, often with co-morbid conditions
- ▶ Neurodevelopmental Disorder characterized by poor emotional self-regulation
- ▶ No diagnostic test / use history and screening tools
- ▶ Doesn't need Neuropsych. Testing or Psychiatry
- ▶ Treatment includes Pills and Skills
- ▶ Stimulants improve Executive Function and Emotional Regulation
- ▶ Help provide information, structure and avoid failures

# Primary Care – the essentials

- ▶ Consider – cues / co-morbidity
- ▶ Simple questions to ask
- ▶ Use ASRS to screen
- ▶ Medication
  - Core of treatment
  - Options
- ▶ Help provide structure and information
- ▶ See the family
- ▶ Know which resources to suggest – books / sites

# Thank you!

Please fill out your session evaluation now!

**#myfmf**



FamilyMedicineForum



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**[nkates@mcmaster.ca](mailto:nkates@mcmaster.ca)**