

ADHD news

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ADHD and the Law

by Phil Anderton PhD



A lot is said and written about the outcomes for people with ADHD. Some would look at the positives - creativity, boundless energy and, when harnessed, an ability to channel a focus into something that motivates the individual. Others may look at the risks of having a behavioural condition that makes you so different that society can often struggle to

accept you. One that reduces your self-esteem and can cause you to do things that later you may struggle to justify.

In a recent debate at a conference, I witnessed a 'head to head' between Dr Ned Hallowell and Dr Russell Barkley. Hallowell looks at ADHD with his glass half full and Barkley is often looked upon as a commentator with an opposite opinion. In Dr Barkley's explanation of his position he is clear. We cannot bring about systemic change for people who suffer from ADHD if we focus on the positive traits alone. ADHD is debilitating and it is only by examining the disorder at that level that we will bring about positive, relevant policy change where it matters.

In this edition of ADHD News we look into the risks for young people with ADHD in relation to the criminal justice system. These risks are real, and many parents and guardians I speak with are at their wits end with the lack of organised/systematic care that is offered to adolescents to either keep them out of 'trouble' or if they are in 'trouble' helping to get them out of it.

In the first article, Lyn Oualah, from Reading's Youth Offending Service explores her work in the complex world of the offender. Her article outlines exemplary practice, and having spent time with Lyn I know she is, rightly, proud of her work. Imogen Cox's article compliments Lyn's by looking at ADHD and criminal law from her perspective as a specialist criminal defence lawyer. Her views are backed up by her incredible understanding of ADHD and the legal system. Her words are practical, advised and very, very important.

I would ask you the reader to do more than just read these articles. Make contact with local service providers and carry the articles with you in case your child comes into contact with the justice system. Providing care for someone with ADHD is tricky and demanding. These articles allow you to have some more resources to help you advocate in a more professional manner. I commend them to you and albeit the glass may seem half empty as you read them, the knowledge these words provide can partially fill your glass; so life may not be as hard as you think, next time your child gets into trouble - which they may.



CONTENTS

ADHD and the Law • Page 1

Reading YOS • Page 1-2

ADHD and Criminal Law
• Page 3Me, Myself
and Adult ADHD • Page 4-5

OCEAN Study • Page 6-7

News Round Up • Page 7

Important Dates • Page 8

Reading YOS

Our approach to limiting the potentially destructive impact of the "Arm of the Law" for young people with ADHD and their families and/or carers.



by Lyn Oualah

Lyn Oualah is a parent of 4 teenage children, one of whom has a formal diagnosis of ADHD. She is an Accredited ADHD Coach and ASD Advisor with a keen interest in working with young people who are not achieving their potential for a variety of reasons. Lyn regularly attends conferences and lectures on ADHD and related conditions, which enable her to keep abreast of current thinking and research. In addition, Lyn is a qualified teacher with 20+ years of classroom experience and has been with the Youth Offending Service (YOS) in Reading since January 2001.

In my role as a specialist worker at Reading YOS, I support young people with Special Educational Needs and offer practical advice, guidance and support to their parents and/or carers too. I deliver the Triple P (Positive Parenting Programme) as a rolling programme

throughout the year and this is open to any parent Reading-wide. I am able to include a perspective to this programme that also makes it relevant and accessible to the parents and/or carers of young people with ADHD.

Our service is open to young people who have come into the Criminal Justice System as a result of anti-social behaviour, or having committed an offence. It is also open to those at risk of coming into the Criminal Justice System. In either event, I do my level best to get involved so that the situation does not escalate or become more serious.

The age of Criminal Responsibility is 10 years of age. This is when a young person is deemed to be capable of knowing right from wrong. The Youth Offending Service is a

Continued on page 2

multi-agency team, funded by local partner agencies and government through the Youth Justice Board.

The aim of the YOS is to prevent offending, and re-offending, by children and young people. This is done by ensuring:

1. The time from arrest to sentence is short.
2. Young people understand the consequences of their behaviour.
3. Work is provided which looks at the causes of young people's misbehaviour and offending.

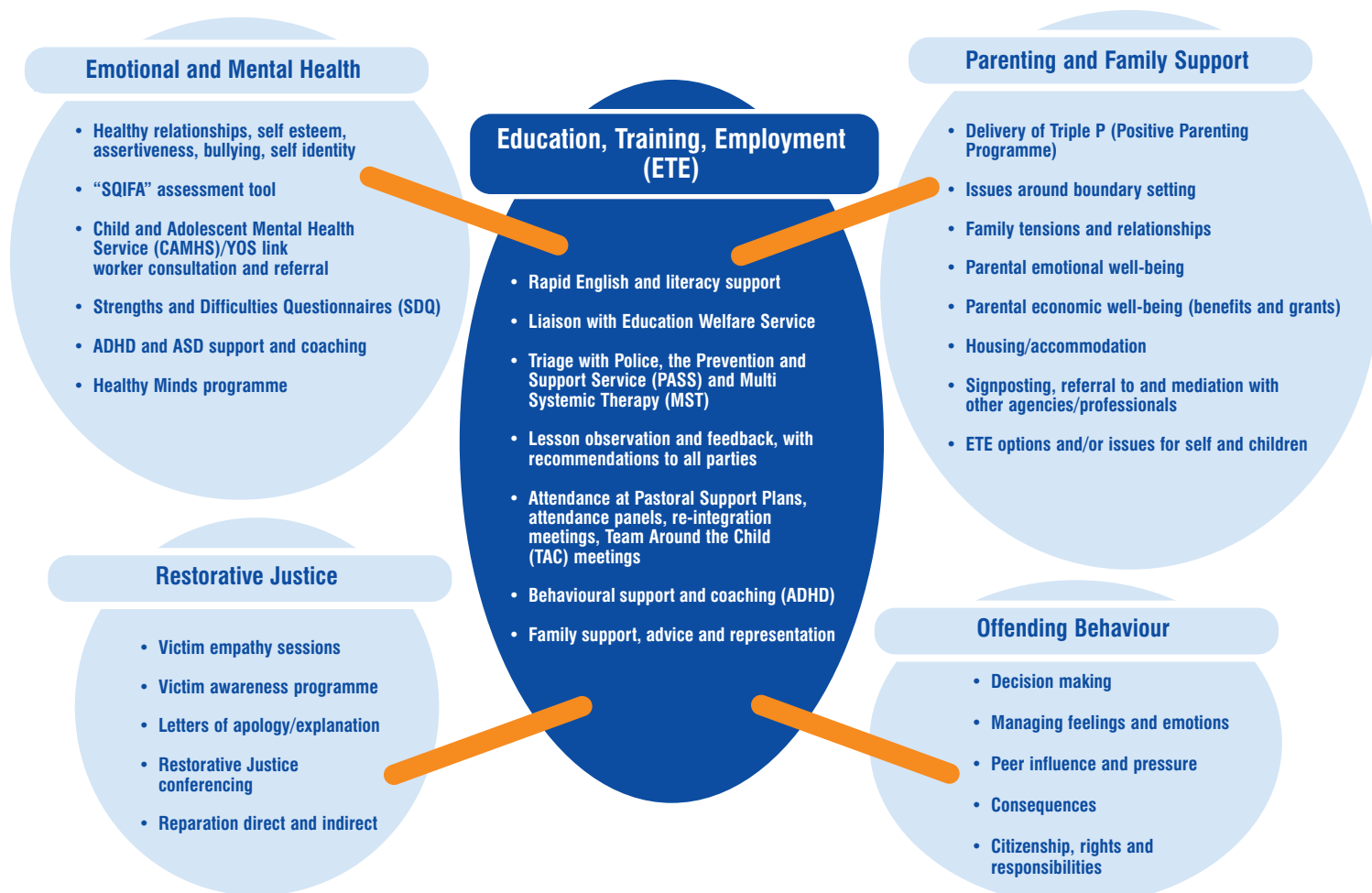
4. Young offenders undertake reparation with their victims or the community.
5. Parents are aware of their responsibilities.
6. Court outcomes relate to the seriousness and persistence of offending. (YOS advises Court on sentencing through assessments and reports)

At the "Pre-Court" stage, Reading YOS works with young people for a short amount of time on a non-statutory basis. As you can imagine, we have to put more effort in with

youngsters with ADHD in order to get them to engage in a process that they do not feel they need!

We have a statutory obligation to work with young people on a Court Order, and this is for a fixed amount of time, which relates to their sentence. For those with ADHD more effort is required to gain and sustain compliance, let alone address factors most linked to offending.

There are a variety of programmes or interventions that we can employ – including the following.



These are all things that you can ask your local YOS about – as a parent or carer, a young person or a professional: "The Scaled Approach" was introduced in November 2009 to ensure that interventions are tailored to the individual and based on an assessment of their risks and individual needs.

In Reading we pride ourselves on the fact that our caseworkers are skilled and trained to deliver a range of evidence-based interventions. Reading YOS provides a "one-

stop shop" for the majority of its service users. We are able to call upon in-house specialist workers for interventions or advice on particular issues or needs. Otherwise we will liaise with, and refer to, other external agencies or professionals as appropriate.

The likelihood of achieving optimal results is enhanced by timely and targeted support from fellow colleagues and professionals in other agencies that continue beyond the confines of the Youth Justice System. I take pride in the fact that I can influence their

input and for me the satisfaction I get from my work is enormous.

Whether you are a professional, parent or carer supporting a young person with ADHD and/or ASD who would like more information or details as to what you can expect from prevention services or the YOS in your area, please get in touch:

lyn.oualah@reading.gov.uk

I would love to start the ball rolling for you.



ADHD and Criminal Law

A helpful guide by Imogen Cox, Director, Cartwright King Solicitors

By way of background, I am a specialist criminal defence solicitor with Cartwright King and have been practicing for almost 15 years. Cartwright King is one of the biggest suppliers of legal aid in the country with offices in Leicester, Nottingham, Derby, Sheffield, Birmingham and Newcastle Gateshead.

ADDISS has been referring work to me now for a number of years, and I spoke at the ADDISS conference last year. Through contacts made there I am forging links with ADHD Solutions in Leicester – my home town.

I have noticed through my dealings with people who have ADHD, and their families, that there is a common thread to the types of questions that I am asked. I have outlined some of those questions here and will attempt to answer them. This is a huge subject so I am not able to cover every eventuality.

Where I refer to any figures or statistics in relation to people with ADHD and the commission of criminal offences, these figures come from Tipping Points, by Phil Anderton PhD. A brilliantly written book which outlines "what professionals should recognise as the social impact of ADHD".

In a Police Station

If arrested and taken to the police station, should a child with ADHD have an Appropriate Adult at interview?

All children are entitled to have an Appropriate Adult in interview if they are aged 16 or under.

Who can be an Appropriate Adult?

Any person aged 18 or over as long as they are not connected to the alleged offence in any way, for example a victim or witness. In the absence of someone suitable, or in the event that suitable persons are unavailable (at work or child care issues) then the police can contact the Appropriate Adult Service to attend. These are a separate organisation not connected with the police.

As a solicitor, my view is that sometimes an Appropriate Adult not known to the person in custody is preferable. They are not emotionally involved or stressed by the situation, for example of finding the child you love in the police station, or being angry with the fact that your child has got themselves into this situation.

What can a parent expect if their child is arrested?

You will be notified that your child has been arrested and if appropriate may be asked to act as an Appropriate Adult. If your child is over 16 – even with ADHD – there is no requirement for you to be notified of his/her arrest. This said though, unless exceptional circumstances apply, any person in custody is entitled to a call to advise someone of their choice that they have been arrested.

If my child is on medication for ADHD what happens whilst they are in custody?

All persons under arrest are booked into the Custody Suite and are spoken to by a Custody Sergeant who, amongst other things will conduct a medical assessment. As long as your child discloses that they have been diagnosed with ADHD and that they

are on medication, arrangements can be made for the medication to be collected and administered as appropriate.

What about if my child (under or over 16) has missed his/her medication and the interview is still conducted? Is this allowed?

As long as your child has told the Custody Sergeant that he/she is on the medication, and then it is not given to them, it MAY be that the interview could be rendered inadmissible. This is a legal application made by solicitors in Court. The effect of winning the argument would be that the interview would not be able to be used in evidence in any court case. If there is a solicitor at the police station then they are able to make representations to the police in the event that the medication has not been sorted out.

What is the role of an Appropriate Adult?

- To support, advise and assist the detained person, particularly whilst they are being questioned.
- To observe whether the police are acting fairly, properly and with respect for the rights of the detained person – and to tell them if you think that they are not.
- To assist with communication between the detained person and the police.
- To ensure that the detained person understands their rights and that you have a role in protecting their rights.*

Should an adult with ADHD have an Appropriate Adult at interview?

Anyone with a recognised mental disorder should have an Appropriate Adult at interview. In practice however, some Custody Sergeants would not necessarily request one in all cases. Again, this could lead to a legal argument to exclude the interview.

I have to say that in practice people with ADHD do not always tell Custody Sergeants that they have ADHD and if the police do not know then they cannot make informed decisions.

This is where you come in. If you are a parent of a child of any age with ADHD make sure that you advise them that if they are ever arrested then they must always tell the Custody Sergeant that they have ADHD and ensure that they let them know what medication they are on and how often it has to be taken. They should also always have a solicitor at interview and let the solicitor know that they suffer from ADHD. Sufferers of ADHD are twice as likely to commit criminal offences and are three times more likely to be arrested. This means that given the increase in risk, it makes sense to educate your child as to what to do in the event that they are arrested so that they are given the best possible help in the event that they get into trouble.

In Court

How do the courts perceive a defendant with ADHD giving evidence in court and the inherent difficulties associated with the disorder?

In the past when dealing with a defendant with ADHD giving evidence in court I have ensured that the court are aware that my client has ADHD and how it affects them. I have asked for regular breaks and rests and made sure that the Court are aware of how my client

may come across in Court. Things are now moving on and it is now possible for intermediaries to be used in Court to help. One such company who provides such a service is Communicourt. In the event that legal aid has been granted for the court proceedings, the cost of this service may be covered by the Representation Order. Through my attendance at the conference it is clear to me that progress is now being made with assisting the various agencies within the criminal justice system to become aware of the condition and how it affects people.

Can the existence of ADHD remove responsibility for the commission of a crime?

There are two elements to the commission of all criminal offences, the actus reus and mens rea. Simply put, the actual act, and the mental intent to commit the act. In order for a person to be guilty of an offence, both elements have to exist. Having ADHD does not remove either element – although it may assist with an explanation as to why the offender committed the offence. It does not, however, provide an excuse. In my experience, and as explained more fully in Tipping Points, people with ADHD are more likely to have issues with substance misuse i.e. alcohol or drugs. If an offence is committed under the influence of either, the fact that a defendant has ADHD can become irrelevant.

If a person with ADHD is convicted of an offence does the existence of ADHD affect sentencing?

Any sentencing exercise takes into account the circumstances of the offence itself and the offender. It follows that any characteristics of the defendant, including ADHD, have to be considered. A good solicitor with knowledge of ADHD will explain to any Court that the condition can lead to impulsivity and the inability to Wait Think Act**, and therefore more easily lead to the commission of criminal offences. If diagnosed with ADHD, then clearly providing the Court with important information about the condition can be excellent mitigation and, in turn, make a difference to the type of sentence passed.

In addition, if the person with ADHD has difficulty reading or writing, then there are certain Court Orders that they could not be given. Equally though, if the existence of ADHD has led to substance misuse, then a relevant Court Order can be tailored to address these issues. In the event that a custodial sentence is passed then the prison must be notified of any diagnosed disorder and the usual prescribed medication. The responsibility then passes to the prison to treat the prisoner.

* Ed Cape fifth Edition Defending Suspects at the Police Station

** Russ Barkley

Copies of Tipping Points are available through the ADDISS bookshop at a discounted price of £6.99 –

contact us at 020 8952 2800 between 10am and 3pm (or leave a message outside these hours) – or try the website - www.addiss-shop.com You may also be interested in resources available on the website www.adhdandjustice.co.uk - including the ADHD Angel apps.



Me, Myself and Adult ADHD

A personal story
by Anthony Reynolds

Anthony is the founder of My ADDventure,
a Manchester based support group -
www.myaddventure.org.uk



There are so many pages and websites about the treatment and ideas of what causes ADHD but there is nothing about the internal struggle within the mind of someone with ADHD.

So on a daily basis I will get up and automatically be smacked in the face by confusion and anxiety. Generally this is because I do not know what is going on, sometimes don't realise where I am and don't know what is going to happen.

I will then try and do the things that I need to do - like washing, ironing, cleaning, college work, charity work, scout work, parenting, being a good partner and yet while trying to do all this I feel I am not getting things done adequately enough. By this point I have deviated onto another task and forgotten completely what has happened no more than 3 minutes ago. This, once it eventually dawns on me, will cause anxiety and upset.

Then again I will forget what is supposed to have been done until someone reminds me. Again the same cycle of frustration and anxiety.

Within my mind I will continually be fighting with myself and unable to win. It's the hardest thing I have ever had to deal with,

and only recently have I really sat and thought about it. ADHD ruins lives and is not a gift, it is a curse that has no place in social settings, relationships and life itself.

I would not mind if you got a real explanation about ADHD and why these things are happening. I had to do all this research myself. This is not fair. Why do some conditions get more support than others? We are always left in the corner. Our partners do not get support and in most cases do not have anywhere to turn to. It is hell for those who live with it but it is beyond hell for those who live around it. Not knowing what is going on or why their partner is suddenly doing or saying something. My own partner, who I must say is an amazing woman who has given me so much support, has recently decided she needs a break. I personally don't blame her, as I would want a break from me too.

If I could split myself in half and leave ADHD in one and my "normal" self in another I think that I may finally get piece of mind, even for a single day. Looking out is hard but looking in is much harder. When something happens that is out of your control (which happens to me more than you can imagine) it is very hard to explain to a non-ADHDer what has just happened

and why it has just happened without being told that you are using ADHD as an excuse. This feels the hardest thing of all and is what isolates those with ADHD from the rest of society.

To truly understand the inner workings of ADHD is to live a day in the shoes of an ADHDer.

I wish for the day where I can find a magical cure for this curse. With time it gets worse not better, and though this is not the same for everyone - it is for me. It is debilitating and unnerving how often you watch yourself, or hear yourself, say something and fight to regain control until it is too late.

Forgetting something that has happened no more than 2 minutes ago and not knowing what has just happened. Exactly like you're blacking out. Becoming extremely defensive over nothing and not knowing why you are attacking over something so trivial.

All this boils down to something that you have no control over.

On the next page Anthony's former partner Elizabeth Platt gives her views on living with Adult ADHD.



An outsider's INSIDE perspective

by Elizabeth Platt

I had the opportunity to live with an adult ADHD sufferer for the best part of a year. During that time we had many ups and downs, some within our control, some outside of it. By the end of the relationship, I felt I had given all I had, yet more was still needed. I'm not quite sure if this is down to the ADHD specifically, or whether this is a combination of the disorder and the personality of the individual.

I guess even after a year of being in an intimate adult relationship, I still never really "got" him and the effects of the ADHD, although there were tangible results.

One of the main problems was the high level of attention required. It often felt like I had no choice but to sit and listen to him, and almost as though his hyperactivity was trying to physically push itself onto me, and my persona. Unfortunately, I am very different to that; whilst I'm certainly not a laid back and relaxed person by nature, I enjoy my peace and quiet and solitude. That is something that hyperactive ADHD people do not have at their disposal, and cannot grasp readily.

From the perspective of a carer of an ADHD sufferer, it feels like you are constantly having to give - your time, patience and energy. I do feel that maybe our personal circumstances have contributed to the ultimate breakdown of our relationship. However, there were so many times when I felt that more could have been done.

I lost count of how many times I would receive an email at work from Anthony, tell him I was busy at work and would talk when I came home, to have another email about 30 minutes later. Or worse still, he would call me at work to make sure I was ok. It felt like he'd not listened to me, and I would get angry that he'd not paid attention to what I had said. Even now, I'm sat on the sofa next to him trying to write this message out, and I've asked him 5 times to let me concentrate on this, and he's talking to me, distracting me. I know women are meant to be able to multi-task, but it is taking things beyond a joke.

A trait I noticed was that because his short-term memory was so poor, he would blurt out what he was thinking, in the hope that other people would remember it for him. Of course, when you have just stepped in through the front door, stressed from the ride on the underground / tram / bus home in rush hour traffic, you are tired, hungry and cold, you don't particularly want to be met with a wall of sound and information. An ADHD sufferer does not recognise this in someone; they can

come across as quite self-absorbed, and they won't necessarily pick up on the emotional state of someone else. Again, this can be extremely detrimental in a relationship, because it feels like your needs are overlooked. And the only way to get them to see is to often shout and scream. Unfortunately, they then feel like they are being attacked and, more often than not, an argument breaks out over something so trivial.

There is an overarching lack of support for those affected by ADHD. As it is a "higher functioning" behavioural condition, there is a belief by many that medication is simply the answer. As someone who has directly lived with the condition, I do not feel that one form of treatment is the only answer. Yes, it facilitates the receptors of those with ADHD and enables them to build upon the self-discipline to engage and develop skills and mechanisms to allow the condition to have minimal impact upon their life, and those around them. However, I do feel that more needs to be done to address other issues, and by tailoring approaches to their learning needs.

Having recently been through some behavioural therapy training, I felt myself constantly reviewing the topics and ways they can be used to help those with ADHD.

One of the areas that particularly interested me was Kolb's learning styles. He categorised 4 main features: Activist, Reflector, Pragmatist and Theorist. It seems strange that in today's business world, we are all about learning how others work, listen and learn, but these attitudes are not taken into account at school age level; surely if we applied these here, it would engage an ADHD child more, and encourage them to develop the social skills they require to take them through to adult life.

I also wholly believe that whilst ADHD is most likely a hereditary disorder, environment and the "nurture" argument really do have a massive effect upon the severity of the condition. I think it would be fair to say that my Anthony grew up in a rather less than stable environment. Whilst his parents did an awful lot to support him, the lack of support to his family in the early 90s really did put the final nail in the coffin, and I should imagine that for all their efforts it honestly felt like the world was against them.

Whilst I can sympathise to a level from that perspective, I do believe that there were underlying issues within the family that led to my him developing severe insecurities. He

also was constantly bullied throughout secondary school, both by his peers and in some cases his teachers. By their behaviour, ADHD sufferers, whether child or adult, do tend to stand out from the crowd.

I think that environment and social factors have exacerbated a number of other co-morbid conditions. These include depression, severe anxiety and stress.

Ultimately ADHD is not something that is simply lived with. There are so many factors that can impact upon it further. Unfortunately, if there are a number of issues during the early stages of an ADHD person's life, it really impacts upon later life. I have seen this first hand, and a shaky start in their early years, education and social development lays poor foundations and prevents them from achieving their full potential as an adult.

I would suggest that the best approach to deal with and tackle ADHD is a combination of medication, one to one coaching to help them develop themselves further, and couples counselling when they are in a relationship.

It is very difficult for a non-ADHDer to understand the full internal struggles that a person with ADHD goes through, and many times I felt like he was using it as an excuse. I am aware of other people with ADHD who manage and cope so much better than my he did. Yes, they are medicated and yes they have the support in place so that when things do become a challenge they can figure out what to do in a safe supportive environment, instead of coming back to the idea that they are on their own and isolated from the rest of society, and mental health agencies.

Does this story resonate with you?

Are you in a relationship with someone with ADHD?

What strategies have worked for you?

Write to us at admin@addiss.co.uk with your comments, or your story.

Readers may also be interested in the book *Journeys through Adulthood*, by Sari Solden – which focuses on the emotional challenges faced by men and women with ADHD. Contact the ADDISS bookshop at 020 8952 2800 between 10am and 3pm (or leave a message outside these hours) – or try the website - www.addiss-shop.com



OCEAN Study:

Can omega-3 supplementation help people with adult ADHD?

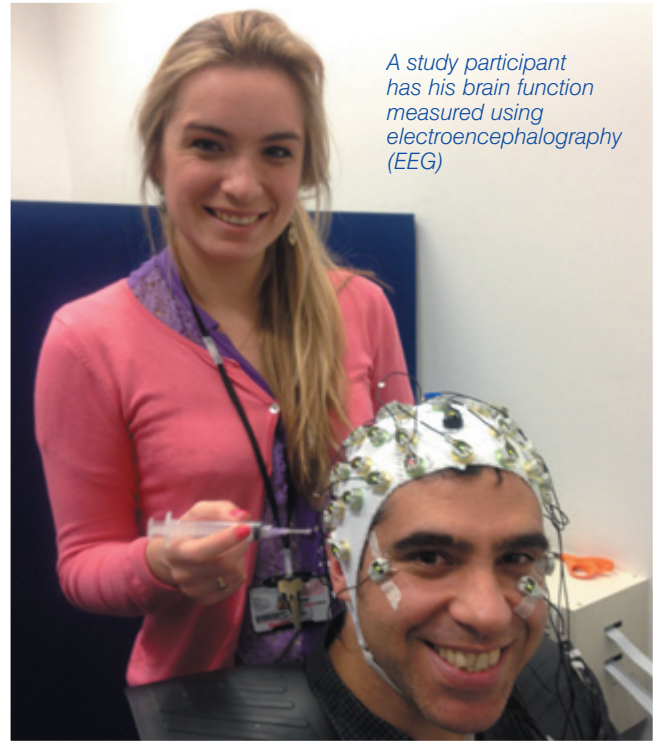
The 1942 wartime British Government supplemented the diet of all children with omega-3 rich cod-liver oil. This generosity at a time of austerity would surely lead us to believe that there must be something to these fish oils. Indeed people spend billions a year on these supplements and they are said to be the single best-selling product in the UK supplement market. However, the beneficial effects of fish oils are debated. If this is something you would like to read more on, please have a look at Ben Goldacre's book 'Bad Science' which offers a scathing analysis of the fish oil market.

However, a logical look at what makes up the brain, how it functions and what systematic scientific evidence has shown may lead us to consider that there may actually be 'something to it'. Your brain is made up of 60% fat. The fat is what helps your brain to work. In order for your brain to work efficiently, it needs to be able to communicate through signalling between different areas. Signals travel through the brain from one brain cell or neuron to the next. In the changeover, the signal needs to leave one brain cell at a point called the synapse and cross a physical gap before entering the next cell. For signals to enter a cell they need to pass through the walls surrounding them. These walls or cell membranes consist almost entirely of fat, including omega-3 fats. Embedded in these brain cell membranes are channels which open to allow the flow of signals into the cell. In order to do this, they change their shape. It is suggested that omega-3 fatty acids make the membranes holding these channels more elastic, making it easier for the channels to change shape and in doing so, omega-3 fats may improve cellular communication.

These signals can be either electrical or chemical and it is here that we start to see the link with ADHD. Some of you reading this article may be taking stimulant medication for your ADHD. One way in which this medication may help improve your symptoms is through altering your chemical signalling. One chemical known to be altered is called dopamine. Dopamine is thought to affect your mood and behaviour. In ADHD, alterations in dopamine signalling could be one factor

underlying symptoms. It is also possible that altered dopamine signalling could be linked to alterations in omega-3 fats in people with ADHD, but more research is needed to study these possible links.

Some studies suggest that people who have ADHD or ADHD symptoms may have lower levels of omega-3 fats than people without these symptoms. Critically, omega-3 fats cannot be produced by humans and are, instead, required through the diet. Subsequently, researchers have conducted a number of studies providing children with ADHD omega-3 supplements to see whether they improve symptoms. Such studies are called 'randomised double-blind placebo controlled trials'. This means that children with ADHD, or those with ADHD symptoms, were randomly placed into two equal sized groups. One group was given fish oil capsules and the other placebo capsules. A placebo is a capsule containing a substance which should have no effect on the individual (usually a sugar pill). The importance of including a placebo is that when somebody starts taking a particular treatment an improvement is generally seen which arises not from the actual treatment but from the patient's expectations of the treatment (known as the 'placebo effect'). The actual effect of the treatment, therefore, lies in the difference between the effect found in the group receiving the omega-3 supplements and the placebo group. Therefore, inclusion of a placebo group means that the 'placebo effect' has been 'controlled'. Neither the children nor the researchers know which group the child is in (the study is 'double blind'), which means that when the children's ADHD behaviours are assessed, before and after taking the supplements, neither the child's nor the researchers expectations of the outcome (such as expecting those taking fish oils to have fewer ADHD symptoms) will influence results. These 'double blind placebo controlled trials' are seen as the best way to



A study participant has his brain function measured using electroencephalography (EEG)

evaluate the effectiveness of a potential treatment. To date, there have been 10 such trials, amounting to 699 children taking omega-3 fatty acid supplements for a period of 4 weeks to 4 months. A review of these studies found supplementation to be modestly effective in the treatment of ADHD. 'Modestly' here means that it was not as good as stimulant medication, but showed improvements above chance (known as a 'significant effect').

Despite these findings of a beneficial effect of omega-3 supplementation in ADHD, such randomised controlled trials have only been conducted in children. Yet ADHD persists into adulthood in around 66% of individuals. Furthermore, despite the proposed effects of omega-3 on brain function, no study to date has actually examined this in ADHD. As a result of these shortcomings, researchers at the Institute of Psychiatry, King's College London, are running the OCEAN study: a randomised double-blind controlled trial of fish oil supplementation in adults with ADHD. We will assess whether fish oil supplements help to improve brain function (the picture above shows one participant having his brain function measured). We are currently actively recruiting participants. Please read the information below and get in touch with us if you are interested in being part of this new research.

What does the OCEAN study involve?

OCEAN is looking to recruit adults (aged 18-55) with a current diagnosis of ADHD. The study will take place over 6 months and there will be three stages of assessment:

Assessment 1:

You will be asked to visit the Institute of Psychiatry for a testing session that will take around 4-5 hours. During this session we will ask you some questions about your mental health, and carry out some cognitive tasks assessing your learning and thinking, and others which will look at your attention, planning and reaction abilities. For some of these measures we will be recording your brain activity using electrophysiology. Electrophysiology is a painless procedure which involves wearing a cap of electrodes on your head (as in the picture), whilst completing computerised tasks. You will also be asked to provide a small blood sample. This will enable us to evaluate the serum levels of fatty acids that can be used to match against any changes in brain function.

At the end of this session you will be given some capsules to take every day for 3 months. Some of these capsules contain essential fatty acids whereas others do not. It will be unknown to you and the researcher whether you will be given a placebo containing no active essential fatty acids, or supplements containing essential fatty acids.

Assessment 2:

After 3 months, we will send and ask you to complete some questionnaires on your levels of attention, impulse control and emotional responses. We will then ask you to return to the centre to provide another blood sample.

Assessment 3:

After 6 months, you will be asked to come back again and repeat the same cognitive and electrophysiological response measures, and the interviews used in your first appointment. We will ask you for a final blood sample. This is the last part of the project.

Compensation

You will receive £40 in total to compensate you for your time and commitment with our study. You will receive £20 once you have attended and completed your first research session and £20 once you have completed your last research session. You will also be reimbursed for your travel expenses related to the project.

How can I take part?

To take part in the OCEAN Study please contact Rose Scott, email: rose.scott@kcl.ac.uk
tel: 0207 848 5712 or 07718669535

Post:
OCEAN Study,
SGDP Building,
P080,
Institute of Psychiatry,
De Crespigny Park,
London SE5 8AF

To speak to the author of this article please email Ruth Cooper: ruth.cooper@kcl.ac.uk

Footnotes

Pictured is participant Joseph Aquilina. As well as being assessed as ADHD he is also dyslexic. Joseph is an adult dyslexia diagnostician and Assistive Technology consultant, running his own company NeuroKnowHow. NeuroKnowHow are an agency specialising in the provision of support for adults assessed as dyslexic, dyspraxic and ADHD, in receipt of the Disabled Students Allowance or Access to Work schemes. Knowing how tedious forms can be for people with attention difficulties, Joseph created an online version of the ASRS screening questionnaire, to help recruit participants for the OCEAN study, please see <http://www.neuroknowhow.com/adhdoraddquestionnaire/>

For details of research referenced in this article please contact admin@addiss.co.uk



ADHD news Round Up

Do non-pharmacological interventions for ADHD work?

A meta-analytic review of six types of non-pharmacological interventions, including dietary and psychological treatments, for children with ADHD, found positive effects on ADHD symptoms for all types of intervention when raters of symptoms were aware of treatment allocation (i.e. assessed under unblinded conditions). However, when raters were unaware of treatment allocation (i.e. assessed under blinded conditions), statistically significant effects on ADHD symptoms were found only with supplementation with omega-3/omega-6 free fatty acids or elimination of artificial food colourings, effects that were small and/or found in trials - some of which only included food sensitive individuals.

The analysis by the European ADHD Guidelines Group (EAGG), a multi-disciplinary, multinational group of ADHD experts, found that the positive effects on ADHD symptoms reported with cognitive

training, neurofeedback, behavioural interventions, and exclusion of foods associated with hypersensitivity, were lost when the analyses were restricted to only those studies that used unbiased assessments by raters unaware of the treatment allocation. Many of the 54 studies in the analysis incorporated a medication element. Limiting the studies to those where medication was not used in either the treatment or control arm, or only used for a small percentage of patients, reduced the advantage for artificial food colour restriction, but the small effect of free fatty acids remained.

These challenging findings provide clinicians with information regarding the current limited evidence for efficacy of current non-pharmacological interventions in reducing core ADHD symptoms. However, it is recognised that with non-pharmacological interventions, currently widely

used clinical practice may play an important role in ADHD management when treating co-existing symptoms and disorders, or altering parents' negative parenting practices. Furthermore, it is acknowledged that some patients and carers may wish to try non-pharmacological interventions, despite limited evidence of efficacy in reducing ADHD symptoms, in preference to medication.

Dr. Sonuga-Barke, the first author of the study, stated, "Having reliable evidence about existing treatments is the first step in developing better ones. By comparing blinded and non-blinded ratings our analyses have provided new insights into ADHD treatments, the full clinical implications of which now need to be worked through carefully. Clinicians and basic scientists need to work together to find ways to implement current treatments more effectively and to use our understanding of ADHD pathophysiology to find more efficacious non-pharmacological interventions".

The study is published by The American Journal of Psychiatry (AJP), the official journal of the American Psychiatric Association.

Iron supplements and ADHD

A Swedish study has shown that low birth weight infants have a lower risk of developing ADHD and other behavioural problems if they are given iron supplements. Iron deficiency has been shown to be linked to neurodevelopmental problems, and babies born with a low body weight are more likely to be deficient in iron.

With this in mind, the study explored the impact of giving iron supplements to low birth weight infants,

looking particularly at cognitive scores and behavioural issues.

285 low birth weight infants were given 0, 1 or 2 mg of iron each day from 6 weeks of age to 6 months. When they were 3.5 years old they were tested using the Wechsler Pre-school and Primary Scale of Intelligence, and a questionnaire of behavioural problems (Child Behaviour Checklist). Results were compared with 95 infants who had a normal birth weight.

The results found no notable differences in intelligence scores. However, there was a significant impact on behavioural problems, including ADHD. Children who had not been given iron supplements displayed more signs of behavioural problems than those who had.

Effects of Iron Supplementation of LBW Infants on Cognition and Behavior at 3 Years by Staffan K. Berglund, Björn Westrup, Bruno Hägglöf, Olle Hernell, and Magnus Domellöf was published in Pediatrics on December 10, 2012.

ADHD news



Important Dates for your diary

ADDISS run bespoke training and workshops on ADHD for a variety of audiences, from teaching staff to those working with young offenders. We also run regular 1-2-3 Magic and Why Try training courses.

Why Try training courses will be running in June - check the website for details.

We are also planning our programme of events and conferences for 2013. Keep checking the website for details

of our summer residential weekend for women with ADHD – led by Sari Solden.

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

www.addiss.co.uk or ring us at the ADDISS office 020 8952 1515.

The World Federation for ADHD have their 4th World Congress, in Milan, from 6th to 9th June 2013. Check the website ADHD-congress.org for details.

Advertising rates

The ADHD news 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. 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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Thanks Joe

You may have noticed that we had a fabulous array of images in the last edition of ADHD News. This is thanks to the talent and dedication of Joe Bilbow. Joe was the official photographer for the ADDISS conference and did a brilliant job.



Thanks Joe.

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

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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.

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ADHD co-therapy treatment breakthrough

A recent double-blind, placebo-controlled pilot trial¹ demonstrated positive outcomes with the fatty acid supplement Vegepa E-EPA 70 in children with ADHD, all of whom were resistant to treatment with methylphenidate. Statistically significant benefits were seen in 10 out of 11 measures, with optimal benefits after six months of treatment with two capsules daily, providing 560 mg EPA and 18 mg GLA. Vegepa is also available in sugar-free natural orange chewables. Get a 20% discount when using the code ADDIS20 at shop.igennus.com.

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1. Perera H, Jeewandara KC, Seneviratne S & Guruge C. (2012) Combined Omega-3 and Omega-6 supplementation in children with attention deficit hyperactivity disorder refractory to methylphenidate treatment: a double-blind placebo-controlled study. *Journal of Child Neurology* 27:747-753.

ADDISS 11th International Conference

10th – 12th

October 2013

Adelphi Hotel,

Liverpool



Call for Papers

- The ADDISS conference is the premier conference for parents, professionals and people with ADHD wishing to learn more about ADHD and how they can best help their children, their patients or even themselves. Our delegates come from across the globe.
- Do you have skills and experiences you wish to share with our delegates?
- Are you a researcher who wishes to share your work and your findings?
- Or maybe you want the opportunity to showcase best practice.

To participate in this year's conference please send us a proposal for consideration by our programming committee. We are looking for keynotes of 30 minutes, workshops of 90 minutes and we will even consider half day workshops of three hours.

Closing date for Proposals – 30th June 2013

please email andrea@addiss.co.uk