

Stonebriar Psychiatric Services News & Views

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Back to School, For Better or Worse

Well, it's that time of year again when everyone is heading back to school. For many parents it may feel like a welcome relief after spending much of the summer trying to answer the constant question, "Hey Mom, what's there to do?" But for many children and teenagers, it means returning to an environment that they find frustrating, embarrassing, or even hostile. Many of these youngsters begin to feel that they are either "stupid" or else just "bad kids." Frequently, they may have heard this for much of their life. Ironically, their parents, who may or may not understand what their child is experiencing, often feel that they are bad parents because nothing they have tried regarding discipline or help with tutoring seems to have helped. This is often the world as viewed through the eyes of a youngster with attention-deficit hyperactivity disorder, better known as ADHD or ADD.

Attention Deficit / Hyperactivity Disorder

What is it?

The thinking about ADHD has gone through many cycles and diagnostic names. It has been known as "minimal brain dysfunction" (MBD), hyperactive syndrome, attention deficit disorder (ADD), with the most recent terminology referring to Attention-Deficit/Hyperactivity disorder with qualifiers that stipulate either hyperactive-impulsive type, inattentive type, or combined type, which includes both the hyperactivity and the inattention aspects. It used to be thought that attention deficit disorder was outgrown, because initially the primary symptom addressed had been the hyperactivity and impulsiveness. It is found that frequently these symptoms may decrease as one gets into adolescence, although it has also been found that up to 60% of individuals with ADHD may have persistent symptoms of impulsiveness, problems with concentration and task completion, and poor academic or job performance which persist into adulthood.

Criteria for the diagnosis of ADHD with regard to inattention include such things as failing to give close attention to details, making careless mistakes in schoolwork, difficulty sustaining attention with tasks or play activity, frequently seeming to not listen when spoken to directly, not following instructions, and frequently failing to finish tasks either in the workplace or at school. Individuals with ADHD also have difficulty organizing tasks in activities, frequently avoid activities that require sustained mental effort or attention, frequently lose things, are easily distracted and often forgetful in daily activities. For the hyperactive-impulsive classification one looks for such things as frequent fidgeting and squirming in one's seat, difficulty staying in the classroom or at one's desk, extreme activity regarding climbing and running, difficulty playing quietly, talking incessantly, often interrupting others before they have finished speaking, difficulty waiting one's turn, and often blurting out answers in the classroom setting. The impulsive behavior frequently gets these youngsters, as well as teenagers and adults, into trouble with peers, society, and even the legal system. By official diagnostic criteria, symptoms need to have been present by the age of seven, persisted at least six months, and caused significant functional problems in more than one setting. However, ADHD is frequently not diagnosed until later in school as the work becomes more difficult with a greater need to be more organized. At this point,

innate intelligence may not be enough to get by, as it has in the past. Although there does tend to be a higher incidence of learning disabilities in those with ADHD, it should be emphasized that there is no correlation with intelligence, and many individuals with ADHD are extremely bright, even if academic performance lags.

Is it Over-Diagnosed?

Although there has been much concern recently about whether ADHD is over-diagnosed or over-treated with medication, Dr. Joseph Biederman, professor of psychiatry at Harvard Medical School and one of the foremost authorities on ADHD, states that ADHD "is the most common neurobehavioral disorder in children, estimated to affect between 4% and 12% of all school-aged children." In light of the fact that up to 60% may continue to have problematic symptoms as adults, this represents a significant number of people struggling with this disorder. We also know that there is a higher incidence of alcohol and drug abuse as well as legal problems with this disorder. However, contrary to the fears of many parents that the stimulants often used for treatment will increase the risk of drug abuse/dependence, numerous studies have supported just the opposite in finding a reduced incidence of alcohol and drug abuse in those individuals who have been treated.

How is it Diagnosed?

Assessment requires looking at the medical, psychiatric, and psychological components that may play a role in ADHD. The evaluation needs to examine the context in which the individual lives, including the family, school, and community. One needs to evaluate prenatal factors as well as early development, academic performance, family history, and overall behavior patterns. One also needs to rule out other things that can look like ADHD, such as anxiety and/or depression, stressful home situations associated with conflict, changes resulting in marked family stress, abuse, etc. There are also a variety of psychological tests that can be performed regarding cognitive functioning, ability to attend and maintain focus, etc., along with developing neuroimaging studies which may be helpful in the overall evaluation. However, it must be stressed that ultimately this is a clinical diagnosis based upon history and behavior patterns, and that there is no particular test that can make the diagnosis.

Is ADHD Hereditary?

There seemed to be a number of biological factors predisposing to ADHD, with 20-30% of individuals having a family member with ADHD. Prenatal risk factors include maternal smoking and substance use. Although much research is still being conducted, it appears that many areas of the brain may be affected and contribute to the symptoms. It also seems clear that there is no single neurotransmitter responsible for this disorder.

Treatment for ADHD?

While there are a number of medications that may provide potential benefit for ADHD, it should be remembered that medication alone is not the answer but rather is one of the tools available. The stimulants, such as Ritalin and amphetamines, both in their short and long acting forms, have tended to be the mainstay of treatment from a medication standpoint. There are potential benefits and side effects, like with all medications, but generally these have been well tolerated. There are also some medications that are frequently helpful that are not controlled substances like the stimulants. These include Strattera, some of the antidepressants, and one promising medication that is currently pending approval for ADHD is Provigil. A number of different diets relating to food additives, sugar, vitamins, or certain fatty acids have been proposed and certainly seemed to be potentially helpful in individual cases, but there has been no consistent evidence of their overall effectiveness.

Although a review of the many behavioral tools and techniques useful with ADHD is beyond the scope of this article, it should be noted that all good general principals related to

parenting, such as consistency, clear expectations and consequences, being sure that one has the child's attention while giving instructions and keeping them as simple as possible, and stressing one's disapproval of the child's behavior while still loving and valuing the child, are all still fundamental. The primary difference is that they need to be applied even more consistently with a youngster with ADHD. And no, you're not a bad parent if these principles do not always work, but you do have a child that is more challenging to raise than the average. However, keep in mind that many of these children are also extremely bright, creative, and become highly productive members of our society. They cannot do it on their own, and if your child or teenager is struggling with these kinds of problems, I would encourage you to seek help rather than just assume that they are trying to drive you crazy!

Summary

In summary, the evaluation of a youngster or adult with possible ADHD should include a thorough history regarding a variety of settings in which the symptoms occur, a medical and psychiatric evaluation, psychological testing when available, and information from outside sources such as teachers or employers when appropriate. Medication alone is not the best treatment but provides significant benefit for many individuals to better allow them to make use of other interventions.

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