

Managing Attention Deficit in Adults in your Practice

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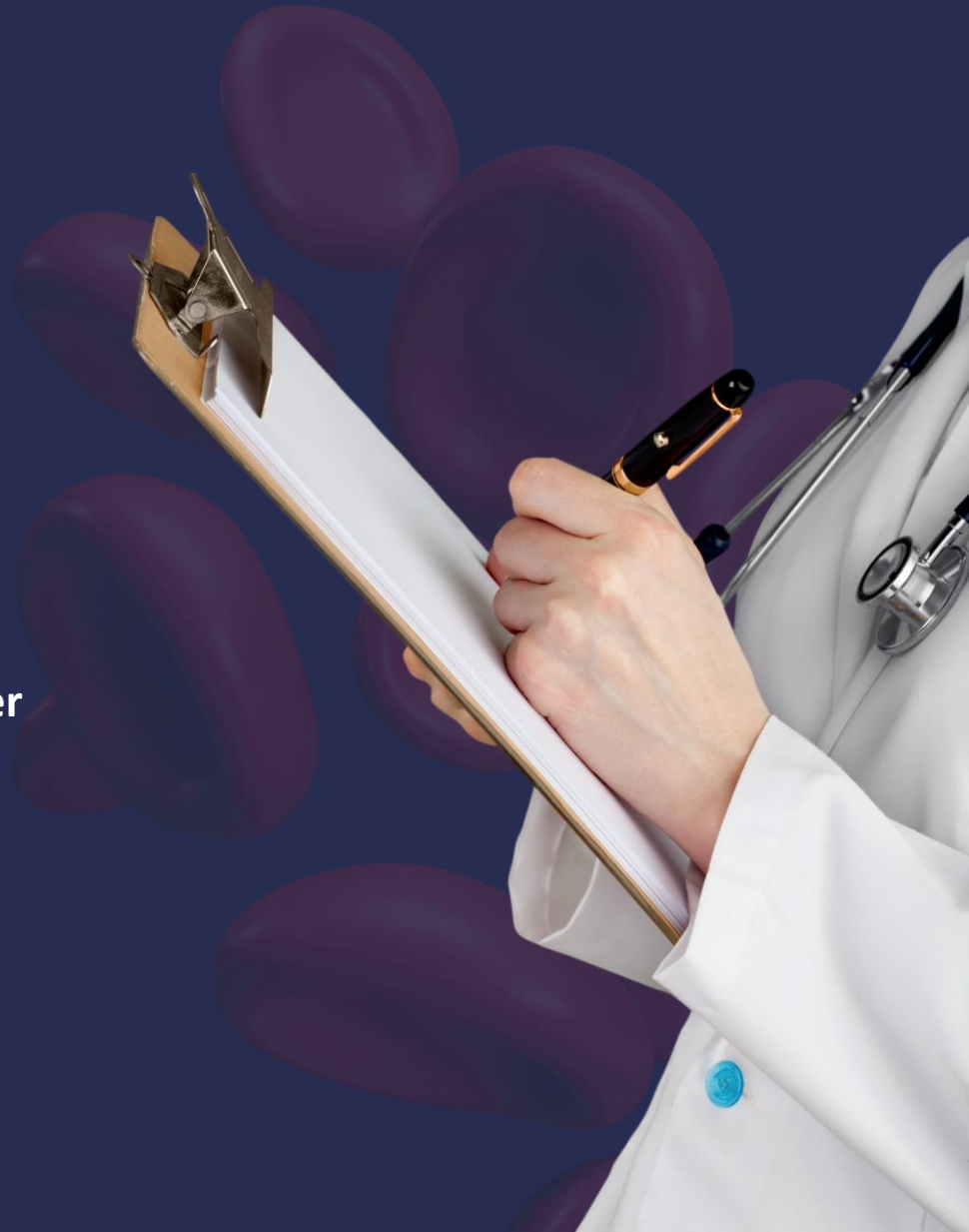
NOVEMBER 5-8, 2025
RBC CONVENTION CENTRE WINNIPEG, MB



PRESENTER DISCLOSURE

Nick Kates

I do not have an financial relationships or other relationships to declare



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



Learning Objectives

At the conclusion of this activity, participants will

- ▶ Understand the prevalence and co-morbidities of ADHD in adults, and its impacts
- ▶ Be familiar with a practical framework for the assessment and management of ADHD in adults
- ▶ Be familiar with the drugs commonly used to treat ADHD in adults and the indications for their use.

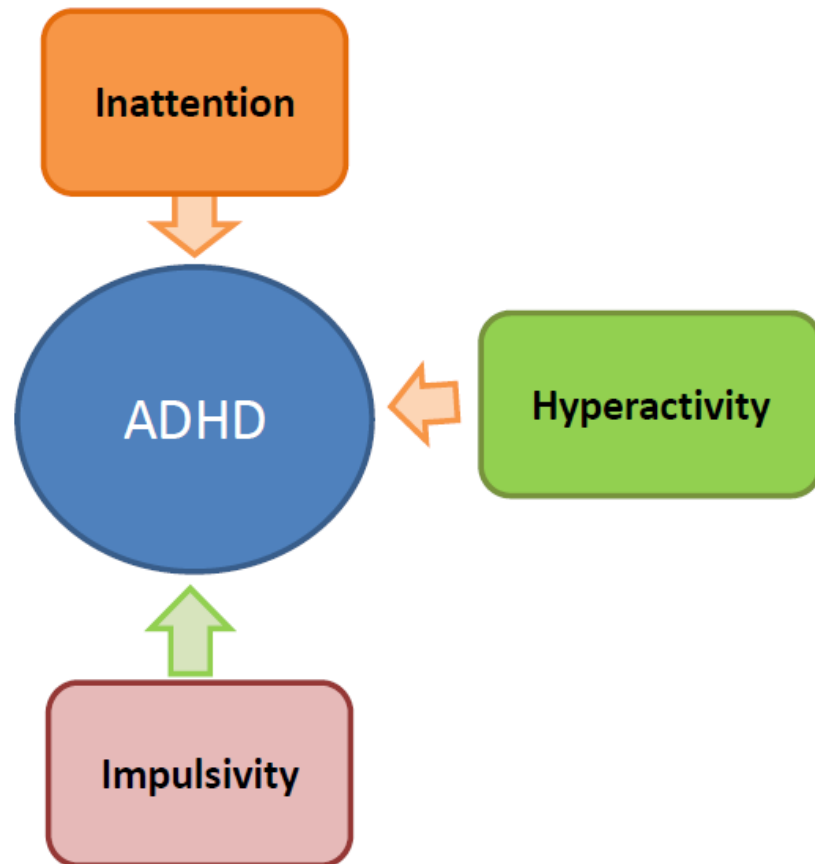
Prevalence

- ▶ 6 - 9 % of all children
- ▶ 40-60% 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
- ▶ Less than 10% identified or treated



What is AD(H)D

ADHD – Delayed Maturity in Three Domains



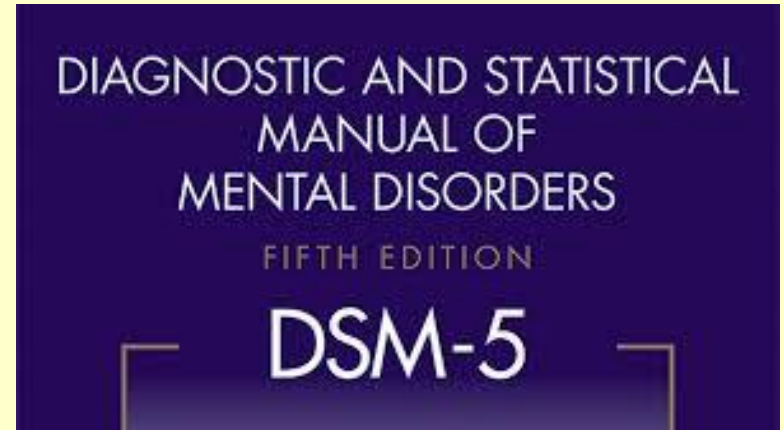
**Key Symptoms are classified
in those three domains**

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, makes snap decisions
- ▶ Irresponsible behaviors
- ▶ Loses temper easily, angers quickly

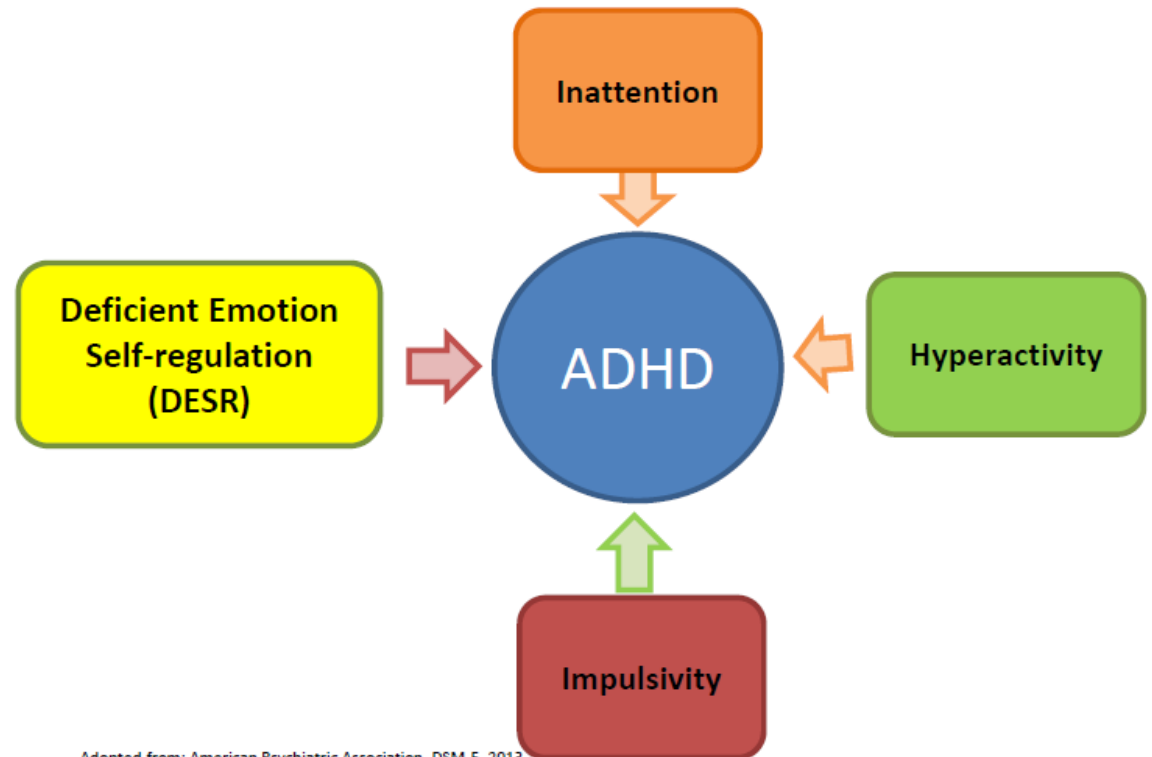


Wender's Criteria (4/7)

- ▶ 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.

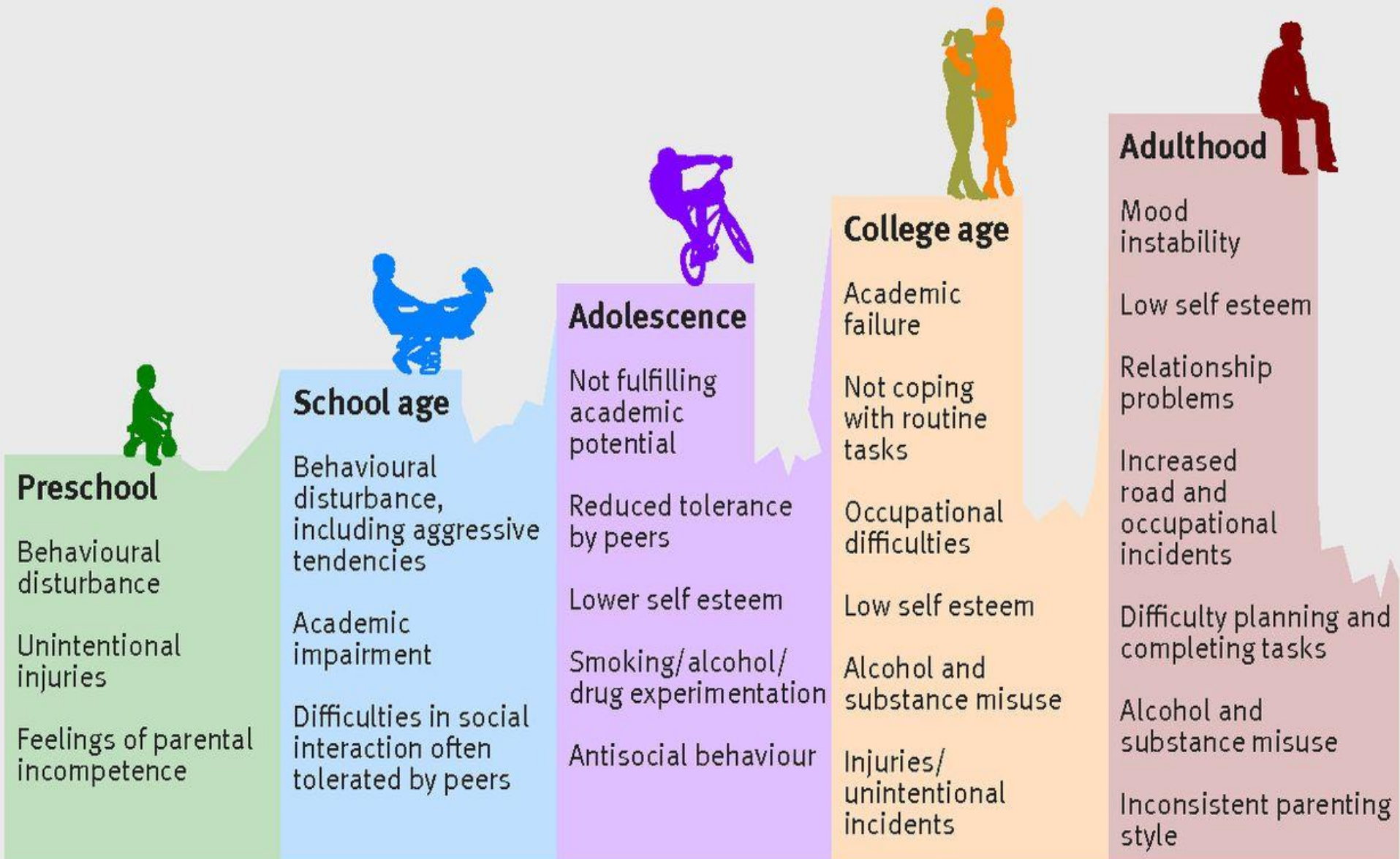
Symptom Severity

- ▶ 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

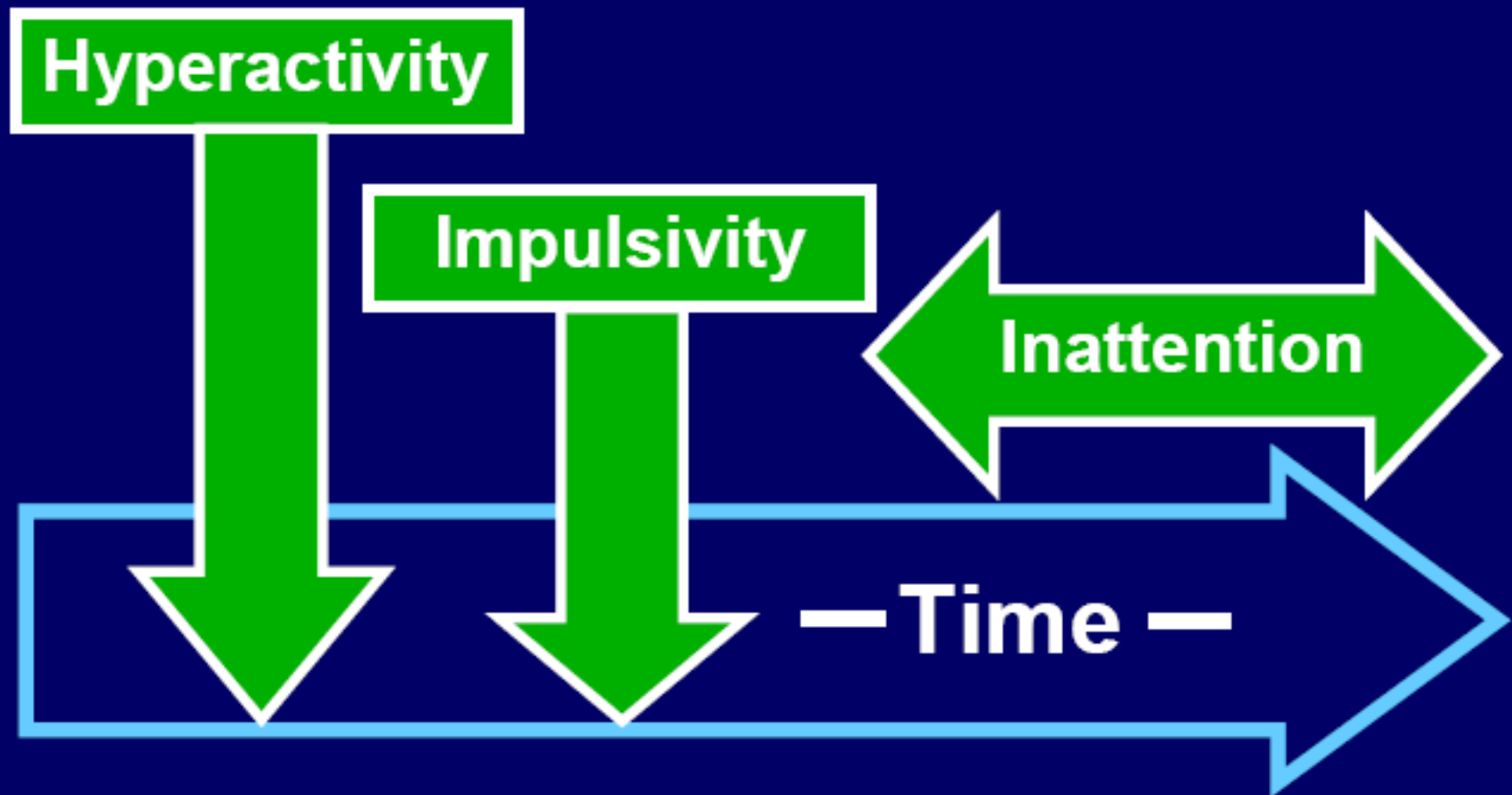


Course

The Life Cycle of ADHD



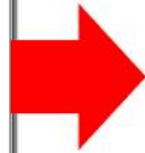
ADHD Symptoms Change in Adolescence and Adulthood



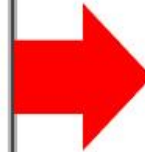
Consequences

The Emotional Price of Delayed Maturity

Poor social skills
Emotionality
Odd behaviours



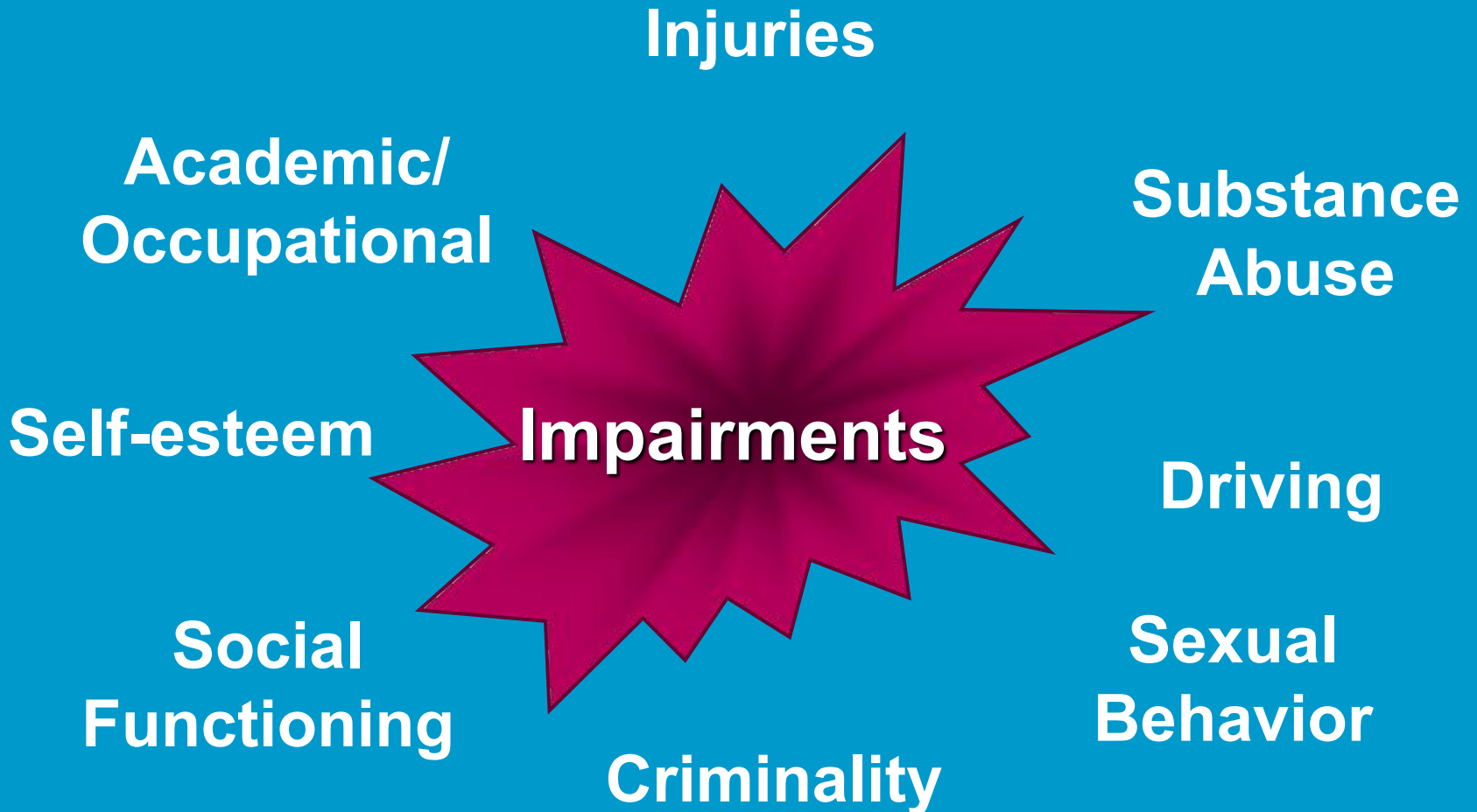
Isolation
Ostracization
Bullying



Anxiety
Low self-esteem
Lack of confidence

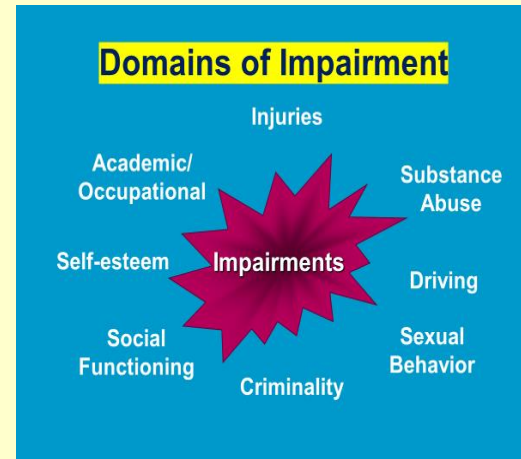


Domains of Impairment



Other costs of ADHD

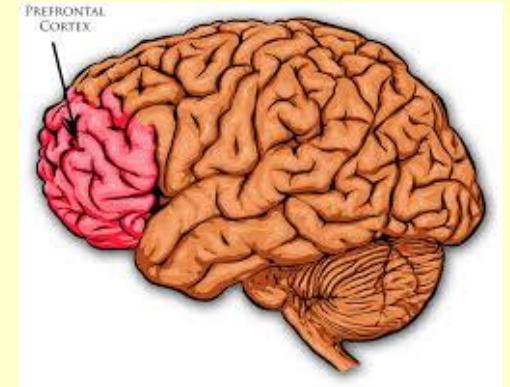
- ▶ Increased likelihood of being in an MVA
- ▶ Increased medical costs
- ▶ Increased likelihood of unemployment
- ▶ Significant increases in incarceration rates
- ▶ Increased problems with sexual health
- ▶ Increased medical costs (system)



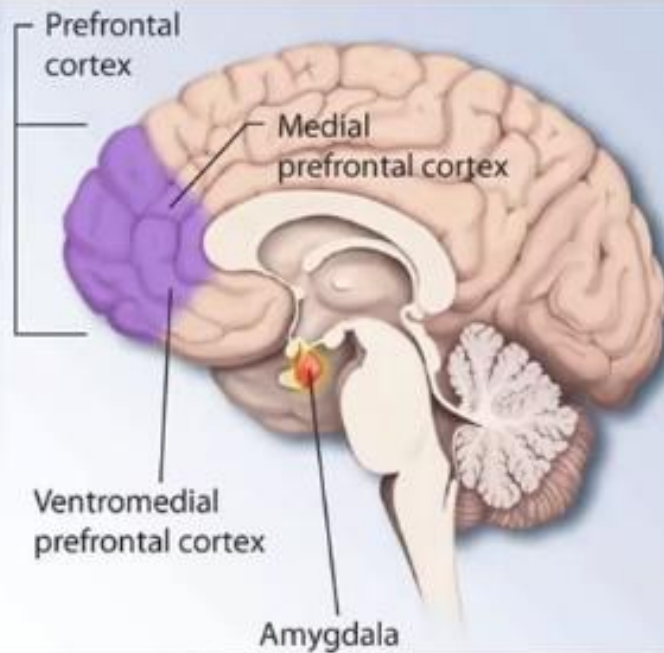
Aetiology

Other Factors

- ▶ Premature Delivery (< 37 weeks)
- ▶ Low birth weight (<5lbs)
- ▶ Anoxia or hypoxia at birth
- ▶ Exposure to Teratogens
- ▶ Insufficient REM sleep during pregnancy may affect brain development
- ▶ Dopaminergic and Noradrenergic Pathways
- ▶ Prefrontal Cortex, Amygdala, Caudate Nucleus Putamen, Nucleus accumbens, Hippocampus, Cerebellum



Prefrontal Cortex: Executive Functioning



Working Memory

Self-Monitoring

Planning / Prioritizing

Task Initiation

Organization

Impulse Control

Emotion Regulation

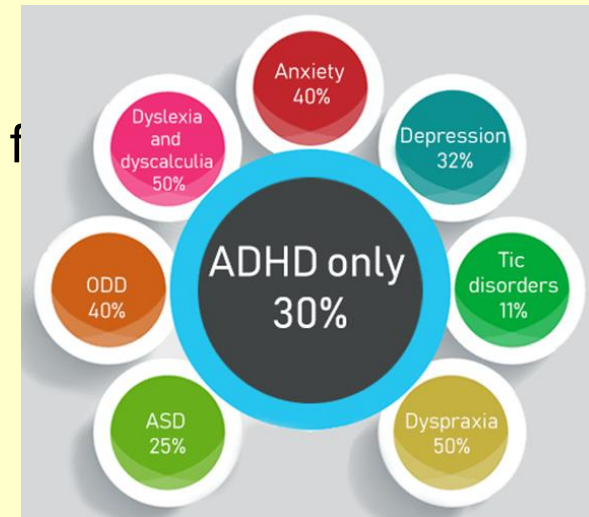
Flexible Thinking

Co-Morbidities

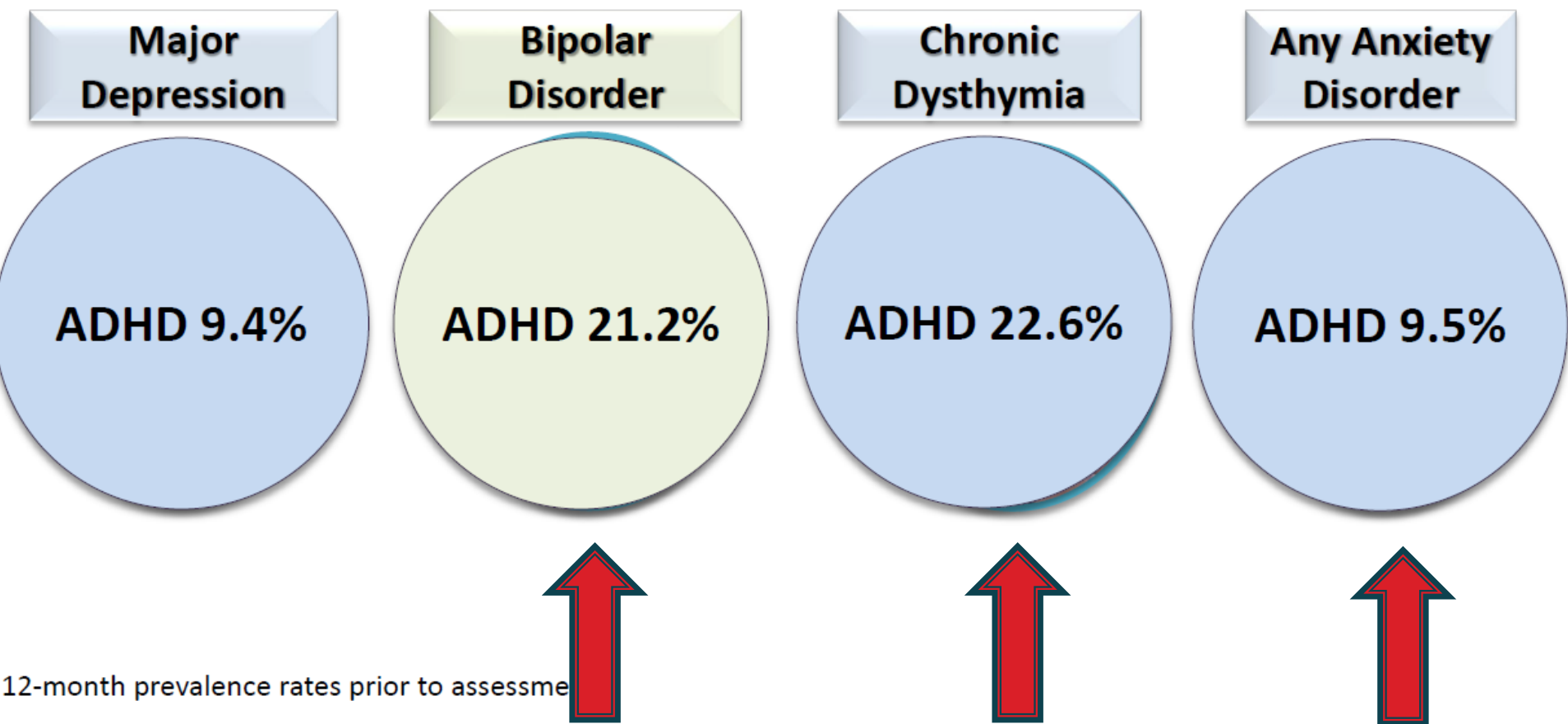
Prevalence and Co-Morbidity

60 adults in your practice

- ▶ 20% of their mothers, 25-30% of their will have ADHD
- ▶ 20-30% will have a depressive disorder
- ▶ 7% will have Bipolar Affective Disorder
- ▶ 50% will have an anxiety disorder
- ▶ 25% have a co-morbid substance use disorders
- ▶ 25% are on the Autism Spectrum



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

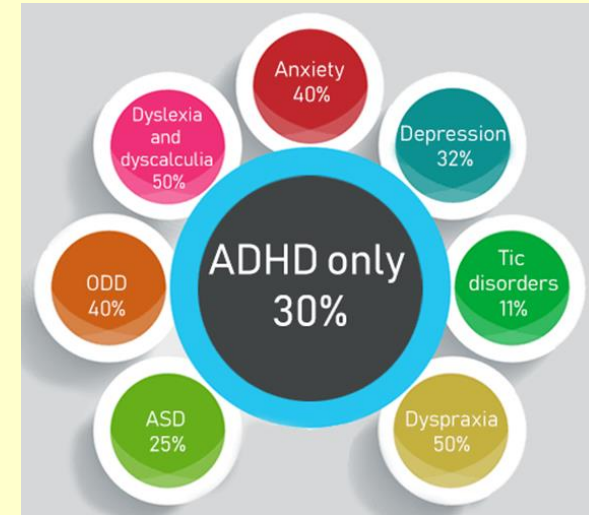


12-month prevalence rates prior to assessment

Prevalence and Co-Morbidity

60 adults in your practice

- ▶ 20% of their mothers, 25-30% of their fathers will have ADHD
- ▶ 20-30% will have a depressive disorder
- ▶ 7% will have Bipolar Affective Disorder
- ▶ 50% will have an anxiety disorder
- ▶ 25% have co-morbid substance use disorders
- ▶ 75% have a sleep problem (Often delayed sleep phase syndrome)
- ▶ 20% will have symptoms consistent with Autism Spectrum Disorder
 - 50% of people with ASD have ADHD



ADHD + Vulnerability Towards

- Loss, hopelessness
- Unrealized ambitions, goals
- Social disconnection
- Early learning, messages about self and capabilities
- Mismanaging time, over-extended self
- Accumulation of broken commitments

Common Co-Occurring MH Conditions

- Depressive Disorders**
- Generalized Anxiety Disorder
- Bipolar Spectrum Disorders
- Substance Use Disorders

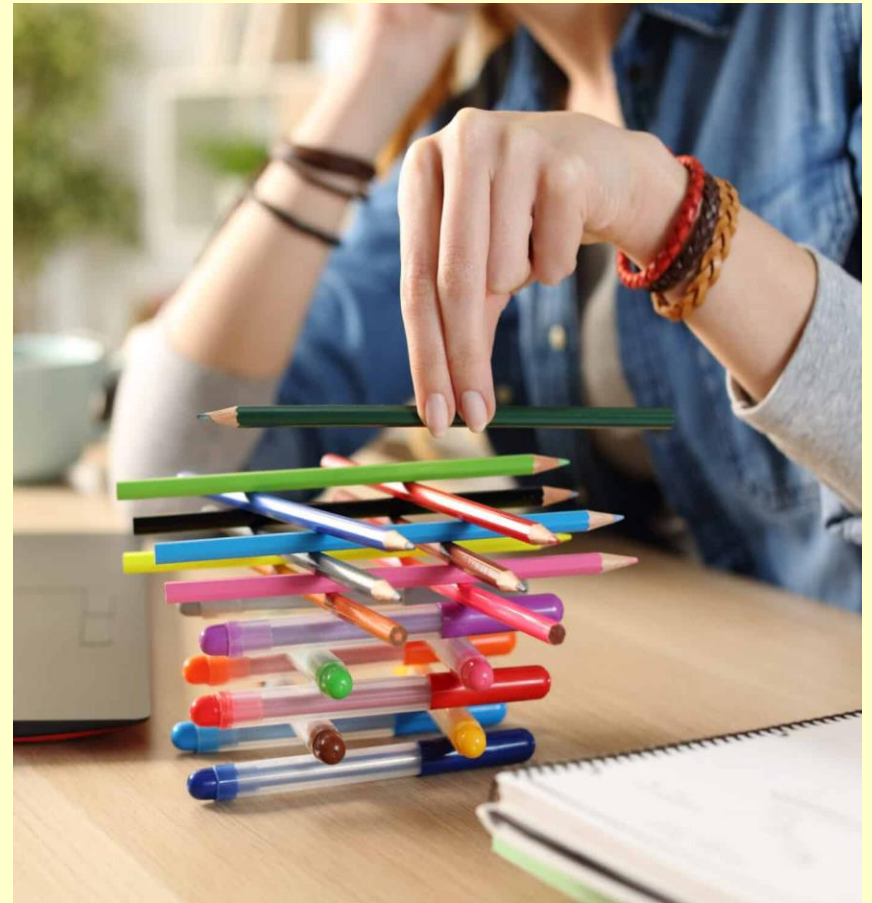
ADHD + Complicating Features

- Task paralysis
- Overwhelm
- Barriers to behavioral activation
- Attribution of difficulty (*neurodiversity vs. inadequacy/shame*)
- Adding novelty / excitement = less impact
- Making / keeping appointments

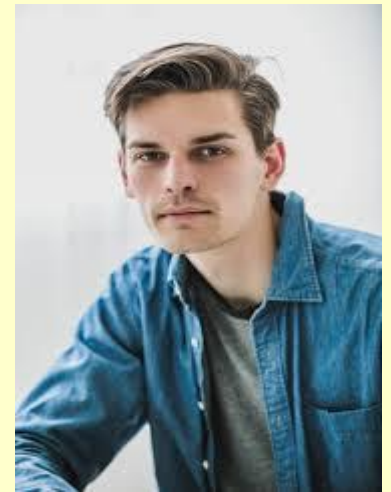
How ADHD in adults can present in your practice

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
- ▶ They have a previous diagnosis as a child



BOB



- ▶ Self-referred – concerned about his mood
- ▶ Recent life stresses
- ▶ Inconsistent work and relationship history
- ▶ Met criteria for ADD + PHQ-9 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

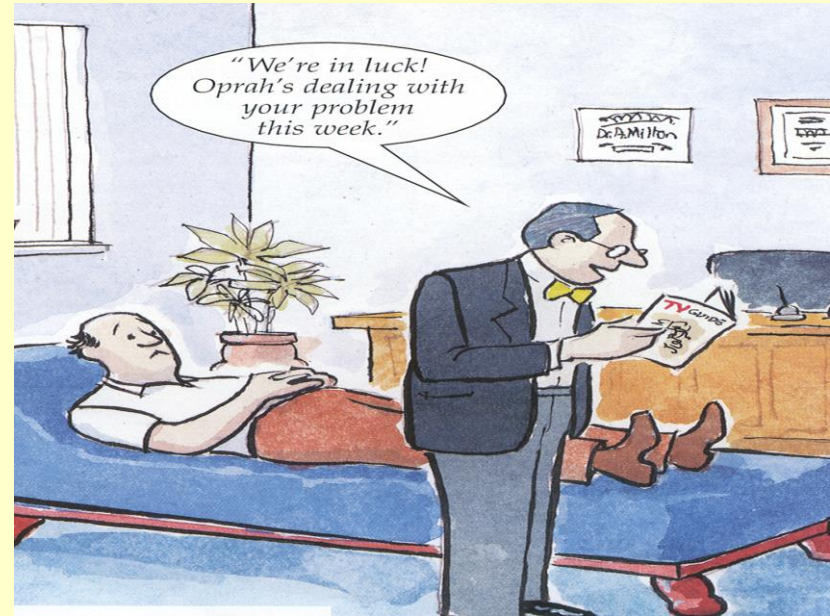
- ▶ A friend had suggested she take an on-line screen
- ▶ Positive score
- ▶ Came to her FP requesting medication
- ▶ Met diagnostic criteria
- ▶ Did well on Methylphenidate



Detection

Why is it difficult to detect

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



Clues to the presentation



Possible Flags from their 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 “could do better”
 - Disruptive in class “class clown”
 - 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 follow a treatment plan
- Are hyper-talkative or fidgety
- **Have emotional storms, triggered by life events**



Assessment

Questions to ask in the assessment



Assessment – Areas to cover

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



History with behavioral interventions /
counseling

Inventory of **helpful / unhelpful behavioral
and other interventions** to date

Interest & motivation in making changes /
adjustments

What are the patient's **Goals? Values?
Priorities?**

What life domains / context are **most
impacted** by ADHD sx's?

Social context and **practicality** of cognitive,
behavior / habit changes

Co-occurring conditions? Other active life
stressors?

Domains of Functioning:

Work / Education

Relationships

Adulting Tasks

Self-Regard

Free Time / Hobbies

Emotional Health

**Family
members can
bring a
different
perspective**

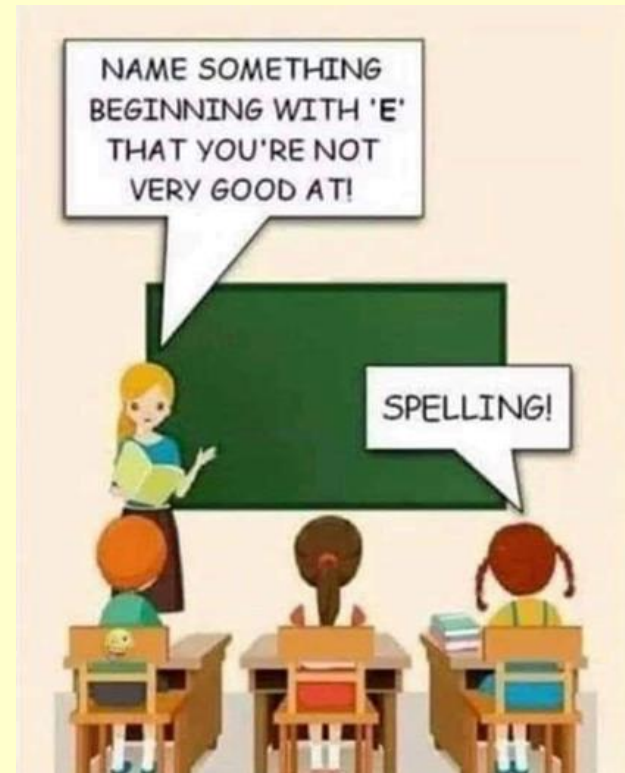


*"My family's all grown up now —
except for my husband, of course."*

Specific things to ask

Previous History

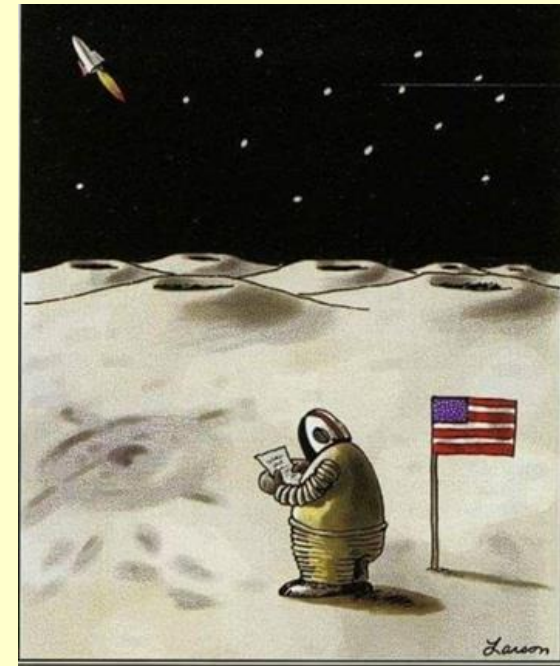
- Have you ever been diagnosed with ADHD
- Does a family member have a diagnosis of ADHD
- How was your school performance
 - Underachieved
 - Daydreamed
 - Class clown
 - Reports said could do better / needed to apply themselves
 - Problems with Math and Science



Specific things to ask - Attention

Symptoms

- Do you have difficulty focusing
- Are you easily distracted
- Do you have difficulty completing projects or have multiple things on the go
- Do you put off starting things (procrastinate)
- Do you have trouble following instructions or structured plans
- Are you late for appointments



“Dear Henry: Where were you? We waited and waited but finally decided that ...”

Specific things to ask – Hyperactivity and Impulsivity

- Do you do things impulsively or without thinking
- Do you have difficulty staying organized
- Do you feel restless, like your motor is always running
- Do you fidget
- Do you often mislay things



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

WEISS FUNCTIONAL IMPAIRMENT RATING SCALE – SELF REPORT (WFIRS-S)

Personal Name: _____ Date: _____ Sex of Rater: _____
Mark: _____ Full Time: _____ Part Time: _____ Other: _____
School: _____ Full Time: _____ Part Time: _____

Circle the number for the rating that best describes how your emotional or behavioral problems have affected each item in the last month.

	None or not at all	Sometimes or somewhat	Often or much	Very often or very much	NA
I. FAMILY					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
II. SCHOOLS					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
III. LIFE SKILLS					
32					
33					
34					
35					
36					
37					
38					
39					
40					

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

Patient Name		Today's Date					
<p>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.</p>			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 ≥ 4 significant items

Management “Pills and Skills”

Management

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



Evidence Based Treatment of ADHD in Adults

Main Findings: Treatment for Adult ADHD

(Ostinieli e al., 2025)

- **Stimulant therapy** (amphetamines and methylphenidate) was **most supported** by the evidence in terms of **short-term** (most studies end at 12 weeks) improvement of ADHD symptoms and overall acceptability and tolerability, considering **both clinician and patient rated scales**.
- **Atomoxetine** was also found to be **efficacious in adults** with ADHD, but had **less acceptability/tolerability** compared to placebo (and to a greater degree than stimulants)
- **Non-pharmacological interventions:** Inconsistent findings depending on whether outcomes were **clinician-rated** versus **patient-rated**. Cognitive behavioral therapy, mindfulness, psychoeducation, transcranial magnetic stimulation (TMS) all generally performed better than placebo in reducing ADHD core symptoms on clinician-reported scales but was **not statistically significant on self-rated scales at the 12 week mark**. No significant improvement was found in studies on neurofeedback for adults at 12 week mark.

Medication

Medication Options

▶ Stimulants

- Methylphenidate
 - Ritalin
 - Concerta
 - Biphentin
 - Foquest
 - Quillivant
- Dextroamphetamine
 - Dexedrine
 - Adderall
 - Vyvanse



▶ Norepinephrine Reuptake Inhibitors

- ▶ Atomoxetine
- ▶ Viloxazine

▶ Alpha adrenergic Receptor Agonists

- ▶ Guanfacine
- ▶ Clonidine

▶ Anti-depressants

- ▶ Bupropion
- ▶ Venlafaxine
- ▶ Desipramine



80% of prescriptions for stimulants are written by family physicians

Annual Canadian Prescriptions for Adults

ICES Study 2014

- ▶ 5.8 million prescriptions
- ▶ Increase of 119% from 2004











▶ Canada	69:1 000
▶ Quebec	105:1 000
▶ Manitoba	38:1 000
▶ Ontario	55:1 000

BC Study 2023

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



CADDRA GUIDE TO ADHD PHARMACOLOGICAL TREATMENTS IN CANADA - OCTOBER 2024

Medications & Illustrations		Delivery	Duration of action ¹	Starting dose ²	Release mode Immediate/Delayed (%)	Dose titration per product monograph ³
AMPHETAMINE-BASED PSYCHOSTIMULANTS						
First Line	Adderall XR* Capsules 5, 10, 15, 20, 25, 30 mg 	Granules can be sprinkled	~ 12 h	5-10 mg q.d. a.m.	50/50	▲ 5-10 mg at weekly intervals Max. dose/day: Children = 30 mg Adolescents & Adults = 20-30 mg
First Line	Vyvanse* Capsules 10, 20, 30, 40, 50, 60, 70 ⁴ mg Chewable Tablets 10, 20, 30, 40, 50, 60 mg 	Capsule content can be diluted in liquid or sprinkled Chewable tablets should be chewed thoroughly	~ 13-14 h	20-30 mg q.d. a.m.	Not Applicable (Prodrug)	▲ 10-20 mg by clinical discretion at weekly intervals Max.dose/day: All ages = 60 mg
Second Line	Dexedrine* Tablets 5 mg Spansules 10, 15 mg 	Scored Tablet Beaded Formulation	~ 4 h ~ 6-8 h	Tablets = 2.5 to 5 mg b.i.d. Spansules = 10 mg q.d. a.m.	100/0 50/50	▲ 5 mg at weekly intervals Max. dose/day: (q.d. or b.i.d.) Children & Adolescents = 20-30 mg Adults = 50 mg
METHYLPHENIDATE-BASED PSYCHOSTIMULANTS						
First Line	Biphentin* Capsules 10, 15, 20, 30, 40, 50, 60, 80 mg 	Granules can be sprinkled	~ 10-12 h	10-20 mg q.d. a.m.	40/60	▲ 10 mg at weekly intervals Max. dose/day: Children & Adolescents = 60 mg Adults = 80 mg
First Line	Concerta* Extended Release Tablets 18, 27, 36, 54 mg 	Osmotic-Controlled Release Oral Delivery System (OROS [®])	~ 12 h	18 mg q.d. a.m.	22/78	▲ 18 mg at weekly intervals Max. dose/day: Children & Adolescents = 54 mg Adults = 72 mg
First Line	Foquest* Capsules 25, 35, 45, 55, 70, 85, 100 mg 	Granules can be sprinkled	~ 13-16 h	25 mg q.d. a.m.	20/80	▲ 10-15 mg in intervals of no less than 5 days Max. dose/day: Children & Adolescents = 70 mg Adults = 100 mg
First Line	Quillivant* ER Chewable Tablets 20, 30, 40 mg Powder for Oral Suspension 300, 600, 750, 900 mg/bottle 	Chewable Tablets Note: Scored Tablets: 20, 30 mg Oral Suspension	~ 8-12 h ~ 12 h	20 mg q.d. a.m. 20 mg q.d. a.m.	30/70 20/80	Children 6-12 years Titrate up or down weekly in increments of 10 mg, 15 mg, or 20 mg Max. dose/day = 60 mg Quillivant* ER Oral Suspension and Quillivant* ER Chewable Tablets are not interchangeable
Second Line	Methylphenidate short-acting Tablets 5 mg (generic) 10, 20 mg (Ritalin*) Ritalin* SR Tablets 20 mg 	Scored Tablet Wax Matrix Preparation	~ 3-4 h ~ 8 h	5 mg b.i.d. to t.i.d. Adult: 20 mg q.d.	100/0 100/0	▲ 5-10 mg at weekly intervals Max. dose/day: All ages = 60 mg
NON-PSYCHOSTIMULANT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR						
Second Line	Atomoxetine (Strattera*⁵): No longer manufactured) 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 & Adolescents: 0.5 mg/kg/day Adults = 40 mg q.d for 7-14 days	Not Applicable	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
NON-PSYCHOSTIMULANT - SELECTIVE ALPHA-2A ADRENERGIC RECEPTOR AGONIST						
Second Line	Intuniv XR* (Guanfacine XR) Extended Release Tablets 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)	Not Applicable	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

Illustrations do not reflect actual size of pills/capsules. Longer-acting stimulants tend to have lower abuse potential than shorter-acting formulations. Non-stimulant formulations have no abuse potential.
¹Pharmacokinetic and pharmacodynamic responses vary from individual to individual. The clinician must use clinical judgement as to the duration of efficacy and not solely rely on reported values for PK-PD and duration of effect. ²Starting doses in table from product monographs. CADDRA recommends usually starting with lowest dose available. ³For specific details on how to start, adjust and switch ADHD medications, clinicians should refer to the Canadian ADHD Practice Guidelines (www.caddra.ca). ⁴Vyvanse 70 mg is an off-label dosage for ADHD treatment in Canada. Original version of this sheet developed by Dr. Annick Vincent in collaboration with Direction des communications et de la philanthropie, Laval University.

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 stimulants

- ▶ Usually last 9-14 hours – Longest : Foquest, Vyvanse
- ▶ Longer and smoother onset and withdrawal
- ▶ Less potential for abuse (University students)
- ▶ 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



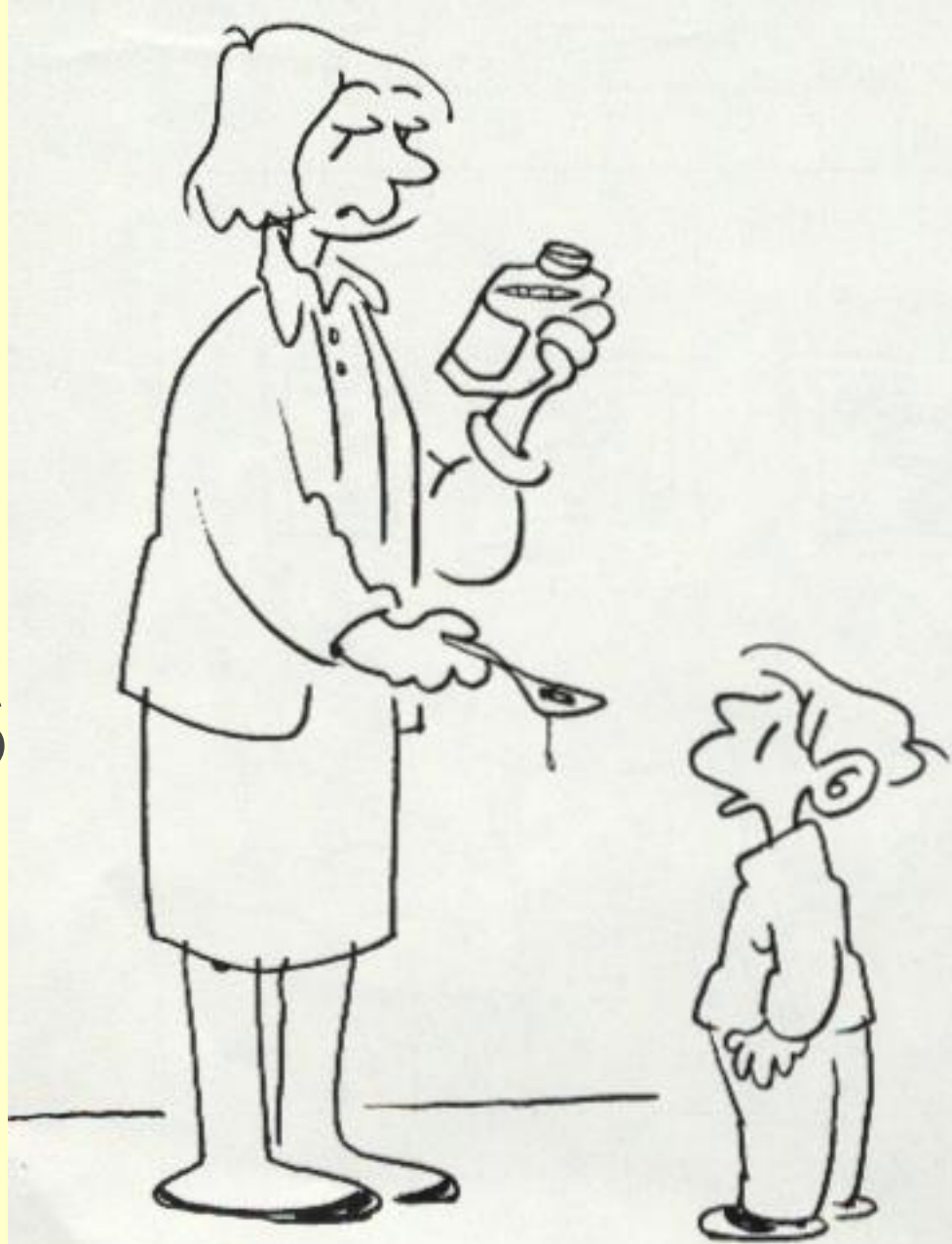
Long-Acting Medications: Dosing

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, 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

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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 / Cognitive slowing
- ▶ Slight increase in blood pressure and heart rate but not of stroke or MI
- ▶ No need for an EKG unless pre-existing condition



Adult ADHD Quality of Life Scale

**Weiss Functional Impairment
Rating Scale**

Impact of Stimulants

Prescribing in ADHD: Rule of Thirds

Based on clinical experience and expert consensus:



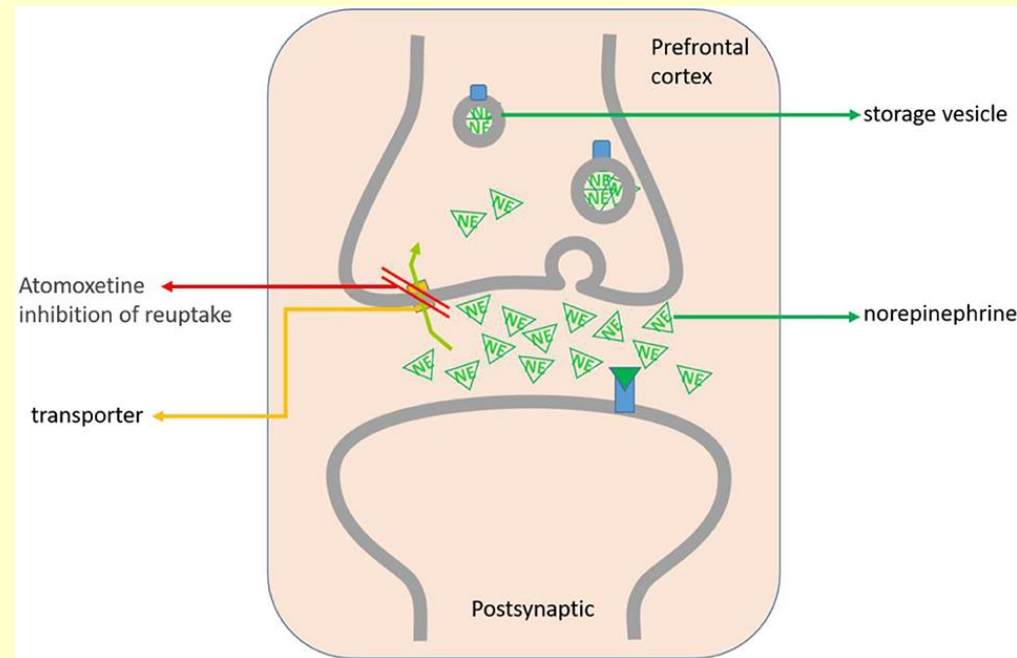
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Literature reviews have found that up to 95% of ADHD patients may respond to stimulants (68-71% to methylphenidate and 68-77% to amphetamines)

Other Medication Options

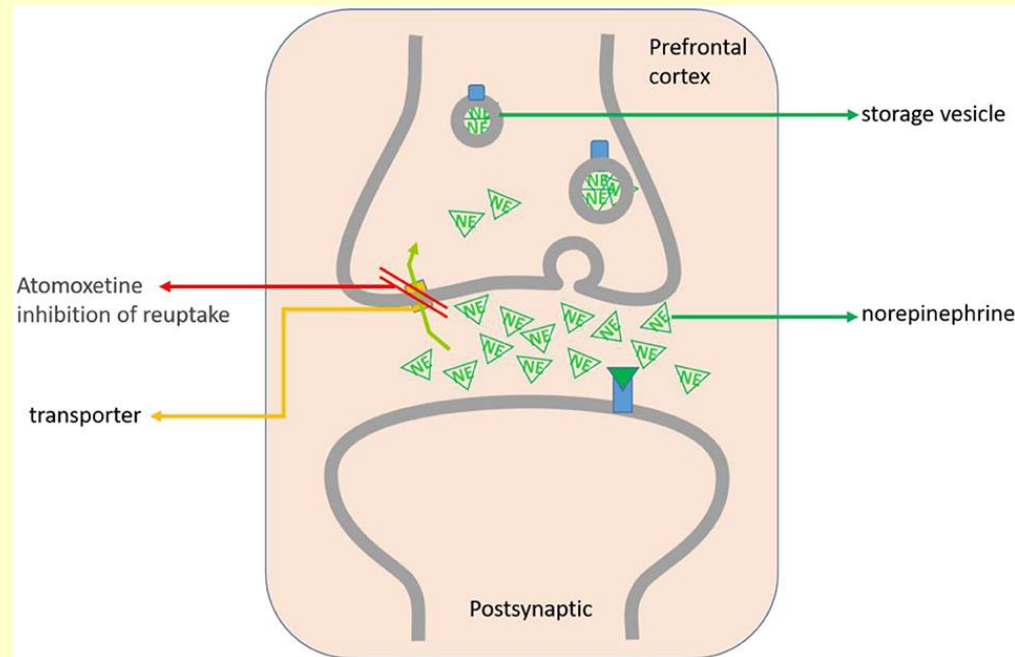
Atomoxetine (~~Strattera~~)

- ▶ 40–120 mgm
- ▶ Noradrenaline Reuptake Inhibitor
- ▶ Can take up to 2–3 weeks to work
- ▶ Sleep problems
- ▶ Fatigue
- ▶ Upset stomach
- ▶ Dizziness
- ▶ Liver damage
- ▶ Suicidal thoughts



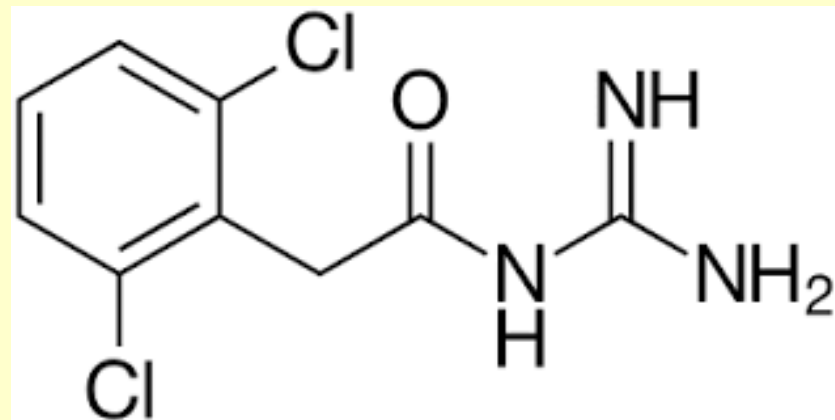
Viloxazine (Qelbree)

- ▶ 150–600 mgm
- ▶ Noradrenaline Reuptake Inhibitor
- ▶ Can take 1–3 weeks to work
- ▶ Sleep problems
- ▶ Fatigue
- ▶ Upset stomach
- ▶ Nausea
- ▶ Sleepiness
- ▶ Insomnia



Guanfacine (Intuniv)

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



Clonidine

- ▶ Selective alpha 2A–adrenergic receptor agonist
- ▶ 0.1–0.4 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”

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

10 Tips 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.

 EXERCISE	 Make time for exercise every day. Exercise helps increase focus and attention, decrease excess energy and combat symptoms of depression.	 Adding an exercise program in your daily routine will provide you with many physical and mental health benefits.
 LIMITATIONS	 Accept yourself and your limitations. Remember that ADHD does not just affect children and is a real disorder.	 A diagnosis of ADHD can help you understand why you act in certain ways, but it is not an excuse for inappropriate behavior.
 NETWORK	 Find people who accept you. Adults with ADHD may feel that they are misunderstood and judged by people around them.	 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.
 UNWIND	 Look for time in your day to unwind. Use transitional time between activities to de-stress and relax.	 Take an opportunity to sit 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 going family activities.
 PRIORITIZE	 Create a system for prioritizing your day. Look over what needs to be accomplished and complete the items that are most important first.	 Should you eventually become distracted, you will know that you still have accomplished the most important items for the day.
 PRODUCTIVITY	 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 then.	 Look for jobs that permit you to be flexible in your schedule and allow you to make the most of your productive periods.
 DEADLINES	 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.	 Even if you are just working around the house, give yourself a time limit to complete portions of the task.
 BREAK IT DOWN	 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.	 Remember, think steps. For example, if you are going to clean your house, make it a system. First make the beds, second - straighten the living room, third - dust. Don't worry about any steps other than the one you are currently on.
 ORGANIZE	 Provide your own structure. Develop systems that help you define routines, such as creating a daily schedule.	 Use organizational helpers like to-do lists, smartphones, daily planners, and tape recorders.
 LEARN	 Learn about ADHD. The more you learn about your diagnosis, the more prepared you will be to handle daily difficulties.	 Read books, ask your doctor questions or join a support group.

Source: HealthCentral

Books to recommend

Driven to Distraction

Edward Hallowell and John Ratey

Delivered from Distraction

Edward Hallowell and John Ratey

Succeeding With Adult ADHD

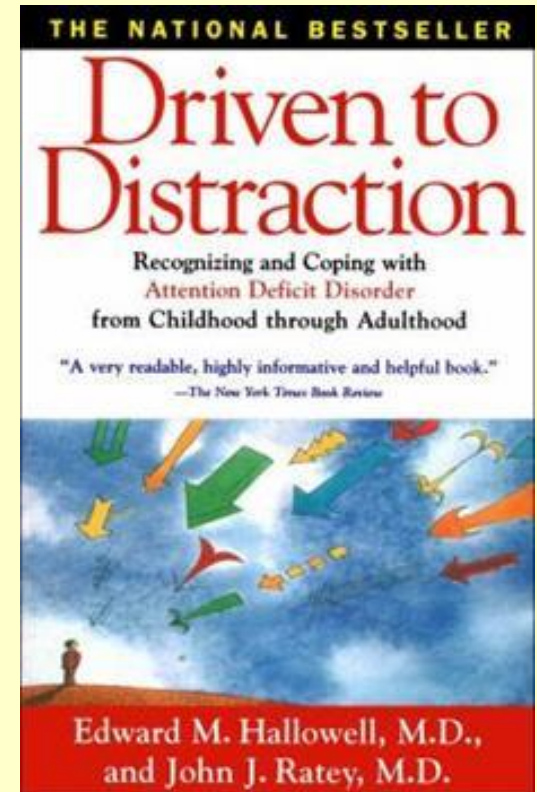
Abigail Levrini

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

Information

www.caddra.ca

www.caddac.ca

www.chaddcanada.org

www.adhdcanada.ca

www.ADHDandYou.ca

www.associationpanda.qc.ca

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

Additude.com

www.additudemag.com/mobile-apps-for-adhd-minds/

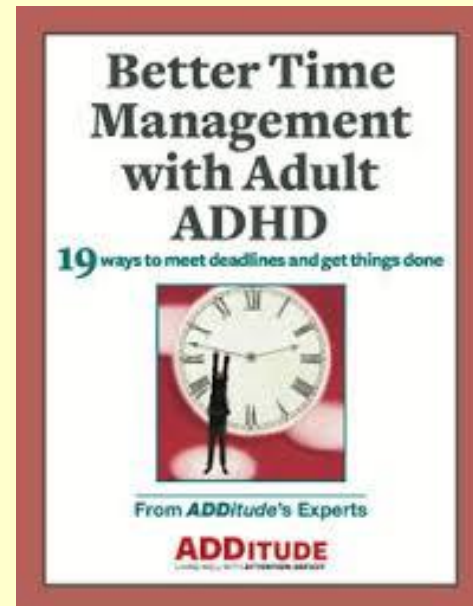
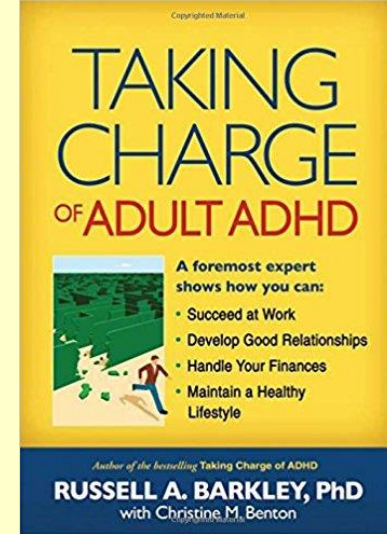
Structure & Executive Functions

- ▶ 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



Coping Strategies

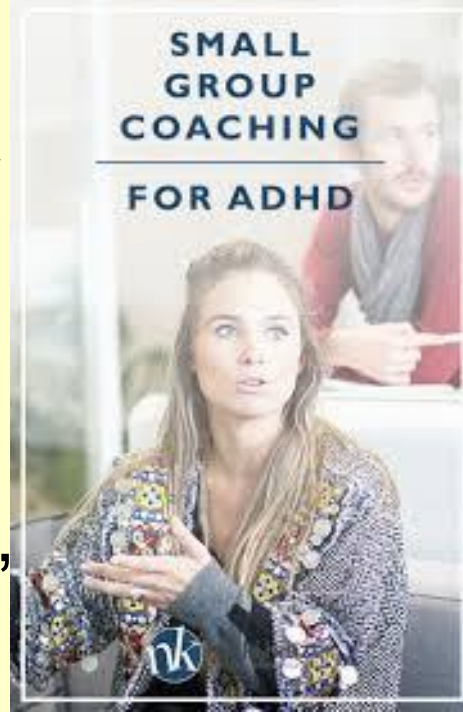
- ▶ Set personal / attainable goals
- ▶ Develop daily routines
- ▶ Reward yourself when achieved
- ▶ If it didn't work, take a time out to review the situation
- ▶ Stress management
- ▶ Sleep hygiene / decrease screen time
- ▶ Physical activity
- ▶ Maintain a sense of humour
- ▶ Use mindfulness techniques



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

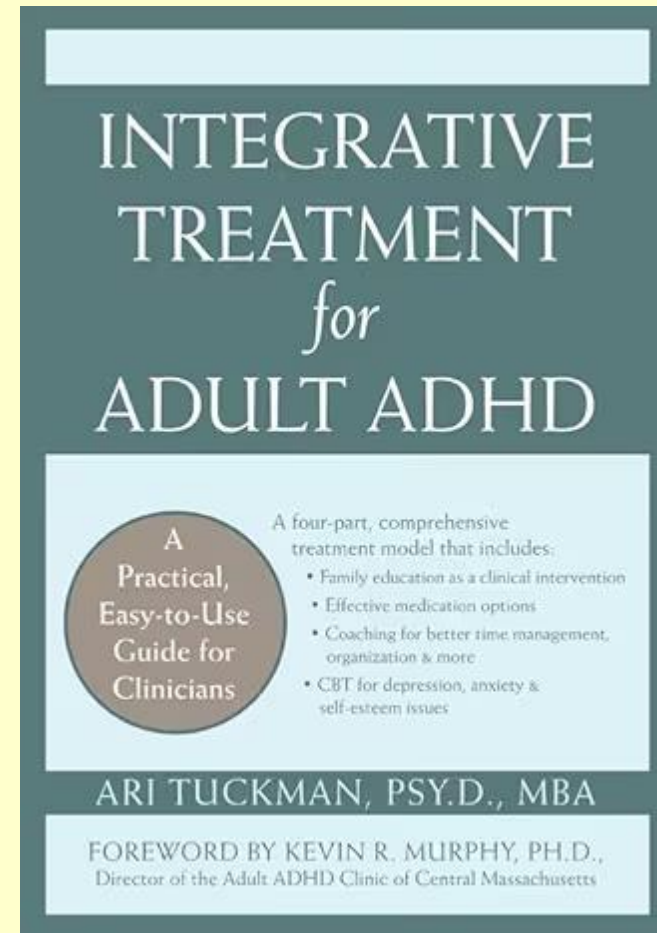


Other Behavioural Interventions

- ▶ 2 Minute rule
- ▶ Ranking importance of tasks
- ▶ Write out steps in a task and tick them off when completed
- ▶ 15 minute – no more than that and take a break
- ▶ Blocking brief times for specific tasks
- ▶ Multiple copies of lists

Psychotherapy

- Counselling
- CBT - **SPEAR**
Stop,
Pullback,
Evaluate,
Act,
Re-evaluate
- Individual and Family Support
- Maintaining self-esteem



Psychoeducation: Self Knowledge, Awareness, & Understanding

Environmental Interventions

Cognitive-Behavioral Interventions

Relational Interventions

Body Basics

Interventions for task paralysis / task initiation

Anxiety + ADHD to do list / planning intervention

Tasks / to do's	Anxiety Level			Time Commitment		
	1	2	3	1	2	3
Getting my license		3			3	
Looking into schools		2			2	
De-clutter Bedroom		2			2	
Crafts - selling on eBay		2			2	
Better system for appointments		3			2	
Dogs Fixed		3			2	
System for family time & time w/ husband		1			1	

Cognitive-Behavioral Interventions

Interventions for task paralysis / task initiation / task completion

Anxiety + ADHD to do list / planning intervention

Pomodoro method / Combination of task + fun / break

Breaking down tasks into smaller parts (visual + checklists)

Agreements & deadlines: by when?

Working with all or nothing mindset (clear intermediate reward)

Staying engaged with the mundane (reward + work + reward)

Music, gamify, favorite show/podcast, adding novelty

Relational Interventions

Acknowledging and repairing broken commitments (self and others)

COMMENTARY

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College of Medicine and Case Western Reserve
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Professor of Marketing, Director of the
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Case Western Reserve University,
Cleveland, OH

A new paradigm for adult ADHD: A focused strategy to monitor treatment

MEDICAL PROFESSIONALS face a significant challenge when treating adults with attention deficit-hyperactivity disorder (ADHD). Although adult ADHD bears similarities to its childhood expression, the distinct features are associated with ADHD across the life span, with particular attention focused on the ADHD symptom-generated task incompletion or the single primary dysfunction in adults with ADHD.

Shifting the paradigm of treatment from reducing symptoms to one of effectively increasing task completion allows for the physician and patient to quickly determine treatment effectiveness that accrues from pharmacotherapy. Farther than review changes in their patients' symptoms checked off on an ADHD behavior scale, the physician can review the patient's report on the status of incompletion (no change, increase, or decrease) and thereby play a prominent role in management of adult ADHD. This shift in the paradigm of treatment effectiveness allows the physician to reintegrate task incompletion, encourage the patient to form collaborative partnerships to enlist assistance of others to improve work completion (as

behavior of task completion to address this shift in thinking.

■ DIAGNOSING ADHD

The estimated prevalence of current adult ADHD in the United States is 3% to 6%,¹ lower than the 13% childhood prevalence identified by the US Centers for Disease Control and Prevention.¹ ADHD definition changes over time,² with numerous factors impacting the age of diagnosis, including intelligence, symptom severity, environmental support, and changes in task demands. Because of increased awareness of ADHD in the adult population, physicians are likely to see more adults seeking treatment.

ADHD diagnosis requires the presence of dysfunctional symptoms of inattention, hyperactive/impulsive behavior, or both, as noted in **Table 1**,³ with clinicians examining the presence of reported symptoms in context. A person's highly reactive, impulsive behavior may be effective on the college football field but dysfunctional in a classroom lecture. Thus,

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



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



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
- ▶ Can be very rewarding to treat and life-changing for your patient

THANK YOU!

PLEASE FILL OUT YOUR SESSION EVALUATION



FamilyMedicineForum



FamilyMedForum

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