

Child and Adolescent Psychiatry: Comprehensive Assessment and Treatment of ADHD



A Carlat Webinar

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Conflicts and Disclosures

None

Learning Objectives

After the webinar, you should be able to:

1. Identify common co-occurring conditions associated with ADHD.
2. Describe key components of a comprehensive ADHD assessment.
3. Discuss effective strategies for environmental, psychological, and biological management of ADHD symptoms.
4. Summarize some of the current research findings on psychiatric treatment



Faces of ADHD

- Very active child prone to accidents
- Inattentive student daydreaming during class
- Misinterpreting social cues negatively
- Impulsivity, reckless driving, accepting dares



Irony of ADHD

- Diagnosis isn't always clear: many conditions mimic ADHD
- Clear cases of ADHD usually improve a lot with treatment



Demographic

- ADHD prevalence similar globally
- More ADHD and more misdiagnoses in BIPOC communities



Co-occurring Conditions

- Learning disorders, ODD, conduct disorder, substance use disorders, mood disorders
- High ADHD rates in autism, bipolar disorder, PTSD, poor executive function that looks like ADHD in schizophrenia and after illness (eg, COVID) and head injury



Assessment

- History includes family neuropsychiatric and medical history, physical examination (do you do vital signs?)
- Considerations: nutrition, Vitamin D, sleep/apnea
- Collateral information: teachers, direct observation (home/school), computerized tests, psychoeducational testing



Environmental Management

- School support: students study teams (SST), 504 accommodations, Individualized Education Program (IEP) modifications
- Other supports: morning homework time, check-ins, homework clubs, tutors, social facilitation



Psychological Management

- Efficacy of behavioral approaches
- Developmental relationship-based support
- Address self-esteem, problem-solving, and co-occurring conditions



Biological Management: First Steps

- Sleep
- Exercise
- Diet
- Treat co-occurring conditions



Medications: Stimulants

- Methylphenidate – fewer side effects in kids
- Dextroamphetamine – double potency
- IR vs ER, reassess and adjust



Medications: Non-stimulants

- Central alpha agonists: guanfacine, clonidine – mild, calming
- SNRI-like medications: atomoxetine, viloxazine SNRI-like side effects



Talking With Kids About ADHD

- Acceptance: embracing neurodiversity
- Highlight different learning styles
- Contrast traditional vs experiential learning



Talking With Parents

- Minimize extra reading/homework
- Supportive guidance
- Parents' own care



Carlat Take

- Results may vary: satisfying results or diagnostic puzzles
- Clarify diagnoses when treatment isn't working



References

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- Husain-Krautter S, Ellison JM, Focus (Am Psychiatr Publ) 2021;19(3):282-293
- Reynolds CF 3rd et al, World Psychiatry 2022;21(3):336-363

