

## CONTROVERSIES in ADHD

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A full report from the ACAMH:  
Emanuel Miller Lecture & Conference

### 6-7 MINDFULNESS

and your  
FAMILY



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# CONTROVERSIES

**A** one day conference was organised by The Association for Child and Adolescent Mental Health (ACAMH) at the Royal School of Physicians in London.

It was attended by roughly 200 professionals including psychologists, psychiatrists, paediatricians, nurses, GPs, charity workers, health visitors, teachers, researchers and other academics.

The aim of the conference was to present some of the latest research findings on ADHD which address common controversies surrounding this neurological disorder, such as how to correctly classify and also detect ADHD, whether medication is effective and whether we are over or under prescribing medication, how successful are non-

a full report from the ACAMH:  
**Emanuel Miller  
Lecture &  
National  
Conference**



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pharmacological therapies, how do we provide effective support to teenagers affected by ADHD, and the issue of disorders that co-occur with ADHD such as ASD, ODD and conduct disorder.

It was a full, intense and hugely informative day of high level talks from well-respected, enthusiastic speakers ■



## How best can we assess and treat teenagers with ADHD?

### ► ADHD assessment and brief intervention service for teenagers in CAMHS: a multi-disciplinary perspective.

*Kapil Sayal, Professor of Child and Adolescent Psychiatry, faculty of Medicine and Health Services, University of Nottingham*

Professor Sayal and Clinical Psychologist Kate Arron gave an overview of the excellent assessment and intervention service they are providing for teenagers referred to them in Nottingham.

To put their work into context, they talked about how ADHD provision is often piecemeal with no coordinated service for children and young people, that care pathways are often unclear and that the quality of care for ADHD is often dependant on the level of interest of the clinician.

The speakers related the various challenges

they faced in setting up the service, and then went on to describe a successful and very inspiring multi-disciplinary approach to assessment and treatment of ADHD in teenagers which stays true to current NICE guidelines and which strives to bridge the gaps currently present in ADHD care and between health and education services. They discussed the potential high positive impact of this service.

As well as a thorough initial parent and young person assessment, the speakers explained the treatment process which could involve pharmacological and non-pharmacological interventions, psycho-education, school based interventions, classroom based strategies, parenting interventions and psychological sessions. They put great emphasis on embracing the positive aspects of children with ADHD: creative, artistic, intuitive, spontaneous, visionary, inventive, enthusiastic, original and exuberant ■

## What is ADHD? Is it a conduct disorder or a neurobiological disorder

### ► Reconceptualising ADHD as a chronic neurodevelopmental condition: Implications for scientists and practitioners.

*Professor Rosemary Tannock, University of Toronto and Research Institute of the Hospital for Sick Children Canada*

Professor Tannock presented on how ADHD has recently been re-classified from a disruptive, impulse-control and conduct disorder (a group which includes *Oppositional Defiant Disorder (ODD)* and *conduct disorder*) to now being recognised as a neurological disorder along with Autism, motor disorder and specific learning disorders. What is the significance of this change and what is a neurodevelopmental disorder? Professor Tannock went into detail about this and explained the common characteristics neurological disorders share:

- Early developmental onset
- Characterised by cognitive and behavioural deficits
- Symptoms persist throughout lifespan albeit with changes
- Typically male preponderance
- Familial, heritable
- No single biological cause (complex genetic vs environmental interactions).

The decision to shift ADHD to a neuro-developmental disorder has had a great deal of support, though many still think it sits more in behavioural conduct disorder.

The rest of the talk was on research into ADHD in early childhood and to propose that the current NICE guidelines were not adequate to guide clinical practice for 3-4 year olds; and that we should promote early preventative approaches and public health initiatives to identify those at risk early on to make sure the right help is put in place as soon as possible.

To date there are no reliable early markers for childhood ADHD but there is interesting preliminary findings such as reliable differences in brain cortical thickness in patients with ADHD (alterations in ADHD brain structure are discernible by 6-8 years of age) and research which shows how the early tactile system in infants is perturbed in those later diagnosed with ADHD.

Long term studies showed that preschool ADHD carried on into child/adolescent ADHD with 90% of the children identified showing functional impairment from 4yrs – 18yrs.

Professor Tannock talked about the co-occurrence of language problems and ADHD symptoms in children, and that those children with language impairment have a 6x higher risk for ADHD.

She also reported on the idea that executive function is not the cause of ADHD, that more and more studies are indicating that executive function is a complicating factor of ADHD but that it is not driving ADHD.

Once again Professor Tannock stressed the importance of early detection of ADHD in children and the importance of getting help. One example she gave stated that each 1 point increase in inattention symptoms resulted in a 2-3 point reduction in GCSE scores. She commented on evidence that showed how persistent classroom inattention is a strong predictor of not having a high-school diploma at 22-23, saying how this highlights perfectly the fact that this failure to get these children to achieve a basic education is a waste of highly productive people in the long term.

### Other points included:

- Emotional reactivity and parent-child interaction difficulties appear to be consistent features of preschool ADHD and may be discernible in infancy, toddler years
- Preschool ADHD rarely occurs alone; high rates of co-existing problems
- Preschool ADHD predicts poor adolescent outcomes and is associated with high economic costs.

The hope was that by sharing these facts with the attendees it would help to shape and solidify their concept of what ADHD is and would hopefully have a positive impact on their clinical and educational practice ■



## How is ADHD related to conduct problems and/or Autism?

► **ADHD and its comorbidities. How is ADHD related to conduct problems? How is it related to autism? Implications for treatment / clinical practice.**

*Emily Simonoff, Professor of Child and Adolescent Psychiatry and Head of Department of Child and Adolescent Psychiatry, Kings College London.*

**Prof Simonoff** went through some recent studies which looked at the prevalence of ADHD in Autism Spectrum Disorder (ASD) and vice-versa, showing there was a high co-occurrence of the two, particularly where ADHD was severe, as in hyperkinetic disorder. She explained there are also overlaps in symptoms between ADHD, ASD and conduct disorders such as ODD.

Although there are overlaps, ADHD and ASD are two distinct and separate disorders and care must be taken to disentangle the symptoms of the two when present together

and not combine the disorders into one or the other. For example, both ADHD and ASD involve social interaction qualities; a superficial account (e.g. from a teacher who is asked to give info but doesn't know the child very well) won't always differentiate between the two.

She presented one study which looked into emotions of the parent and ADHD child, and found that it is the child's behaviour that is driving the parents response i.e. the behaviour of the parent towards the child is being driven by the child's ADHD, not that the child's ADHD is a result of the parent's expressed emotion.

Professor Simonoff briefly took us through a selection of studies looking at medication for ADHD in ASD children. Overall evidence suggests medication for ADHD may be less effective for ADHD in people with ASD but it is not known why.

Concerning ADHD and co-occurring conduct disorders, Prof Simonoff stressed that when presented with a child that appears to have ADHD it is important to take a careful look to see whether there is ODD or conduct disorder, which again are disorders in their own right.

Professor Simonoff spent time on the relationship between ADHD and conduct disorders in later life – describing how for a child with ADHD, particularly severe ADHD, the presence of ODD symptoms or the presence of at least one conduct disorder symptom should highlight to clinicians the need for careful profiling to ensure possible conduct problems later in life are picked up.

As an example, Prof Simonoff made reference to a retrospective study that was carried out on long term effect of hyperactivity on antisocial behaviour and found that conduct disorder is predictive of antisocial behaviour but that hyperactivity also contributed to antisocial behaviour in adulthood ■

## Are stimulant medications over or under prescribed? Is there any evidence that they are effective?

► *Dr Morris Zwi, Consultant Child and Adolescent Psychiatrist and Samuele Cortese, Clinical Associate Professor at University of Southampton both gave talks to try and answer these questions.*

**Dr Zwi** presented about the recently published Cochrane review called 'Methylphenidate for children and adolescents with attention deficit hyperactivity disorder (ADHD) review on Methylphenidate prescription and effectiveness'.

The Cochrane collaboration is a global network of independent researchers, professionals, patients and families. There are collaborators in 130 countries; it is a not-for-profit organisation which produces systematic reviews of the best available evidence through transparent methodology. It is recognised by many as the gold standard.

Dr Zwi was on the panel who performed and wrote the review and he talked about the huge body of work that was involved and the difficulty in obtaining the right

quality and quantity of research to include. He discussed the difficulties of a diagnosis largely dependent on clinical judgement and the fact that the prevalence and treatment of ADHD varies between countries with world-wide prevalence estimates ranging from 1% to nearly 20%.

The objective of the review was to assess the benefits and harms of methylphenidate for children and adolescents diagnosed with ADHD. Studies were selected with formal inclusion criteria taking into consideration things like risk of bias, whether the trial was for ADHD or also for other disorders too.

Conclusions of the study from 19 trials and 1698 participants:

- Methylphenidate may improve
- ADHD symptoms
- General behaviour
- Quality of life
- It does not appear to cause an increased risk of serious adverse (e.g. life threatening) events in the short term

- It is associated with a relatively high risk of non-serious adverse events
- Very low quality of evidence means the findings should be interpreted with caution
- Better design trials are needed to assess benefits of Methylphenidate

Overall Dr Zwi said that the evidence from the Cochrane review highlighted the need for better studies to be designed and carried out. There is still a need for a better understanding of the complexity of ADHD through the use of multiple research methods, with more funding for research to produce larger and higher quality trials.

Professor Samuel Cortese carried on the discussion on prescription of Methylphenidate as a treatment for ADHD by making the point that both under- and over-prescribing is a public health issue. Cortese illustrated that the rate of prescribing had increased from 2003-2008 but stressed this increase was only from 'a little to a little'. Data he presented suggested that overall we were not over prescribing in the UK.

As Dr Zwi concluded, Professor Cortese stressed that more research was needed to answer the questions posed in the talk title, and that evidence to decide whether Methylphenidate was effective should come from randomised clinical trials ■



## Is there any evidence that non-drug therapies are effective?


### ► Do psychosocial / non-pharma interventions work?

Edmund Sonuga-Barke, Professor of Developmental Psychopathology, University of Southampton

Professor Sonuga-Barke gave an interesting talk on why stringent systematic assessment of non-pharma interventions was needed in order to answer the question posed by the title of the talk. He introduced the European ADHD Guidelines Group (EAGG) – a group of clinicians who are knowledgeable and passionate about ADHD treatment.

Professor Sonuga-Barke talked about how a lot of clinical science and practice struggles with intrinsic bias, from parents, scientists and the clinicians themselves who are conducting research. The EAGG conducted a review of evidence for or against non-pharma therapies (i.e. not medication); some of the analysis was published in the paper *Non-pharmaceutical interventions for ADHD: systematic review and meta-analyses of randomized controlled trials of dietary and psychological treatments* (Sonuga-Barke et al. 2013)

Professor Sonuga-Barke discussed the benefits and pitfalls of behavioural parent training and put forward the case that neuro-cognitive deficits brought on by the originating causes of ADHD could be treated effectively with training such as working memory training with specifically designed computer games, neurofeedback trials or behavioural intervention.

Professor Sonuga-Barke concluded that although many non-pharma treatments showed positive responses, better non-pharma studies are needed for the core symptoms of ADHD (inattentiveness, hyperactivity and impulsivity) but effects were seen for other symptoms and co-morbidities. The challenge now is for scientists, researchers and clinicians to produce better interventions and treatments, that they should focus on this and also studying long term consequences of non-pharm treatments 



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ACAMH is the leading the development of interdisciplinary child and adolescent mental health for over 50 years, ACAMH is committed to multi-disciplinary research and practice within child and adolescent mental health. It does this through publication of new research findings and dissemination of innovative practices. ACAMH is a membership organisation that brings together professionals

from a range of disciplines to advance standards and support the professional development of all those working to support the mental health of children and young people.

The organisation hosts conferences, special interest groups and meetings and publishes two journals 'Child and adolescent mental health' and 'The journal of child psychology' as well as occasional papers.

Read more about ACAMH at:  
[www.acamh.org](http://www.acamh.org)

## WE'RE GETTING TOGETHER #UNDER THE UMBRELLA FOR BRAIN DISORDERS



grab an umbrella  
& gather your group



grab your  
phone or camera



take a photo or  
video of your group  
under the umbrella



share your story &  
image with the hashtag  
#UnderTheUmbrella



# Mindfulness and your Family

*Mark Bertin MD: board-certified developmental behavioral pediatrician and author, explains what Mindfulness is, and how it can help the whole family.*

**A** centuries-old practice accessible to anyone, mindfulness aims to build various traits that make the ups and downs of life easier to handle.

Clinical research has confirmed its benefits, explaining why it's an exponentially growing part of Western psychology and medicine. With mindfulness, you develop an increased capability to balance seeing things as they are with doing everything possible to change what you can, making everyday living more manageable.

The practice of mindfulness provides tools for cultivating focus, resilience, and well-being—both yours and your child's. They take advantage of the brain's innate capacity to rewire itself, an ability we all maintain at any age. In ways that support the rest of ADHD care, you can build skills such as these for yourself and your children:

- Attention and awareness (vs. distractibility and operating on autopilot)
- Responsiveness (vs. reactivity)
- Intentional, creative problem solving (vs. reliance on entrenched habits)
- Open-minded discernment (vs. reflexive judgment)
- Compassion for yourself and others (vs. criticism and impatience)

ADHD is far more than a disorder of attention. It influences social skills, communication, morning routines, bedtime, technology use, eating habits, homework, and anything requiring coordination, planning, or foresight. In addition, your child's ADHD affects others around him, especially family members.

In fact, ADHD often creates unproductive patterns in parents' lives. When parents become overly stressed or overwhelmed, that affects their children. None of us are at our best

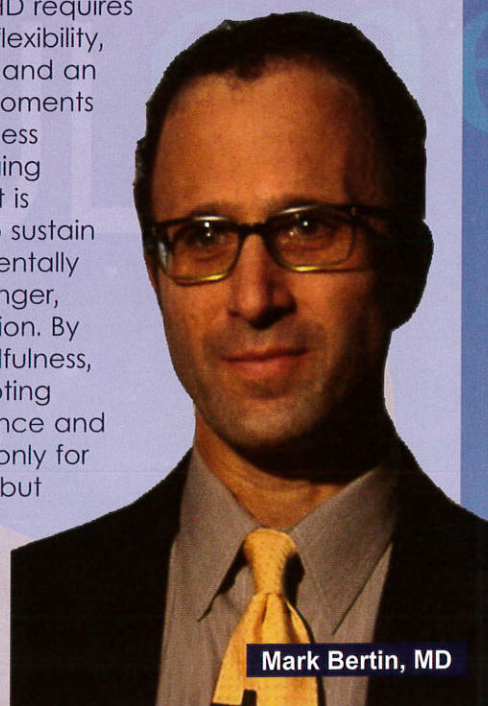
when tapped out. And because ADHD itself increases family stress, it makes it harder for you to manage your child's ADHD, which then amplifies stress further. Incorporating mindfulness into your life can break this draining cycle.

Seeing ADHD as it is and realizing its broad and often insidious effects enhances planning and successful outcomes by any measure. As both a parent and a pediatrician specializing in child development and ADHD, I remain awed by the consistency with which mindfulness supports families. Time after time, no matter the cultural background or family dynamic, parents learning mindfulness report concrete changes that make their child's ADHD far easier to overcome.

Parenting books and psychologists often ask parents to do things like stay calm when angry, or approach old problems from entirely new perspectives. Yet all of us have beliefs and assumptions developed over a lifetime, and these habits die hard. As you'll see, practicing mindfulness makes change of this kind easier.

Here is a large part of why practicing mindfulness profoundly change your family life:

addressing ADHD requires perseverance, flexibility, responsiveness, and an ability to find moments of joy and success during challenging times. All of that is much harder to sustain when you're mentally swamped by anger, fear, or exhaustion. By practicing mindfulness, you'll be promoting your own resilience and well-being not only for your own sake, but because your child will benefit.



**Mark Bertin, MD**



Guide to  
Calm,  
Reducing  
Stress &  
Helping  
Children  
Thrive

Includes  
planning strategies,  
worksheets & tools for  
improving motivation,  
problem solving &  
goal setting

# Mindful Parenting for ADHD

FOREWORD BY  
ARI TUCKMAN, PsyD

MARK BERTIN, MD  
A NEW HARBINGER SELF-HELP WORKBOOK

▶▶▶ As a parent of  
a brilliant, quick witted and  
defiant 10 year old boy diagnosed with  
ADHD, I have developed an impressive  
set of skills for organising, distracting,  
diffusing, negotiating, cajoling and  
remaining positive against the odds.

Nonetheless I still find I often come up short and know that I'll need to raise my game as my kids grow, in order to stay on course for raising a healthy happy family. To this end I found Mark Bertin's new book to be hugely helpful.

The forward by Ari Tuckman perfectly sums the book up:  
*'Dr. Bertin does a great job of explaining the ins and outs of ADHD so you can make better informed decisions. Then, what unequivocally separates this book from others on this topic is his focus on applying these concepts – not under ideal circumstances, but in the messy flow of real life.'*

The chapters are comprehensive, well organised and easy to work through.

The book provides an explanation of what mindfulness is and how it helps in particular with challenging behaviours *'By creating a gap between what we encounter and what we do about it, we open the door to new approaches to old situations'* -

*'Mindfulness isn't a spiritual path'* - *'In reality, mindfulness is a lifelong training. If you stick with it, even when practice is difficult and not much seems to happen, you will experience changes. Mindfulness is analogous to long-term physical training, rather than an acute intervention such as knee surgery or a dose of antibiotics'.*

Later in the book Bertin explains *'By devoting increased attention and intention to your actions, you can become an agent of the positive changes you'd like to see'* The first chapter sets the scene for the rest of the book and would be particularly useful for parents who are finding that their child is challenging beyond the norm for their age

***"I just don't have the skills to handle this!" I exclaimed to my husband one night when he arrived home to find the kids mercifully settled, but with me frazzled and at my wits end. 'I am all out and I have to find more from somewhere'"***

and are considering that ADHD may be present. The following chapter contains a thorough, un-rushed explanation of everything Executive Function is and what it actually means to a person both with and without ADHD, physically, organisationally and emotionally.

There then follows a lot of welcome focus and support for the parent, such as in the chapter called 'Why your self-care matters for your child'. A short section titled Parents of children of ADHD may feel judged by others is a brilliant example.. *'A child's ADHD uniquely isolates parents. They often end up with an insidious belief that they should be able to do something to make ADHD go away. They wrestle with incredibly difficult choices while also facing other people's opinions about what they should or shouldn't do. Many of these opinions are presented as fact, even when inaccurate or exaggerated. This leaves many parents regretful about their decisions, perhaps even ashamed, along with an entirely inaccurate perception that they caused their child's ADHD, or mismanaged it'*

Bertin devotes several chapters to building good routines..  
*'Maintain consistent routines. Although this can be difficult to sustain, especially if a parent has ADHD, it is perhaps the most vital approach to making a home run smoothly and teaching children life skills'*

and on communicating with your child.. *'No matter how out of control, uninterested, or irrational your child acts at a given point in time, what you do or say can potentially escalate or de-escalate the situation. These choices also teach your child lessons in conflict management and influence how he communicates'*

There is a very useful chapter dealing with ADHD and your child's schooling, and a refreshing and well balanced chapter on ADHD treatment with medication called *'Navigating ADHD medication decisions'*

I have read numerous books on ADHD and have found that they all contain correct and good information but typically fail to leave you with the practical skill set you are really going to need as a parent of a growing child with ADHD. Not just a vision of what the right tools look like, I found this book manages to deliver them to you so you have them in your hands when reality bites - your back home from school, your kids are screaming, you're going to scream, and someone has to get the control of the situation quickly and that someone has to be you.

***A great book.***





## Teenagers aged 12-18

... who struggle with concentrating, impulsivity, or sitting still - are invited to take part in a new study into how young people's moods go up and down in everyday life - using a new app.

The study will help us understand mood changes in young people, and enable development of appropriate treatments.

The teenager will be given a new Mood mApper device for 1 week to carry around. This is an iPod with an app that will ask the teenager to quickly (2mins) rate their mood while they are 'out and about' a few times each day.

As a thank-you, the teenager will be given a voucher (love2shop or Amazon) of up to £35!

Participants will attend an initial consultation (approx. 1.5hrs) at the Institute of Psychiatry, Psychology and Neuroscience at Denmark Hill, London (All travel expenses will be reimbursed)

\* Participation is dependent on eligibility

### FOR MORE INFORMATION CONTACT THE RESEARCH TEAM

Tel: **07940 407 664**

Email: **MoodMapperResearch@gmail.com**

This study has been approved by the NHS Ethical committee NRES Hampstead (ref: 15/LO/1019)



South London and Maudsley

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ADISS CONFERENCES FOR JUNE 2016

## ADHD Change the World

21st June.. **Steeple Church Dundee**

25th June.. **Lincoln**

27th June.. **The Blue Heritage Centre Sheppey, Kent**

Speakers.... **Jerry Mills, Kevin Roberts and Marko Ferek**

Further details from our website [www.addiss.co.uk](http://www.addiss.co.uk)

## Parenting Special Children

**30th June - Reading, Berkshire**

Understanding the impact of ADHD on a child/young person within the home, school and community, and exploring different strategies and approaches to help support them.

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