

ADHD news

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The NICE ADHD Guidelines: ADHD is real, and the NHS can do more to help

Professor Eric Taylor gives an overview

The National Institute for Health and Clinical Excellence (NICE) has now produced its guidance for assessment and treatment of ADHD.

These guidelines are advisory, and they do not have legal force - but they are very influential about how health technologies should be provided, and what the priorities should be in service planning and delivery. NHS Trust chief executives take them very seriously.

The full guideline is long and complex, because it contains a huge amount of scientific evidence. As far as possible, the NICE process tries to remove bias and personal opinion - the people who write the guideline are selected for not having competing interests - and it is based on impartial

reviewers making systematic analyses of all the scientific papers, and economists with no axe to grind. They work out how much different sorts of treatment cost, and from that, and the trial evidence about their effectiveness, what represents a good buy for the health service.

NICE set itself a few key questions:

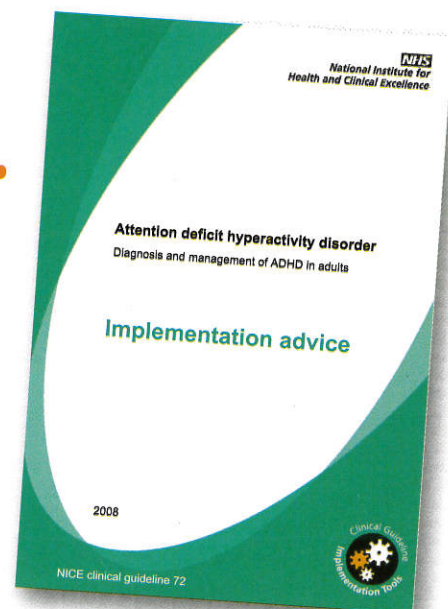
- 1 Is ADHD a valid diagnosis?
- 2 What are costs and efficacy of medicine?
- 3 What are costs and efficacy of psychological treatments?
- 4 How should educators respond?
- 5 What care pathways should be followed?

The first question will seem totally obvious to ADDISS members. But nationally and in the media it is a condition that arouses a good deal of public controversy - because of the fears that ordinary childhood naughtiness is being medicalised into a sickness, and worries that psychotropic drugs are anyway a wrong way of dealing with children's problems. So the

NICE process applied the criteria used scientifically to determine whether a mental state really is a disorder, and reviewed hundreds of papers about whether its symptoms do go together, whether it does make risks for later health, and whether there are brain and genetic bases for it. It held a conference with many shades of opinion represented, including sociology and anti-medication psychiatry - and the result was clear. ADHD is real and the health service should treat it. This is against the notion that some have expressed - that only a severe subtype should be diagnosed (i.e. hyperkinetic disorder, the category in ICD-10).

Furthermore, NICE recommends that adults with ADHD should also have the benefit of assessment and treatment. This is pretty far-reaching, because it will lead to a radical change in mental health practice, with adult psychiatry taking on a treatment role. So we can expect that the guidance should have the effect of increasing the numbers treated by the NHS.

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Hello readers, my name is Judith Monk

and I am the new Editor of ADHD News.

I am an ex teacher who entered the world of journalism in the late 80s working as Features Editor for a national care home magazine. The past 9 years have been devoted to working as Deputy Editor on one of the world's oldest classical music magazines. What then qualifies me or interests me in ADHD News you may ask?

My son who is now 29 was diagnosed as a child with severe ADHD. He is now the owner/driver of a strong adult version. It was through working with him, both to obtain a diagnosis and then find suitable treatment, that we found ourselves on a long and difficult journey. During this process I set up at home the ADHD Adult & Adolescent Support Network. It means that I get a lot of phone calls from some very upset or confused people and I give them the phone numbers, web addresses and email contacts of where they might find the extra support or professional help they need. I also do a lot of listening. It's amazing how many mothers who call have an exact clone of my son. Many find it reassuring to talk to someone who knows what they're going through.

Please do send me your stories, your news, information about new discoveries, new treatments, fascinating websites, poems, successes, failures, recipes or letters about Government initiatives, local PCTs, Local Authorities and anything else you think we need to share. I'd like to report all the news from the Support Groups too, so email me today at jmonk45582@aol.com marking your subject line with ADDISS News.

The NICE ADHD Guidelines: continued...

The review of all the research made it plain that medication (especially methylphenidate, but also atomoxetine and dexamfetamine) is a good treatment. It is effective, the risks of an adverse reaction are quite low (but not absent); the cost is no bar for the NHS to provide it. On the other hand, it also recommends that psychological approaches can work too, and that it is only the severe type of ADHD for whom medication should be the first line of treatment. (This more or less corresponds to hyperkinetic disorder - about 1% of the population; while more like 3% have a milder form). In the milder cases, behaviour therapy should be the first line - with the strongest recommendation being for training courses for parents of younger children to learn the behaviour therapy approach. But, even for the milder cases, drug treatments should be available for those who do not respond to (or refuse) the psychological approach. And medication should only be given as part of a comprehensive approach including education, advice, and support.

What about education? NICE has indeed provided evidence and suggestions about how important it is for schools to recognise ADHD as a problem, and how effective it can be to apply understanding to management in the classroom. This was unusual for NICE, because it goes outside its

usual brief. Its key purpose is to set the agenda for what the Health Service does, and it is not part of the education system.

The newspapers and television gave a lot of publicity to the guidelines, but from one particular angle. They picked up the message limiting the first-line use of medication in mild cases and have amplified it into a warning against drugs in general and stimulants in particular. Where there has been dissent it is on the grounds that NICE did not go far enough and should have banned the use of medication entirely. This anti-medical view was linked with the allegation that a large-scale trial in the USA (the MTA) has shown no long-term benefit attributable to stimulant treatment. The allegation is not actually true, but came with the backing of the BBC's powerful Panorama programme.

By contrast, the other big message from NICE - that ADHD needed more, not less recognition and treatment - did not feature in most journalists' responses. It is therefore likely that those who get their information from the mass media will have received an unbalanced account. They will have received a disproportionate emphasis on the hazards rather than the benefits of medication. Clinical anecdotes suggest that many families have become more

fearful of medical treatment, even to the point of refusing drugs in severe cases for which NICE regarded the drugs as very helpful. This could well be an unfortunate legacy of press coverage.

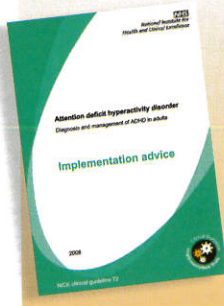
The emphasis on psychological treatments may prove to be very helpful in improving access to them in the National Health Service. Families may be encouraged to ask for them and expect them, and service planners and managers may be correspondingly more likely to expand the numbers of professionals who are able to deliver the therapies effectively.

There will now be a great deal of work to do in getting the recommendations of the guidelines to be adopted in practice. The guidelines are not an innovation - what they describe is already being provided in many parts of the country, and this is as it should be. But they should be very helpful for extending good practice more widely - and the development of services for adults could be their most novel contribution.

Eric Taylor FMedSci

Emeritus Professor of Child and Adolescent Psychiatry
King's College London
Institute of Psychiatry
Chair, NICE ADHD Guidelines Development Group
October 2008.

¹ The MTA trial ended at 14 months after randomisation, at which point carefully supervised medication was markedly superior to intensive behavioural therapy or to treatment as usual. Naturalistic follow-up for 22 months after the end of the trial indicated no differences in outcome according to the treatment initially assigned; but at that point there had been extensive changes of treatment and self-selection for treatment; so the correct conclusion should be that there is an absence of evidence for the long-term value of medication, not evidence of the absence of value.



The NICE Guideline CG72 is available in a number of formats.

You can download these from the NICE website or order printed copies of the quick reference guide by calling NICE publications on 0845 003 7783 or sending an email to publications@nice.org.uk Quote reference number N1684. It is also available as a slide presentation at: <http://www.nice.org.uk/Guidance/CG72/SlideSet/ppt/English>

You may want to hand out copies of the quick reference guide at your presentation so that your audience can refer to it.

Prospective Treatment of Adult ADHD

Judith Monk has a look at NICE's Guidelines on Adults

What does the future hold for the treatment of Adult ADHD in the UK? NICE (National Institute for Clinical Excellence) has waded their way treacle like through various machinations on the subject and is currently attempting to append costings to these.

NICE acknowledges that drug treatment for adults with ADHD should always form part of a comprehensive treatment programme that addresses psychological, behavioural and educational or occupational needs: also that there is no existing data concerning the national availability of comprehensive treatment

programmes for adults with ADHD.

Therefore, local organisations will be left to estimate what provision and the resource costs of services for adults with ADHD will need to be provided.

NICE proposes that before starting drug treatment a full assessment should be completed, which should include: a full mental health and social assessment, a full history and physical examination, including: an assessment of history of exercise syncope (fainting post exercise), undue breathlessness and other cardiovascular symptoms, heart rate and blood pressure, weight, family history of cardiac disease and examination of the cardiovascular system: an ECG if there is past medical or family

history of serious cardiac disease, a history of sudden death in young family members or abnormal findings on cardiac examination: and a risk assessment for substance misuse and drug diversion. Following a decision to start drug treatment, methylphenidate should normally be tried first, but if adults are unresponsive or intolerant to an adequate trial of methylphenidate of about 6 weeks this should be followed by trials with atomoxetine or dexamfetamine.

The NICE Guidance states that: Mental health trusts, and children's trusts that provide mental health/child development services, should form multidisciplinary specialist ADHD teams and/or clinics for children and young people and separate teams and/or clinics for adults. These teams and clinics should have expertise in the diagnosis and management of ADHD, and should:

- provide diagnostic, treatment and consultation services for people with ADHD who have complex needs, or where general psychiatric services are in doubt about the diagnosis and/or management of ADHD.
- put in place systems of communication and protocols for information sharing among paediatric, child and adolescent, forensic, and adult mental health services for people with ADHD, including arrangements for transition between child and adult services.

- produce local protocols for shared care arrangements with primary care providers, and ensure that clear lines of communication between primary and secondary care are maintained.
- ensure age-appropriate psychological services are available for children, young people and adults with ADHD, and for parents or carers.

The size and time commitment of these teams should depend on local circumstances (for example, the size of the trust, the population covered and the estimated referral rate for people with ADHD).

It is clear that much specific training for Parent Trainers, Physicians of all disciplines, Teachers and Nurses will have to take place so that they properly understand ADHD and that local NHS Trusts are going to have to further stretch their budgets to put in a comprehensive diagnosis and treatment regimes for young people (aged 13–15 years), older adolescents (aged 16 or 17 years) and adults (aged 18 years or older).

Under current development by NICE are:

Antisocial personality disorder: treatment, management and prevention. NICE clinical guideline (publication expected January 2009).

Borderline personality disorder: treatment and management. NICE clinical guideline (publication expected January 2009).

Judith's Top Five Tips for Surviving Christmas

Christmas and New Year can be dangerous times for those with ADHD. The build up to the events, parties and alcohol, the spiralling costs, the shopping, trying to plan, spending time with large family or friendship groups can all conspire to create a sense of panic, stress and a feeling of impending doom in all but the most well medicated ADHD adults. Here then are my Top Tips for getting through Christmas.

Get plenty of good quality sleep

If your mind is racing – try my favourite relaxation technique: Lie

down somewhere comfortable, eyes closed, and start with your feet and toes: big breath in, squeeze your feet very tight, hold it for a few seconds and then let them relax as you let your breath out, move up your legs, contract all the muscles very tightly, breathe in while you again hold, then relax breathing out. Do the same with your hands and arms, your bottom, tummy and chest. Follow this pattern with your face, then breathe deeply in and blow the air out again, feeling every breath and letting every part of your body feel heavier and heavier....zzzzzz Oh sorry, it works for me even writing it down!

Using the breath is one of the simplest ways to reduce stress levels. Deeper and controlled breathing relaxes muscles, improves blood flow, and helps you to feel more alert and in control. You can do the technique anytime you get a chance to lie down even during the day.

Learn to say 'No'

Like pups wanting to please, a lot of energetic ADHD people will say 'yes' to every invitation, every request to visit or be visited, every request for help with this, that or the other. Learning to say 'no' effectively but politely is a skill worth acquiring. Work out in

advance what commitments you will want to make – evaluate whether or not you really can manage them and then have a prepared script that gives you an opt out for what you need to cut out of the list. 'I'm sorry but I'm already over committed on that day, perhaps we can get together after the holiday', or 'No, it's a shame but I'm babysitting for a friend that night.' No, is not a bad word and nobody will hate you for saying it!

Know your limitations: learning to say no will reduce the amount of demands on your time and energy.

continued on back page...

ADHD and Girls

By Fintan O'Regan

When it comes to ADHD, girls are different than boys.

One estimate is that between 3 - 5% of all children have some form of ADHD. Experts have thought that ADHD occurs in three times as many boys as girls. Recently, however, more girls with ADHD are being identified as specific research is done on the types of ADHD and how they show up in women and girls.

ADHD can express as inattentive type, hyperactive/impulsive type, or a combination of inattentive and hyperactive.

Hyperactive/impulsive type ADHD is characterized by an inability to sit still when sitting still is required, a tendency to blurt out in class, and poor impulse control that hurts relationships at school and home. This type is simply impossible to overlook.

Hyperactive and combination types of ADHD seem to be more frequent in boys. These children often disrupt class or respond impulsively to correction, which leads to referrals to professionals. The few girls who have been diagnosed with ADHD are more likely to have this type.

Inattentive type symptoms can however be seen in both boys and girls. These children may seem unusually distracted, untidy, or late with assignments. They frequently are accused of not listening. While these behaviors may cause frustration and tension for the child they usually don't disrupt class or prompt parent-teacher conferences.

Boys make all the noise. In girls, the disorganization and distraction results in lack of activity - they are too confused to get things started. They tend to be daydreamers. This is in stark contrast to the boys. Their distractibility is expressed as

impulsivity - a flurry of activity. Both genders have trouble learning the nuances of social interactions but too often girls end up shy and withdrawn. They don't like the negative reactions they get when they don't clue in to the nuances. Boys are more likely to proceed with social behavior that is considered inappropriate. While they are bewildered when they get negative reactions, they continue.

A girl's environment is more likely to be disorganized - their locker, their bedroom, even their handwriting is a mess. Both genders have problems in this area. But put simply, girls are expected to be the organisers for themselves and others. Males on the other hand are more likely to get this done for them, when they can't do it on their own.

As these girls hit the teen years, the increased organisational demands of secondary school can become very difficult. They may become tired and disheartened by poor school performance. The girls with hyperactivity may throw themselves into social relationships to compensate. They may be described as "boy-crazy" or "party girls". Girls with ADHD may begin to show more risky sexual and other behaviors. They may use drugs or alcohol both due to increasing impulsivity and to self-medicate. Shoplifting, teen pregnancy, and eating disorders are also found more often in females with ADHD.

The differences in actual environmental disorganization are clearly due to social factors but no one knows for certain why there is such a large difference in hyperactive behavior between the two genders. It could be that girls have more pressure to conform. Coarse, loud social behavior in a boy may be tolerated but, a girl may be more pressured into silence. Likewise for girls, the impulsive actions may get a more negative reaction from adults and peers alike. In fact, it has been found that girls with ADHD (those who do express the hyperactive qualities) have more negative social

consequences than boys. This is true even though the boys have more hyperactivity. No physical differences have been identified.

Girls with Inattentive ADHD are much more likely to be overlooked. Because a girl doesn't tear up the classroom, her problem does not create a problem to be solved for the adults in her life. Her inability to concentrate and execute goals is likely to be overlooked.

Usually a girl with ADHD has fewer learning problems in the early years, than her male counterparts. Boys often get diagnosed through evaluation of learning problems. Girls with ADHD, especially those with high intelligence, may actually be good students and/or well-behaved.

The girls who do have low academic performance may not be as big a concern to their parents. Parents may worry more about their boy's future. The girls' quiet, people pleasing behavior may be considered desirable, when it would be viewed as wimpy in a boy.

When girls with ADD do not conform to social roles, it is often described in gender-specific terms, rather than as a medical problem. They are labeled tomboys or spacey as girls, and boy-crazy or party girls, as teens. Again, girls meet more social pressure to conform, rather than recognition and treatment of a disease.

The symptoms of ADHD in girls often overlap with the symptoms of depression. In both problems there are low energy levels, disorganization, social withdrawal, and trouble concentrating. Even more confusing, the unrecognized ADHD can lead to major coping problems, which in turn lead to actual depression on top of the ADHD. This most often occurs at adolescence (although it can happen earlier).

Doctors tend to zoom in on the diagnosis of depression, which is

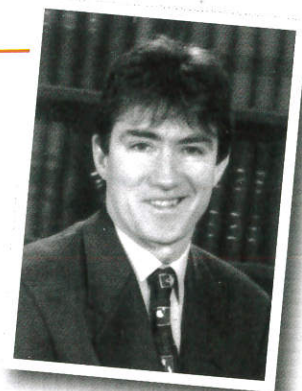
more common in females and especially female adolescents. They think of ADHD as a "boy" problem.

Below is a brief questionnaire that can be used as an initial screening device when assessing a girl for (ADHD). (Other, more extensive questionnaires for girls are available - see resources listed below.)

- I have trouble remembering and following my teachers' directions.
- I lose track of things like my house key or my jacket.
- I often forget to bring things to school that I need (lunch money, permission slips).
- I have difficulty completing school projects and writing assignments.
- At home, I get in a lot of arguments and upsets.
- Sometimes it feels like I am not good at anything.
- I have trouble being on time.
- It's hard for me to concentrate when other things are going on around me.
- My parents and teachers tell me I need to try harder.
- Other kids tease me about being spacey.
- I feel different from most other girls.
- My room at home is often very messy.
- I talk a lot, even in class when I'm supposed to be quiet.

While children who do not have ADHD can occasionally demonstrate some of these behaviors, children with ADHD exhibit them chronically and across multiple settings, impairing the child's ability to function academically or socially on a daily basis.

Resources for girls with AD/HD: More information about girls with ADHD, including separate age-appropriate checklists from preschool through high school can be found in *Understanding Girls with ADHD* by Kathleen Nadeau, Ph.D., Ellen Littman, Ph.D. and Patricia Quinn, M.D.



Adult Attention Deficit Disorder UK

Susan L. Dunn Morua of AADD UK gives us feedback from their survey of PCTs

Adult Attention Deficit UK (AADD-UK) was formed almost two years ago because despite recognition by the NHS that the serious consequences could be the result of untreated ADHD in adults there were few facilities that provided diagnosis, treatment, and help with management of adult ADHD.

Much attention has been paid to children with ADHD by the NHS, but treatment often stopped when they become adults. The effects of ADHD, however, can sometimes continue into adulthood and may prevent adults from realising their full potential. Undiagnosed and untreated adults with ADHD may underachieve academically, experience higher rates of employment problems, higher rates of substance abuse, more time in the penal system, have more accidents, and have higher rates of contact with mental health services (due to misdiagnoses). So not only will treatment (medication, psychiatric treatment, and counselling) give adults with ADHD the chance to improve their lives, it will also ultimately cost the Government less.

Our campaign was designed to raise awareness, influence opinion makers and policy makers, and to support already existing ADHD organisations so that changes could be effected which will help

provide adults with easy access to information, assessments, diagnoses, and treatment (including medication, therapy, and support). With this mission in mind, one of our tactical objectives was to participate in ADHD NICE activity as a stakeholder so that we could help ensure that the needs of adults were addressed in addition to those of children, young people, and adolescents. We achieved this objective and eagerly waited for the publication of the new Guidelines.

After the publication of the new guidelines on 24 September, we read through the "Attention deficit hyperactivity disorder (ADHD): costing report" which NICE published on the same day and noticed on page 7 the following sentence "[I]t is anticipated that full implementation of this guideline may take approximately 5 years" and this really worried us, because undiagnosed ADHD can have such a detrimental impact on so many different aspects of someone's life, that 5 years could seem a lifetime. The guidelines estimated conservatively that 2% of adults in the UK will have ADHD, which adds up to about 1 million adults or one in 50 without proper access to care and treatment. And of course a slow implementation of the guidelines would not be helpful for young people with ADHD who are already very frustrated by the inefficient transition process into adult mental health services.

So we decided to hurry things along a bit by writing to all the Mental Health Trusts drawing their attention to the new guidelines, our existence, and to offer our help with the implementation process. We sent the letter to 69 trusts (67 Mental Health Trusts and 2 Primary Care Trusts), to the Chief

Executives and Medical Directors for a total of 138 letters. We have to date received replies from 30 trusts or 43%. While that percentage may seem low, we're actually quite pleased with it, because given the current dire state of ADHD awareness, we did not expect any answers.

One of the things that we have learned from the replies is that since Primary Care Trusts are responsible for commissioning services from the Mental Health Trusts, this system of funding led a few mental health trusts to tell us that since they are neither commissioned or funded to provide ADHD services for adults, we should write instead to the Primary Care Trusts who would be responsible for commissioning such services, they (the mental health trusts) could not do anything. We were disappointed by these responses, because we expected the mental health trusts to already be advising the primary care trusts that these services would be needed, in other words we expected, naively as it turns out, that the two types of trusts would be used to working collaboratively.

Of the 30 trusts that responded to us, 24 specifically said that they are familiar with the new guidelines for assessing and managing, and have either already begun investigating how they may be implemented, or expect to start discussing them within the next 3 months. Interestingly, it has come to our attention that a couple of these trusts have refused requests for referrals for ADHD assessments since the publication of the guidelines. We are hoping that these refusals only represent faults in their internal communication channels which

will be rectified soon. The remaining 6 trusts merely said that they have a process for exploring the implications of all NICE guidelines and in due course will consider CG72.

There is a bit more good news in some of the replies, because of the 24 trusts that said they were familiar with the new guidelines, 17 expressed an interest in, or at least opened the door to, user involvement in implementing the guidelines. Additionally, all but one of the 17 said that they either have a considerable amount of interest from their clinicians in starting an adult ADHD service, or have already started a pilot project. The 17th trust went even further and admitted that they have already begun the recruiting process for an adult ADHD specialist consultant. We are now in the process of following up with those trusts that expressed an interest in user involvement, and also with those trusts that did not respond to our first letter. But we would like to take this opportunity to urge both adults who have never received a diagnosis but would like an assessment, and adults who were diagnosed as children but then fell through the cracks during their transition from CAMHS to adult mental health services to contact their GP's and ask for referrals to adult ADHD specialists. The more demand there is for services, the more interest there will be in implementing the new guidelines, services will become easier to access, and more adults with ADHD will at last be able to begin realising their full potential.

Susan L. Dunn Morua
Adult Attention Deficit Disorder UK
www.aadd.org.uk

Advertising:

Should your company or organisation want to reach the readers of ADHD News we offer very good rates for advertising. Kindly contact the Editor Judith Monk to discuss the possibilities.

A Quote from Ryan Guest an ADHD adult:

"Who is to say that ADHD adults are not the normal ones. It could be that the rest of you need treatment!"

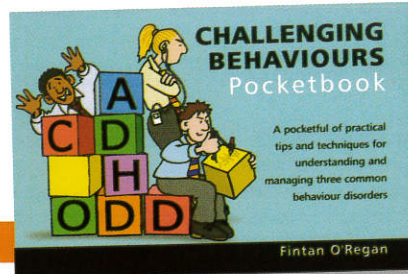
Book Reviews Judith has a look at the bookshelf...

All these books are available to purchase through the ADDISS bookshop. www.addiss-shop.com

Challenging Behaviours

BY FINTAN O'REGAN

PUBLISHED BY TEACHERS' POCKETBOOKS. £7.99



This is a pocket book full of practical tips and techniques for understanding and managing three common behaviour disorders in the umbrella category of Social, Emotional Behavioural Difficulties: ADHD - Attention Deficit Hyperactivity Disorder, ODD - Oppositional Defiance Disorder and CD - Conduct Disorder. These

three disorders are here called 'Can't learn', 'Won't learn' and 'Don't care'.

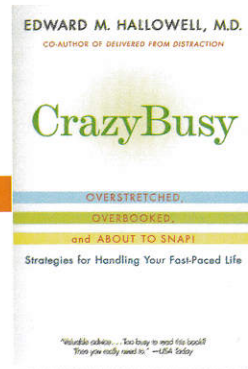
This 'little' book is like Dr Who's Tardis in that the more you read it the bigger it becomes! Page upon page of sensible solutions, advice, information and facts until you believe that it must be three times

the size. Each premise is solidly backed by examples written in an easily accessible style. For busy teachers this book is a godsend and struggling parents can benefit too. As a bonus it is beautifully illustrated with cartoons by Phil Hailstone.

CrazyBusy

BY EDWARD M HALLOWELL

PUBLISHED BY BALLANTINE BOOKS. £9.99



Dr Hallowell is the co-author (with John J Ratey) of international best seller *Driven to Distraction*, *Answers to Distraction* and *Delivered from Distraction* so knows a thing or two about ADHD. His latest book deals with how to handle a fast paced life and gives strategies to remove the overstretched, overlooked and about to snap feelings from which many multi tasking ADHD adults suffer. In fact Edward Hallowell has written this book for everyone who is struggling from the constant frenzy of a high tech world which he states has caused a national epidemic of culturally induced ADHD.

He is not enamoured of multi tasking as he believes you should give full attention to one task at a time, illustrating this by suggesting how awful your game would be if you try to play tennis with two or three balls at once. He says that tasks done on automatic pilot like riding a bike can have another job added such as pondering quantum mechanics!

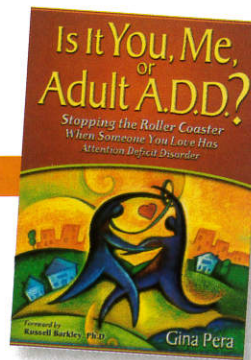
His invented words to describe some of the modern phenomena which take so much of our time are gems in themselves. I especially like 'screensucking' where we waste so much time in front of screens, be they Blackberry, computer, video

game, TV, or mobile (cell) phone. Another is 'taildogging' where we push harder and faster in modern life thus allowing the tail to wag the dog. There are also brain exercises and solutions to overstretching. This book won an award for being the 'Best Motivational Book of the Year'. Quite right too. Dr Hallowell will be a guest keynote speaker at the ADDISS conference in March next year.

Is it You, Me or Adult ADD?

BY GINA PERA

PUBLISHED BY 1201, ALARM PRESS



This book is perfect for couples struggling along where one partner undiagnosed with ADHD is in perfect denial. It is full of information; illustrated by real case studies of what effect ADHD has on relationships, finances, children, careers and the non-ADHD partner. Some of the case studies are real horror stories of divorce and violence; some are tales of hope and survival of the fittest.

In part three the sub head is Your Relationship and the Art of Roller

Coaster Maintenance', giving success strategies for stopping the ADHD roller coaster and standing on solid ground or at least installing airbags and shock absorbers. This tells us that much of the information is dealt with both humorously and realistically. The book gives voice to the many non-ADHD partners who struggle with chaotic partners who will often refuse to accept they have a problem. What a relief it must have been to them to be listened to for once. This authoritative guide has many top-notch endorsements

already and I'm sure it will take its rightful place in the canon of classic books on ADHD.

It is a bigish book at 369 pages and A5 sized so if your ADHD partner won't read it you can still make quite an impression when you throw it at them!

News in Brief

Changes to benefits for lone parents

From 24 November 2008, lone parents whose youngest child is aged 12 or over, will no longer be eligible for Income Support, and will have to claim Jobseeker's Allowance instead.

This change will also apply to lone parents whose youngest child is aged 10 or over from 26 October 2009, and to lone parents whose youngest child is aged seven or over from 25 October 2010. The changes will not apply to parents who have children who are entitled to the middle-rate or highest-rate care component of Disability Living Allowance, who get Carer's Allowance, or who are fostering and have a foster child living with them.

Elevated hyperactivity and impulsivity inhibits will to quit smoking

Tobacco use is more prevalent and smoking cessation less likely among persons with Attention Deficit Hyperactivity Disorder (ADHD). In a study of smokers with attention deficit and hyperactivity symptoms, those who exhibited elevated hyperactivity and impulsivity, with or without inattention, showed lower quit rates after 8 weeks than those with inattention symptoms alone or those without ADHD symptoms. The study, now available online in *Nicotine and Tobacco Research*, could help smokers and physicians to better tailor cessation treatment for individuals with ADHD. "Greater understanding of the divergent associations that exist between the different kinds of A.D.H.D. have important public health consequences for smoking cessation and decreased tobacco-related mortality in this population," said the study's lead author Lirio Covey, Ph.D., professor of clinical psychology (in psychiatry) at Columbia University Medical Center and the New York State Psychiatric Institute.



Why put effort into life?

a brief evaluation of multi disciplinary, multi agency 'Why Try?' facilitator training, which took place on 23rd-24th October, 2008 in Essex.

By Dr K Puvanendran, South Wessex Primary Care Trust

The 'WhyTry' Program is a strength-based approach to helping young people overcome their challenges and improve outcomes in the areas of truancy, behaviour, and academics. It is based on sound, empirical principals, including Solution Focused Brief Therapy, Social and Emotional Intelligence, and Multi-Sensory Learning.

Children presenting with behavioural and/or learning problems, with or without neuro-developmental disorders often have poor social skills and low self esteem. Unfortunately, many of these children have poor outcome. They have a hard time in life. Multi agency staff and parents also find it difficult to manage these children. Significant proportions of children come from deprived families.

There are not many programmes that are easily available to help these children to overcome their difficulties. Achieving 'Every child matters' outcome is hard for these children.

The children and young people strategic partnership, of the Essex integrated children's workforce strategy, recommends creating a world class workforce for children and young people.

Key recommendations are:

- all partners work together with shared aspirations to offer services that have a focus on prevention
- support parents and carers within the communities to nurture children, young people and families.
- develop practitioners so that they can engage with children and young people in a participative way, understand local needs and be skilled to act on it.
- locally based multi-agency services that focus on improving outcome for children.
- well networked specialist services that support local teams.
- to ensure that the workforce is confident, competent and safe in its practice. The workforce is supported, encouraged and given opportunities to develop to achieve highest quality.
- provide a better more responsive service.
- raise aspirations, promote career development, create an inspirational environment for the workforce and families

We have recognised the need for development of service for these vulnerable children and their families and created a parent and child training programme called 'Parent and child together, win!' (PACTWin) focused on achievement of success.

As skilled work force is limited we are piloting an innovative proposal of multi disciplinary training. This will enable staff to develop skills so that all can collectively work together with children and parents. Working with these children and families is often challenging and they need on going support and resources in developing social skills, resilience, self esteem and emotional intelligence. Following the training we plan to provide variety of continuing support and evidence based resources.

We targeted multi agency motivated professionals across the South West Essex PCT area, working with children of 5-18 years of age. Invitations were distributed to the following sectors:

Social Care, (including Looked After Children,) Health, mainstream and special Primary and Secondary schools, Alternative Educational Provision, Behaviour Units, Connexions, Youth Offending, Children's Centres, Essex Police and the Local Authority.

We used various strategies to reach out to a wider group of staff in order to bring about sustainable improvement. Initially the programme was planned to train 70 people; due to the effectiveness of promoting the training and the recognition by multi agency workforce for such training, 120 people were trained. It was acknowledged that the programme was unique and one of the first such endeavours in the UK.

Recent NICE Guidelines on the management of ADHD recommends providing parents and children training programmes and training of school staff to enable them to support families.

Two day training with manual, CD rom, Student journal, and 10 A3 size posters were provided to trainees. An introduction to PactWin, was given at the outset. The programme is designed to work with the whole family (adults, child and siblings).

Why Try? is a component of PactWin. The use of Why try? across the various sectors of Health, Social Care, Education, Alternative Education, Connexions and Youth Offending will provide a holistic, multi sensory programme to help those children in need. Building up capacity of trained professionals is the first stage to our approach.

Some of the comments from those who attended the training are:

"The programme has motivated and challenged me immensely"

"Why Try should be in every school and college"

"I feel inspired to go out and start small with a view to conquer East Basildon!"

"Sincere, motivational and profound"

"Possibly the best training I've been involved in"



With over a hundred teachers, psychologists and other key workers now trained and using this programme in schools, PRUs and other settings you too can become a certified Why Try facilitator.

The next courses will be as follows:

2nd and 3rd February 2009

Imperial Hotel Blackpool

5th and 6th February,

Holiday Inn, Basildon, Essex

Contact ADDISS to find out more about trainings.
Phone: 020 8952 2800 or e-mail: info@addiss.co.uk

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The Ninth International ADDISS Conference

30th March – 1st April 2009
Royal National Hotel, London

The Spirit of ADHD: Resilience, Hope, Opportunity, Success

ADHD is often a life-long condition, but many people affected by it are coping well and living good lives.

This conference will bring together several ways of thinking and acting to make more people able to achieve their hopes.

- people who have overcome their disability will explain how;
- researchers will explain the nature of resilience as people develop;
- clinicians will describe what works;
- people running programmes for ADHD in childhood and adult life will share ideas about promoting good psychological development.

One promising strand should come from the development of guidelines for ADHD from the National Institute for Clinical Excellence (NICE). Each NHS provider trust should be setting up planning groups for improving recognition and treatment, and the development of health service resources for adults should be given a strong encouragement.

ADDISS affiliate groups are excellently placed to help and advise on the implementation, and the conference will emphasise some ways of getting good practice established.

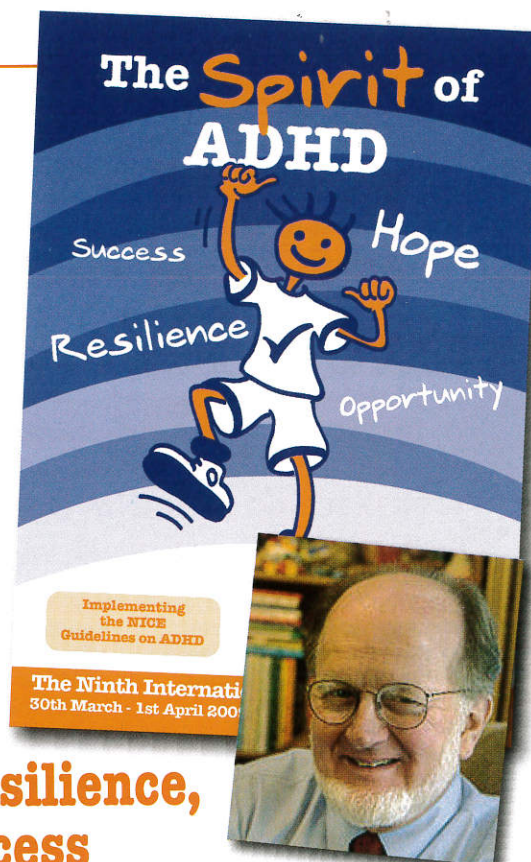
Positive progress depends on service users, families, practitioners

and researchers working together; and the varied perspectives in this conference will help them to find common ground.

Confirmed Speakers

- Professor Eric Taylor
- Professor Thomas Brown
- Christian Moore MSW founder of the Why Try Organisation
- Thomas Phelan PhD author of 1-2-3 Magic
- Professor Peter Hill
- Dr Garbrielle Carlson
- And special guest Dr Edward Hallowell

Further details available at
www.addiss.co.uk/annual.htm



Five tips for surviving Christmas continued...

Budget, budget, budget

Make a list of who you must buy for, a list of those you'd like to buy for and a list of those who will be happy to just receive a card. Against the first two lists put a suggested gift and cost it. Add up the costs and add the costs of cards, gift wrap and postage. If it comes to more money than you have available start either finding cheaper gifts or cutting people off your lists. Do not get into debt for what is effectively one day of a year. Our extended family now

buys gifts only for children until 18. We then allocate the sum we would have spent on gifts for adults and donate that to a favourite charity. It has reduced stress considerably!

Budget: Set a budget and stick to it. Christmas really is only one day, you don't want to spend the whole of next year paying for it!

Have a 'To do list' for the run up

Make a 'To do list' with jobs in one column, date to be done by in the

next and tick them off as they're done. Make a 'To do list' for the day itself and plot it with the hours that you need to do things or be somewhere. Live by lists for the weeks leading up to the event and give yourself a treat for every list completed.

Make time for yourself

Many ADHD adults are so busy that they forget to take a little time for themselves. Schedule in exercise sessions, either in a class, or at home in front of an exercise DVD. Allocate a quiet hour every

day that is strictly reserved for sitting down and not being interrupted – no phone – no people. Even if it means locking yourself into a room! Look into a mirror and tell yourself how great you are and believe it because there is no else just like you in the universe!

Enjoy the holiday season: let your hair down and have some fun, laughter really is the best medicine.

Have you read a book or seen a video that you would like to share with other parents and professionals? Please send your reviews to ADHD News.