

# ADHD news

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## What should I expect at a follow-up appointment with my child's doctor?

By Professor Peter Hill

Reflections on typical experiences, and practical tips on getting the most from your clinic time.



This article is about school-age children attending follow-up appointments with a doctor or nurse who is prescribing medication.

Nearly all children get weighed and measured at one of these appointments. But, it seems that sometimes that is pretty well all that happens. I hear this from a number of the families I see who have previously been seen by a local service. Dr Ilina Singh observed the same in her survey of attitudes and practices in the UK ADHD clinics, so it's not just that I am more likely to see families who are unhappy with their local service.

Obviously it makes sense for anyone prescribing ADHD medication to check that there is no slowing of growth or weight gain, but what seems to happen too often is that this

dominates the follow-up and there is very little if any discussion with the patient (the child).

It's odd because the main focus of treatment should obviously be making things better for the patient: improving educational achievements, making family life better for the child, helping him (it usually is him) keep out of trouble and so on. More clinic time should be spent, I believe, on making sure the treatment is effective rather than being preoccupied by side-effects on growth which actually are not that common.

How treatment is assessed depends on what the doctor (or prescribing nurse) is trying to do. Sometimes it seems to be treating the overall picture of ADHD by improving scores on rating scales - and doctors and nurses appear to be using

these quite frequently, as official guidelines recommend. This is perfectly reasonable as a way of obtaining an overall picture of life at home, or at primary school. But for children at secondary schools, teacher rating scales are notoriously difficult to make sense of because of all the different subject teachers. Scales provide an idea of overall behaviour, and whether medication is working, but they can't be the whole story. They don't usually deal with impaired functioning, distress, self-esteem or achievement, and only a couple deal directly with side-effects.

The other way of approaching treatment is to focus on change in a specifically identified target area such as impulsive behaviour in class, getting ready in the morning or obedience in the home. Talking to clinicians around the

country, I have an impression that this is not that common and this seems a pity to me. It seems to be in parallel with the known low rate of use of individual psychological methods of treatment for childhood, because these too tend to focus on specific problems. Clinicians seem generally to settle for treating the big picture of ADHD symptoms rather than specific difficulties, though it is likely to be the specific problems that cause trouble.

But follow-up appointments need not be solely about treatment. In my practice I see a lot of American children and I notice that their previous doctors have used appointments to tell them and their parents about ADHD. Now I'm quite sure the children I see aren't necessarily typical

*Continued on page 2*

of all children seen in American ADHD services but, putting things round the other way, I rarely see a British child so well-informed about their condition.

On the other hand, I am more likely to hear that British parents will have attended a group parenting course, though I have to say that they are usually critical of the way some classes are not sufficiently focused on ADHD. I do, of course, know that the people I see are likely to be unimpressed by their local service and that is why I'm seeing them. But there is a consistent theme of criticism or comment and it does seem to me that there are general points that could usefully be made.

A further issue for follow-up is making sure that the treatment prescribed is actually taken,

because nobody can adjust treatment if a quarter of what is prescribed isn't actually taken, for whatever reason.

I may be being idealistic, but I do think that if your child's doctor or nurse is actually treating their impairment and helping them achieve a better life with a treatment that is working well, then you and he can recognise that they are doing just that.

Ideally, in my view, a discussion about treatment in a clinic follows a triangular pattern so that you, your child and the clinician can all chip in. How much your child can contribute increases with age, of course. With teenagers, for instance, I find that a slightly different tone is helpful. Not all children's doctors are comfortable with teenagers and it may be useful if you give them a hand.

The way I'd go about it is like this. If I'm talking to a teenager who is taking ADHD medication I want to be positive about treatment in general but slightly questioning, even sceptical, when talking to the individual in front of me. Teenagers often have different and more critical attitudes to treatment and authority than younger children do. If you talk to your teenage child in an appointment you may also find it useful not to take everything for granted, even if it seems to you that things are generally going well. For instance, you can ask them, in front of the doctor or nurse:

- **Do you think this medicine does anything for you?**
- **How much of a nuisance is it?**
- **How do you feel when you don't take it?**
- **When during the day does it wear off?**
- **Do your friends notice if you take it or not? Do your teachers notice anything?**

Current NHS policy is for you to have a copy of a letter sent after the clinic to, for instance, your GP.

It seems reasonable to me that you can expect something like the above from a well-motivated, well-informed prescriber. They will be under time pressure to get through their clinic and your appointment so they can seem rushed, but I think the above scheme is manageable in many clinics.

It is difficult for staff to keep to appointment times as families with a child with ADHD can, indeed will, have unexpected crises which take time to sort out in appointments. I am grateful for hand-held games and The Simpsons magazine for distracting impatient children when things run late because someone earlier in the clinic is on the threshold of exclusion from school, or a disorganised child has slowed a parent up so that they arrive late and hold everything up.

Just in case this article is read by a clinician who runs follow-up clinics and is not too irritated, can I make one suggestion about making an appointment efficient in time terms? It is agenda setting.

This is standard practice in Cognitive Behavioural Therapy: setting the agenda for the appointment at the outset. This can be done in less than a minute along the lines of the clinician asking "What do you think I should focus on today? ....(looking at both child and parent and waiting...)" Then saying "From my point of view I want to know if the treatment/medication is working and what it's helping with, and I want to check with you (looking at the child) whether there are any problems or side-effects. And we have 15 minutes (or whatever)". Personally I find this more fruitful than a more general or casual approach ("How have things been?") and the patients (the children) seem to like it better, probably because they are less likely to hear a stream of negative comments at the outset from a parent who is worried they won't be taken seriously unless they spell it all out.

From the child's point of view, I would expect a prescribing doctor or nurse who is actively on your side to:

- Talk to me at some point, not to my mother all the time
- Check the treatment is achieving what it should
- Ask me whether I think it's working (and on what sorts of things?)
- Tell me at least one new thing about ADHD, perhaps answer one of my questions about it (e.g. what exactly is ADHD? why have I got to take these pills? why do I have to keep coming here?)
- Ask us – that is me and my mother (as it usually is) about appetite, sleep, feelings (angry, sad, worries), aches and pains
- Ask us about school
- Ask us about friends
- Ask us about getting into trouble

If I'm taking medicines:

- Measure my height
- Take my blood pressure
- Weigh me
- Ask me how often I miss a dose

## CONTENTS

**What should I expect at a follow up appointment with my child's doctor?** • **Pages 1-2**

**ADHD news round up** • **Page 3**

**ADHD and Family: Converting chaos to calm through mindfulness**

• **Pages 4-5**

**ADHD and mood changes**

• **Pages 6-7**

**Important dates for your diary**

• **Page 8**

# ADHD news Round Up

## UK Government removes legislation on how many hours education a pupil should get each day

The UN convention on the rights of the child (Article 28) states that everyone has the right to education. Local authorities have a statutory duty to provide education for children of compulsory school age in their area, and this must be appropriate to their age, abilities, aptitude and special educational needs. The Education Act of 1996 captured this in section 19 (6). However, the amount of education in days and hours is no longer specified by the department of education. This is now in the hands of local governing bodies.

The following link provides more information.  
[http://www.education.gov.uk/sc\\_hools/adminandfinance/schooladmin/a0064221](http://www.education.gov.uk/sc_hools/adminandfinance/schooladmin/a0064221)

For ADHD pupils this could become an equality issue. All pupils at a school should be receiving the same number of hours of education, otherwise there may be a case for disability discrimination. This is another thing to check when developing a statement of educational needs.

## Review your school using the Ofsted website

You no longer have to wait for an Ofsted inspection to express your views on your child's school. A new website gives you an opportunity to comment at any time. Parents' comments will be reviewed before Ofsted undertake a no notice inspection of a school. So it is well worth participating, and responding to 12 questions covering areas such as – the way the school responds to bullying,



quality of teaching and levels of homework.

Here is the link –  
<http://parentview.ofsted.gov.uk>. When a few views have been gathered the results for the school are visible on the site. Individual comments are not displayed.

## UN convention on the Rights of People with Disabilities – What does it mean for you?

This UN convention recognises that we are all equal, and that disabled people have the same rights as everyone else – to freedom, respect, equality and dignity.

[www.equalityhumanrights.com/human-rights/human-rights-practical-guidance/guidance-from-the-commission/a-guide-to-the-un-disability-convention/](http://www.equalityhumanrights.com/human-rights/human-rights-practical-guidance/guidance-from-the-commission/a-guide-to-the-un-disability-convention/)

Follow this link to download a copy of a guide from the Equality and Human Rights Commission, which explains what the convention means in practice.

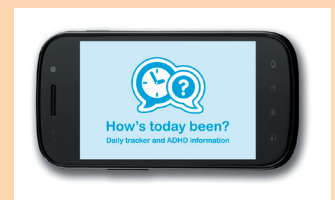
The guide includes ways in which you can put the convention into practice, as well as how you can use it to challenge injustice and improve services.

## New ADHD apps launched

A new smart phone app to help people with ADHD plan their day was recently made available on iTunes. The app, which can be used on iPhones and iPads, was designed to assist people affected by ADHD. It was developed by Janssen, a pharmaceutical company, in consultation with Professor Amanda Kirby, from The Dyscovery Centre, University of Wales, Newport. Designed to provide assistance with day-to-day organisation, 'Sorted: The

bookshelf theme for each of the user-defined categories and the flexibility to personalise it by adding notes, voice memos or uploading pictures. There is also a game-like element in the app which should encourage individuals to create a personal long-term goal, by rewarding task creation and completion and exploration of the app features with badges."

Andrea Bilbow said, "Whilst a number of planning apps exist, this is the first to be tailored specifically to the needs of people with ADHD. For up to half of children with ADHD, symptoms continue into adulthood. For some of those people, this new app could prove to be an indispensable tool to help them



manage their time, make appointments and get tasks done."

'Sorted' follows 'How's today been?' another Janssen ADHD app, designed to help parents and carers track the day of a child with ADHD. By keeping a daily record, parents can build an ongoing picture of the child's day at different time points and help identify which times are especially challenging. The information recorded will help parents talk to other people who interact with the child about how things are, or can be kept for their own record. The app is a patient information resource that clinicians can inform parents and patients about during consultations.

daily organiser' is user-friendly with a clear structure and user-defined categories. It helps users create tasks and includes a function to motivate them to complete their tasks. Users receive daily alerts and task lists can also be linked to an email. Professor Amanda Kirby said, "Experience shows that it is often hard to keep individuals with ADHD motivated over long periods of time to be able to teach and embed organisational and goal setting skills. We have designed this app to be visually appealing with a



## ADHD and Family:

### Converting Chaos to Calm through Mindfulness

By Mark Bertin

**A potentially life-altering practice for parents, including those with ADHD children, that benefits entire families.**

One truth of family life is that it is inherently uncertain. We feel everything is under control one moment and then things suddenly change around us. We make plans that don't work out exactly as we pictured. We imagine our future one way, and then life takes a different path. Sometimes we make assumptions ... and then make more assumptions and then decisions based on little more than those tenuously formed beliefs.

As parents we also have countless habits, many of which we are not fully aware. We may make rash decisions and then without question stick with them — or maybe our habit is that we never stick with anything. We define ourselves or our children in some way ('He never works hard'), and assume that can never change. Day-to-day, both the sense of uncertainty and the influence of our lifelong habits are amplified when we feel overwhelmed or stressed, as is frequently found when living with ADHD.

ADHD is not a disorder of attention, hyperactivity or impulsivity alone. It is a medical disorder rooted in a much larger skill set called 'executive function', our capacity to manage all the intricacies of daily life. It includes our ability to organise, plan, anticipate, manage time and regulate our emotions. Unsurprisingly, ADHD amplifies the stress and uncertainty of life for anyone who has it, or is living with someone who does. For

example, research shows parents of children with ADHD are a high risk for anxiety, depression, and divorce. To comprehensively and compassionately manage ADHD we need to see it through this larger lens of executive function. Supporting adults and families living with ADHD requires a concrete action plan to move forward, addressing its symptoms. ADHD doesn't affect only individuals, it strains relationships. It potentially impacts learning, classroom behaviour, work situations, and almost any aspect of life imaginable. It also requires acknowledging the stressed out, often overwhelmed individuals living with it. One proven tool for improving well being, managing stress, and cultivating new and productive habits in life is the accessible, research-backed practice of mindfulness.

#### **Getting in Touch with Mindfulness**

So what is mindfulness, and how is it achievable? On one level, mindfulness means paying attention and experiencing life as we live it, right now, while maintaining an open and honest perspective about whatever we encounter. With mindfulness, we still have experiences we like and some we dislike, but maybe we don't wrestle quite as much with either. Mindfulness is a way of building cognitive abilities that benefit ourselves and those around us, cultivating an ability to manage our lives with a greater sense of balance and

less stress.

Meditation, which is often part of mindfulness training, is like weight lifting. Hit the gym regularly and moving furniture around the house becomes easier. During meditation, we strengthen our ability to notice when we're acting without reflecting a moment before taking action, or doing one thing while distractedly thinking about another. Research shows improved ability to focus, and in aspects of executive function, after practicing mindfulness - skills that remain available at any time during the day.

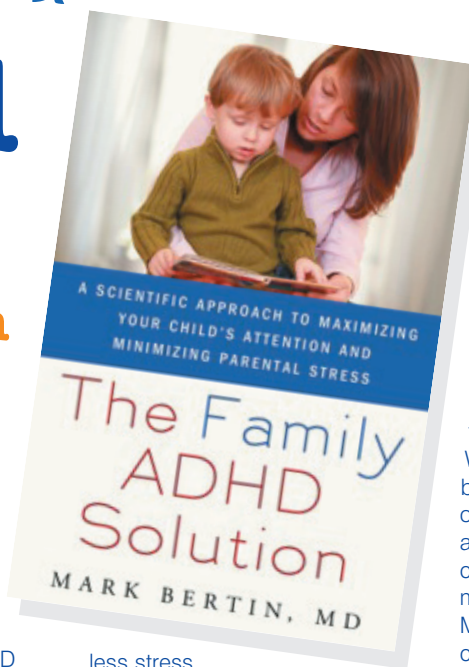
In this type of meditation the task is one of focused attention, nothing more. Our mind wanders, always, over and over again. That's what minds do - they make thoughts. While meditating we try to focus our attention on whatever we choose, such as the sensation of breathing. When it wanders (as it always will), we deliberately bring it back again instead of remaining in rumination, daydreams, or wherever else we've gone. This simple, immensely challenging act can affect how we live the rest of our lives.

Through mindfulness we build an ability to attend more fully to our experience as it happens, wrestling less with any sense that things aren't as they 'should' be. Whatever our natural tendencies, we increase an ability to focus our attention where we want, while cultivating compassion for ourselves and

others. And while a practice of meditation is often suggested, it is a style in which we never aim to eliminate thought - only to sit more comfortably with a busy mind.

#### **So Many Benefits**

We spend so much of our day-to-day time on 'autopilot.' We find ourselves playing a board game while we're really rehashing the argument we had trying to get ready for school. We're eating dinner as a family, but visualising unsettling images of our child failing to ever get his act together in life. Or, we're consumed by a fear we've mishandled the latest outburst. Meanwhile, without full consciousness, we're reacting to things that are said or done at the table, correcting behaviours, and answering questions. Or maybe snapping in anger, or disappearing into ourselves, withdrawn and defensive. Without preventative effort, we become lost in fantasy and fears and planning and all sorts of random and not-so-random ideas and emotions. When we practice focusing our attention, in meditation and in our lives, we address this pattern. "Right now, I'm going to give full attention to my children and not to planning what I'll say in tomorrow's meeting". While we'll still find ourselves becoming distracted at times, we may recover and return more easily. Children are often the first to notice the difference. In the midst of a thousand distracting thoughts on a scattered day, focusing our attention back to real life is a radical step. Not every idea or fantasy or plan we encounter in our mind is worth validating with a response. Many of the ideas and sensations and emotions that come and go through the day seem permanent and unchangeable, yet they generally aren't. Fearing something bad will happen doesn't make it true. When we pause and pay attention, we find some mental experiences are worth our attention and others ... not so much. Thoughts arise and, with a sense of calm and discernment, we enjoy what there is to enjoy and more easily sort out the rest.



And, then, since anything we do repetitively changes our brain, this new perspective becomes part of our underlying neurology. Unlike many of us were taught in school, our brain adapts physically throughout our lives, rewiring itself in response to experience. Practicing focused attention, cultivating new mental habits, builds pathways that make these skills easier to continue over time. We practice meditation because it influences how we act throughout life. Our mind wanders off over and over again, and we guide it back without ripping ourselves for having "failed" at what is basically an impossible task. As in life, we cannot always get it right, and we give ourselves the benefit of the doubt for working at it in the first place. By training our ability to focus, we also may find ourselves more able to bring our full attention to our families, or reacting less reflexively when life makes us frustrated or angry, or discovering a new solution to an old problem.

### **Mindfulness and Family**

Parenting can be a humbling experience. So much is uncertain and unpredictable. We plan and anticipate and try to have as much fun as possible with it all, but we cannot control everything. In the face of these facts, we can instead aim to teach children a basic life skill, the capacity to handle life's ups and downs with equanimity and wisdom. But first, we need to cultivate these traits in ourselves. Mindfulness training is a proven way to start. By practicing mindfulness meditation, we permit ourselves a few minutes a day to let our minds quiet. Every time we stop for a moment and observe the swirl of sounds, sensations, thoughts, emotions and whatever else we discover, we have the opportunity to choose with intention where to place our next step. Lost in thought, we miss easier, lighter moments with our kids. Reacting without pause, we fall back on the same old habits, for better or worse. Taking a moment to pause and pay attention, we refocus

ourselves on our daily life and on all the moment-to-moment choices we make every day. Mindfulness doesn't fix anything in and of itself. A child has ADHD. Their behaviour is challenging, and they require far more support than we expect just to get out the door in the morning. To that, we add our fear of the future, anger with the situation, and unintentionally escalate the morning battle by withdrawing. Maybe we distractedly stumble through the routine with our thoughts mostly on getting to work, missing out a few easy moments available with our kids during breakfast. Whatever our tendencies, through mindfulness we build our capacity to pause, let our thoughts and emotions settle, and with a beginner's mind choose a fresh next step forward.

### **Getting Started**

Here's a simple place to start bringing mindfulness into your life:

Three times a day for several weeks, pause and pay attention. Pick easy times to remember, such as when you are about to leave the house, or when the

kids get on the bus, or before each meal. Or, practice taking a brief break when the day starts feeling overwhelming or tense. Notice sounds and physical sensations as they arise. Notice thoughts and emotions and observe them without, for these few moments, planning and fixing and rehashing and all the rest.

Take a minute to focus on several breaths, nothing more. Pay attention to the sensation of breathing, the physical movement of air passing through your nose or mouth, the rising and falling of your chest or belly, or whatever else is most apparent. Notice for one minute whatever you think and feel at that moment, without doing anything more than observing: "I am rushed and my feet hurt". "I am quiet and at peace now, but worried about tonight." If you need, you can take care of something when you're done; right now, just give your mind a moment to settle. Count five or ten breaths, if you like. Then, gathering your resources, choose what you will do next.

## **Book Review**

By Colin McGee

**The Family ADHD Solution By Mark Bertin, MD (A Scientific Approach To Maximising Your Child's Attention And Minimizing Parental Stress.)**  
New York, Palgrave Macmillan 2011. ISBN 978 0 230 10505 8

*The opening sentence immediately won me over. "Parents of children with attention deficit hyperactivity disorder (ADHD) often come into my office exhausted." Such a familiar truth, yet one that can often be missed by many that interact with ADHD children and their families. Some parents are exhausted simply trying to keep their heads above water and survive their many daily challenges.*

*The author uses an informal style in his writing. I enjoyed how he was able to reveal his detailed knowledge and experience in a way that is accessible, and yet still maintain the professional clarity and accuracy that is needed. Dr Bertin encourages the reader to begin to clarify how they personally can make informed choices and take charge of their lives and families in a warm, positive, assertive way while reducing stress levels.*

*I welcomed the chapters in Part 1 that helped explain the ADHD brain and clarify the **Path to Diagnosis**. This is often a confusing time for families as they attempt to divine the best way through the warren of what are sometimes unclear thoughts, ideas and unhelpful red tape. This is the background a family often face when they need to make important life decisions involving their loved ones. Even though he is describing an American path it is still informative and contains sound advice to help smooth this journey.*

*Chapter 8 in Part 111 stresses the crucial element of needing to get the whole team around the child working positively together to support the individual in effective ways. Parents/carers and all professionals need to be focused on the genuine positive support to enable the ADHD child to have an equality of opportunity to develop to their full potential. It is so important that parents and the school understand that many of the things ADHD children get into trouble for are linked to their disability. These include homework not handed in, uniform transgressions, out of seat, impulsive behaviour, lateness and comments made without thinking that can appear rude or challenging. I have supported children that have been given a detention for not handing in their homework, when it's sitting in their bag as they have forgotten to hand it in.*

*An interesting approach that his work seeks to introduce is the idea of bringing mindfulness into the world of the ADHD community. This may well seem like a step too far in a stressful world, however even if you introduce small amounts of mindfulness on a regular basis it will have a cumulative effect on changing your own behaviour and, indirectly, the behaviour of your family. He describes techniques and approaches that I have used successfully in my psychotherapy practice to open up people's awareness, which can then help them make more positive choices in the future.*

*This is a gem of a book, particularly for parents new to the world of ADHD. It has a no nonsense delivery of facts and thoughts which cover the main issues that parents and carers will come across. I can see that this will be a key book I will recommend to both educators and parents.*

# ADHD and Mood Changes

By Professor Eric Taylor

Children with ADHD are prone to several periods of emotional upset. These upsets – rages, misery and highs – are not part of the diagnosis, but they can be the biggest difficulties faced by children and their families.



## Rages

Nearly every child has a big temper tantrum sometimes. The statue pictured is a famous image from Norway which catches the distress as well as the challenge of an angry outburst. Typically, a tantrum is provoked by frustration and has a behavioural aspect, a subjective feeling state, and a set of emotional bodily changes. Sometimes only the behaviour change is thought about. Lashing out, kicking, hitting and other kinds of aggression are unpleasant to live with. Many of the helpful systems for parents to learn – 123-Magic, Incredible Years, Triple-P, and many others – are based on understanding how children learn their troublesome behaviours, and can unlearn them. But these are not the whole story. First, aggression is not always due to an emotional change. Sometimes the explanation is

simpler: aggression can work. It can enforce a child's will against the wishes of other people. Accordingly, one of the principles of managing tantrums is to make sure that it does not get rewarded by achieving its goal of coercing others. Second, angry emotions do not always lead to a tantrum. Sullen, tight-lipped resentment may not be aggressive to others at all, but can still corrode relationships, keep children away from good learning experiences, and cut down their happiness. Third, the emotional outbursts often need to be thought of as a communication. They are protesting about something, and it often helps to think through what that is. All these aspects of anger are ordinary parts of growing up. For many children with ADHD, rages become more intense and more frequent than is the case for most children. This can be because they encounter more frustrations than most children, so anger is a natural response. Their impulsiveness makes them thoughtless, so other people react crossly or by excluding them. Their inattentiveness can create a lot of frustration, as they are unable to achieve in the way they wish. But there is another problem for them: they find it much harder than other children to regulate their own emotions. Just as they often lack self-control in controlling their activity, so they often struggle to calm down from a high emotional arousal as effectively as others. Understanding the emotion of anger in these ways can help parents to manage high-level tantrums.

## Helping children through rages

**1. Don't reason** – In a rage, children are not thinking clearly. They cannot reason very well in the storm. The red face, the tears, the physical excitement are all part of a high arousal that narrows their focus of attention right down to their indignation. During a bad tantrum, the immediate action is simply to make sure they don't hurt themselves or others

**2. Reason later** – After a big rage, typically two hours or so later, the children are often in a very different frame of mind: quiet, remorseful and unhappy. This is the point where some calm talking and reflecting can help them to see better ways of getting what they want.

**3. Defuse** – Learn to spot the signs that the child is working up to a rage. Early in the process it may well be possible to distract them. Or it may be sensible to consider whether the brewing conflict is one that it

is sensible to fight, or whether the adults should yield the point before doing so becomes a reward for the child getting into a fury.

**4. Negotiate** – If a tantrum is followed by the adult giving in, or if it has achieved a great deal of attention, then (see above) it is obviously likely to happen again. It makes better sense to consider, when things are calmer, whether there are constructive ways for them to protest or to negotiate what they want.

**5. Keep calm** – Anger breeds anger. It is not easy for a parent to hang cool in the face of a fury; but fighting anger with anger is a recipe for keeping it going.

Most parents naturally shape themselves in this kind of way. Sometimes, however, the problem is more serious: it is not just a matter of coping with outbursts, because the child's mood state is abnormal even between times.



## Emotional dysregulation

For some children, frequent and intense rages are not the whole problem. Their usual mood state is changed – either angry, resentful and uncooperative, or seriously miserable. This can be such a difficulty that a new diagnosis is being introduced: Disruptive Mood Dysregulation Disorder (DMDD for short). It is not trying to make tantrums into a disease; the idea is to label a serious problem in a useful way. The full description, and the scientific basis for it, can be read on the website of the people developing the American Diagnostic and Statistical Manual of Mental Disorders ([www.dsm5.org](http://www.dsm5.org)). It can be present at the same time as ADHD – in fact it usually is – but it is not the same thing. Children with both DMDD and ADHD tend to have family members who have shown (or still show) the same combination. Their brains, in the magnetic scanner, tend to have not only the tell-tale changes of ADHD (small and underactive frontal lobes and basal ganglia, related to lack of inhibition) but also changes in the size and activity of parts of the brain involved in emotional expression – such as the amygdala.

## Excitability and bipolar disorder

Sometimes the mood change is not only angry and/or miserable, but also excitable. The mood can flash suddenly into a “high” – massive increase in activity, unexpected and wild hilarity, sometimes even a frame of mind in which they think they are invulnerable, or much cleverer than the adults around them. These episodes do not usually last for long – typically just a few hours – and they do not necessarily need any particular management other than tolerance and safety. Episodes of euphoria and excitability can also go on for days. If they do – and especially if the episodes are complicated by irritability and sleeplessness at night without the usual result of daytime tiredness – they can mean the beginning of “bipolar disorder”. Bipolar disorder used to be called “manic depressive illness”. It is a serious mental illness and it usually starts in adolescence or early adult life. There are strong genetic influences (not the same as ADHD) and as far as we know there is little particular association with ADHD. Drug treatment can

be very helpful – lithium, for instance, can stabilise mood and powerful antipsychotic drugs can calm, and prevent the excitable mood states from getting the person into serious risk. Unfortunately, the drugs can also have worrying side-effects – people treated with the antipsychotic drugs can have their metabolism changed, with more fat in the blood and risks for diabetes and hormonal changes. As a result, it is important to make sure that the condition being treated really is the serious bipolar disorder, and not the other emotional changes described in previous sections. This means identifying (1) distinct episodes, very different from the person’s usual state; (2) episodes including being euphoric and

grandiose (not just angry); (3) episodes lasting several days at least. These are pretty rare in children before puberty, but can indeed appear in teenagers with ADHD. Other pointers include stimulant treatments (such as methylphenidate) actually worsening the mental state. I am stressing the rarity of this bipolar problem in young children because there has been a trend in the USA which I find worrying, to diagnose in young children even if they only have one of the mood states (rages or emotional dysregulation) described above. Nevertheless, in the UK the services do need to become vigilant for the extreme mood changes that appear in adolescence and can be treated medically.



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## Important Dates for your diary

### The ADDISS 10th INTERNATIONAL CONFERENCE – 18th to 20th October 2012, in Central London.

This conference is for parents and professionals and provides a fabulous opportunity to catch up on current ADHD research, pick up practical tips and advice and to connect with others impacted by ADHD.

### Thames Path Challenge fundraiser walk – 29th and 30th September 2012.

Join us for the overnight 100km walk from Putney Bridge to Henley, and attempt to complete the challenge in 24 hours. Or try the 50km option with a target time of 12 hours. All to raise

money for ADDISS. Refreshments will be available along the way. Find out more on the website

[www.thamespathchallenge.com](http://www.thamespathchallenge.com) and then contact ADDISS to join our team.

**123 Magic Workshops.** We are developing our programme of workshops to run in different locations across the UK and in Europe. Contact us for details of events in your local area.

**For more information, and to book your place at these events, check the ADDISS website**

**[www.addiss.co.uk](http://www.addiss.co.uk) or ring us at the ADDISS office 020 8952 1515.**

## Advertising rates

The ADDISS newsletter is sent out to families and professional practitioners with an interest in ADHD issues four times a year. It is also distributed at conferences, training events, local support groups and clinics. After six months the newsletter is available on the ADDISS website where it can be viewed by an international audience.

Advertising in the ADDISS newsletter gives you a unique opportunity to reach families and individuals impacted by ADHD, as well as professionals working with the condition. We can offer competitive prices for advertising space – available in quarter, half or whole pages. Contact us for details of rates and editorial deadlines.

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## Subscribe to ADDISS

As a professional or a parent, you can support ADDISS – and benefit from the support that we can give you.

Keep in touch with new research, new treatments, learn what is working – and what isn't.

When you become a member of ADDISS then you will receive this newsletter four times a year, notification of talks across the UK and abroad, a copy of our catalogue of books and DVDs, notification of new publications as well as special offers including discounted entrance to conferences and training events. In most cases your discount more than covers your membership fee – so it is well worth it.

A year's subscription costs £45 for professionals and £30 for parents, or adults with ADHD.

You can subscribe online, or telephone our office for an application form.

<http://www.addiss.co.uk/subscribe.htm>

# SUMMIT CAMP

## CAMP PROGRAMS FOR BOYS AND GIRLS WITH ATTENTION, SOCIAL, OR LEARNING ISSUES

A holiday in America on a specialized camp designed to enable your child to make and hold friends, learn new activities, have fun, and make incredible memories. Activities include swimming, boating, river kayak trips, exciting science, high and low ropes course, go-karts, nature, theater, crafts, video arts, sports and more.

Children and young people ages 8-19 with Special Needs including AD/HD, Aspergers, Autistic Spectrum Disorder, Moderate Learning Difficulties and/or Emotional and Behavioral Difficulties. Program runs from August 1<sup>st</sup> - 23<sup>rd</sup>.

A multi disciplinary management and staff team including a physician, clinical social worker, outdoor education specialists, teachers, and recreational specialists. Many of our staff are from the UK with a high staff to children ratio.

Growth, independence, maturity, increased self esteem, lasting friendships are among the outcomes of Summit Camp on our 125 acre campus which includes a 45 acre lake in the rural hills of northeastern Pennsylvania.

Since 1969 Summit Camp has offered structure, nurturing support, excellent supervision and social skills development in an environment where your child is understood and feels included.

[www.summitcamp.co.uk](http://www.summitcamp.co.uk)

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