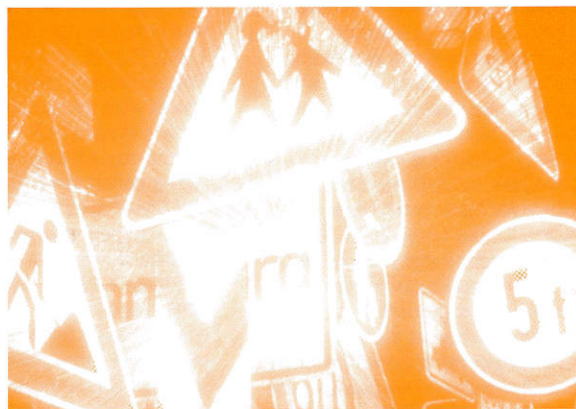


ADHD news

ADD Information Services (ADDISS) Registered Charity No 1070827

SUMMER 2004

ADHD and driving: *Science reveals the reality*



Marlene Snyder, PhD, Daniel J Cox, PhD.

Road traffic accidents are the leading cause of serious injury and death among American teenagers. Inexperienced driving, immature judgment and risk taking of the type characteristic to teenagers are obstacles to safe driving of concern to all parents. When teen drivers also have ADHD, parents and teens must understand that the core symptoms of inattention and impulsivity (the inability to inhibit behavior) have serious additional implications for driving safety. We all know that it takes only one occasion of inattention or impulsivity while driving any kind of motor vehicle to have devastating consequences. The impact of ADHD upon teenagers' driving ability and their safety should be carefully considered and addressed.

First, consider that several research studies have shown that drivers with ADHD have up to four times more accidents while driving, and three times more car crash injuries than teens without ADHD. These studies showed that individuals with ADHD were less likely to employ sound driving habits in their current driving performance, were four times more often at fault when crashes

occurred and six to eight times more likely to have their license suspended for poor driving behaviour.^{1,2,3,4} One study also found that teens diagnosed with ADHD were more likely to have driven a car illegally before they became eligible as licensed drivers, and were more likely to have received repeated traffic citations, mostly for speeding.³

Death or lifelong disability, involvement in the juvenile court system, liability issues if others are seriously injured or killed and the resulting legal and financial impact upon the family are just a few of the consequences of a serious accident. No official studies have yet been conducted, but we would be surprised to find that statistics of this kind did not equally apply to other motorised vehicles such as motorbikes, boats, jet skis and all terrain vehicles.

New editor Fiona McGuinness

ADDISS have appointed a new editor for the newsletter. Fiona McGuinness will be responsible for commissioning, editing and planning of the newsletter. Working alongside Andrea at ADDISS, the plan is to further develop the newsletter in terms of content and to establish ADHD News as a consistent and more regular feature at ADDISS.

If you would like to submit articles, news or information for inclusion in the newsletter please contact Fiona by email to fiona.mcguinness@ntlworld.com. ADHD News welcomes submissions from all with an interest in ADHD, and we particularly welcome news of local initiatives and support groups.

To advertise in ADHD News, telephone: +44 (0)20 89069068 or email: advertising@addiss.co.uk.

ADHD and driving	•	Page 1 - 2
ADDISS Conference 2004	•	Page 3 - 6
Herefordshire Support Group	•	Page 7
Eli Lilly launches Strattera®	•	Page 7
Turning parents' views into positive action	•	Page 8 - 9
Open of Lincoln ADHD	•	Page 10
ADHD & growing up	•	Page 11

continued on Page 2...

ADHD and driving...(cont from page 1)

What can be done to lower these risks?

Parents and their teens should take the appropriate steps towards responsibility for their safety and the safety of others. They also need to educate themselves as much as possible about a diagnosis of ADHD and appropriate treatments. A good place to start to work on safe driving behavior is reading CHADD's 'ADHD and Driving: A Guide for Parents of Teens with ADHD'.⁴ The book offers 20 practical steps that parents and teens can take together to improve driving outcomes. There are many practical tools offered, such as driving observation forms, check sheets and suggestions for discussion and learning activities for both parents and teens (www.chadd.org).

It is well known that for many individuals with ADHD, medication can help to improve their behaviour. Methylphenidate is the most commonly prescribed medication for ADHD, but do the benefits of this medication extend to improving driving skills?

Ritalin® was compared to a sugar pill (placebo) in the first study.⁵ Driving skills of college students with and without ADHD were tested on a sophisticated driving simulator. On placebo, the driving behaviour of males with ADHD was five times worse than those without ADHD. Ritalin® significantly improved the driving of those with ADHD, but not the control drivers. On Ritalin®, drivers with ADHD demonstrated skills equivalent to drivers without ADHD.

A second study⁶ compared the effects of Ritalin® taken three times a day (8am, 12pm, and 4pm) with the smooth ascending blood levels of methylphenidate when delivered

in a Concerta® capsule once a day (8am). Male high school drivers with ADHD were tested on two days, once on Ritalin® and once on Concerta®. The interesting thing in this study was that driving ability was tested at 2pm, 5pm, 8pm and 11pm. Overall, driving performance was significantly better when the drivers were taking Concerta® once a day compared with Ritalin® three times a day. More specifically, driving performance on Concerta® and Ritalin® was similar at 2pm and 5pm, but performance was significantly worse on Ritalin at 8pm and these negative differences continued to 11pm. Most notable was that teens taking Ritalin were making the same driving errors at 8pm as those found to be made by men 80+ years of age. At the same time, participants on Concerta® demonstrated driving skills comparable to men between the ages of 55-59 years of age, a much lower road traffic accident risk group.

A third study⁶ compared male teenagers with ADHD driving their own car on a 16 mile road course, involving rural, highway and city driving. They drove the course on two separate days, at the same time of day and under similar weather conditions. On one day they drove after taking Concerta® and on another day when they had taken no ADHD medication. An observer, who did not know if the driver had or had not taken medication, sat in the rear seat and rated the occurrence of impulsive and inattentive driving errors. Impulsive driving errors were extremely rare, off medication or on medication, so no difference could be found. However, on average, inattentive driving errors occurred 7.5 times per driver when not taking medication. Errors deriving from inattention were significantly reduced (4.2 errors/driver) when subjects had taken Concerta®. An interesting finding in this study was that the more medication the driver had taken, the greater the reduction in inattentive driving errors.

These studies demonstrate that driving skills are impaired more significantly among ADHD drivers not taking methylphenidate, compared with non-ADHD drivers. Also, that methylphenidate improves driving performance, that the smooth ascending blood levels of medication in a sustained release

preparation such as Concerta® result in better driving in the evenings, when many serious accidents occur and that Concerta® improved driving both on a simulator and when teens drove their own car.

Obviously, there is much more to learn about the impact of ADHD on driving skills.⁷ Presently, the clear message is that individuals with ADHD need to pay particular attention to their driving ability and take advantage of appropriate treatments to improve their driving behaviour. The best time for parents to start talking about safe driving behaviour with their children is long before the time they apply for the learner's (conditional) driving license.

Young people with ADHD can become safe drivers, but a great deal more training, thought, and adherence to effective treatments needs to take place.

References:

1. Driving histories of ADHD subjects. National Highway Traffic Safety Administration. *Ann Emerg Med* 1997;29(4):546-47.
2. Barkley RA, Murphy KR, Kwasnik D. Motor vehicle driving competencies and risks in teens and young adults with attention deficit hyperactivity disorder. *Pediatrics* 1996;98:1089-95.
3. Cox DJ, Merkel RL, Hill RJ, Kovatchev B, Seward R. Effect of stimulant medication on driving performance of young adults with attention deficit hyperactivity disorder: A preliminary double

blind placebo controlled trial. *J Nerv Ment Dis* 2000;188(4):230-4

4. Cox DJ, Merkel RL, Penberthy JK, Kovatchev B, Hankins, C. Impact of methylphenidate delivery profiles on driving performance of adolescents with attention deficit hyperactivity disorder (ADHD). *J Am Acad Child Adolesc Psychiatry*. In Press
5. Snyder JM. ADHD and driving. A guide for parents of teens with ADHD. Landover, MD: CHADD, 2001.
6. Cox DJ, Humphrey JW, Merkel RL, Penberthy JK, Kovatchev B. OROS® methylphenidate's benefit to on-road driving performance of adolescents with attention-deficit/hyperactivity disorder. *J Am Board Fam Pract*. In Press
7. Barkley RA, Murphy K, Bush T, DuPaul G. What contributes to the elevated driving risks in ADHD adults? *ADHD Report* 2003;11(2):1-5.

About the Authors:
Both authors of this article have sons with ADHD.

Marlene Snyder, Ph.D. is a former CHADD National Board Member and is President of Whitefish Consultants, Whitefish, Montana. Her son recently won a regional trophy for Sports Car Club of America. (Nebraska Regional SCCA Rookie of the Year).

Daniel J. Cox, Ph.D. is a Professor in the Department of Psychiatric Medicine, and Director of the Center for Behavioral Medicine Research and the Virginia Laboratory for Driving Safety, University of Virginia Health System at Charlottesville, Virginia.

Recommended titles

ADHD The Facts
By Mark Selikowitz
£11.99
2004 Oxford University Press

This book provides a practical up to date overview of ADHD for parents, teachers, doctors, speech & language therapists and occupational therapists. It takes a good look at the developmental issues, management at home and school, medications and behaviour management and takes a critical look at unconventional treatments.

ADHD: A Challenging Journey
By Anna Richards
£14.00
2003 Lucky Duck Publishing

A twenty two hour journey with 11 year old Barney(ADHD) his mother and friends, a reader friendly and thought provoking introduction to ADHD. This book also gives an insight into Anna's battle to get an education for her son and her struggle to enlighten her education authority and many others along the way. Anna lives in the Bedfordshire area and this is a true story.

Both these titles are available from ADDISS



Paying attention to ADHD?

ADDISS CONFERENCE 2004

15-16-17 March

Adelphi Hotel Liverpool

From Judith Monk

I always feel a strong sense of expectation when going to an ADDISS Conference and this year was no exception. I expected to be informed and updated and I was, I expected to be entertained and surprised and I was, I expected to be cosseted and well looked after, and I was.



PCs Stephen Brown and Philip Anderton with conference delegates

The Adelphi, as a venue was wonderful! It was featured in a BBC *fly on the wall* documentary a couple of years ago so I had a vision of what it looked like but the reality was amazingly beautiful; opulent height to all the rooms, marble floors and ornate grandeur everywhere. The staff were very helpful too.

For me the only downside was the seven and a half hour journey to get to Liverpool. Even that had a plus to it when I caught one of Virgin's new trains from Euston. The train was clean, comfortable, well provisioned and staffed and best of all on time! It even has sockets by every seat, where you can plug in a laptop or charge your mobile.

Day One of the Conference opened with Jerry Mills' *Don't Doubt the Dream*. From Michigan in the USA, Jerry, for those who don't know him, is a motivational speaker and communicates using songs he has written, accompanying himself on guitar and occasionally harmonica. The title of his lecture comes from his philosophy that in every child there is a dream that diminishes as a child grows, until they begin to doubt their own dream. Jerry Mills told us of strategies we could use to encourage self esteem in struggling children and a lovely tale of a boy called Mike. A couple of times he was near to tears himself when telling stories of his own experiences as a child and the abuse he had suffered from

teachers and friends that didn't understand him. He said many things that stuck firmly in mind. One is that if you take the numerical value of each letter of the word *Attitude* it equals exactly 100 or 100%. Another is that we should all strive to turn failure into success, turn fear into confidence and turn frustration into competence and this requires 100% the right attitude. He also quoted Professor Albus Dumbledore, at Hogwarts School in Harry Potter who said, "It's our choices that show what we really are rather than our abilities". A lot of what he said was practical too; a hyperactive child can either sit still OR pay attention but he can't do both. To learn more, his email address is jerry@jerrymills.com and his website is www.jerrymills.com

Dr Gillian Baird then gave an intelligent resumé of the findings from the Parents Convention at Southport, which took place in September 2003. This consultation resulted in the compilation of a report entitled *Parents, Provision and Policy*. A copy of this report can be obtained through ADDISS but the general findings were that parents wanted: effective response, professional competence, clear referral routes, professionals working together, support for families and siblings, to be kept informed, to have things explained and for early interventions. Dr Baird thoroughly

covered all elements of the report ending with suggestions as to how service users can drive forward some of the possibilities by; joining together and agreeing on aims, providing information to and collaborating with local providers, lobbying PCT's and Parliament and using published guidelines and National initiatives to influence training.

To end the first morning Jenny Harrington and Rita Jones of the Liverpool ADHD Project gave a feedback report on their Consultation with Children to find out what makes an ADHD-friendly teacher, playworker and playground. It gave results that would not surprise those of us who are ADHD aware, but would help the understanding of those who are not. Teachers, the children said, should be people who treat all the kids the same, understand about ADHD, listen to and praise them, don't shout, help others to learn about ADHD and don't throw them out of class! On playgrounds the ADHD children disliked the football domination in most of them and the fighting that takes place. They wanted football specific zones, more swings and slides, activities and equipment, someone to make it fun and make everyone happy. The children were also consulted about transition to secondary schools. Many of the children thought that it would help if the teachers knew something about them in the style of a SAM or Something About Me profile. The Liverpool ADHD Project Children's Consultation proved to be valuable and if you want to know more telephone 0151 709 4239.

The Keynote speech of the afternoon was by Professor Thomas Brown who discussed *ADHD through the Lifespan: New Understandings*. He has a new book in progress called *The Unfocussed Mind* and presented up to date information from his research. He talked extensively about impaired Executive Function (EF) in the brain in relation to ADHD, stating that development of EF continues into early adulthood. He outlined his Model of EF impairment in ADHD: Activation, Focus, Effort, Emotion,

ADDISS Conference 2004...(cont from page 3)

Memory and Action and then detailed each. Prof Brown took us through the tasks that require EF from childhood, through adolescence and into adulthood. Comorbidity of other conditions along with ADHD appears in 50 to 70% of cases. One study showed that 70% of ADHD children had at least one psychiatric disorder in addition to ADHD. The key points he made are that ADHD is not a unitary disorder, it is developmental and heritable, dimensional not categorical, shows impairments of executive function, is not always linked to hyperactivity, is implicated in many psychiatric disorders and is often responsive to medication. Prof Brown has a lovely mellifluous speaking voice and was a mine of information. I could have listened all day!

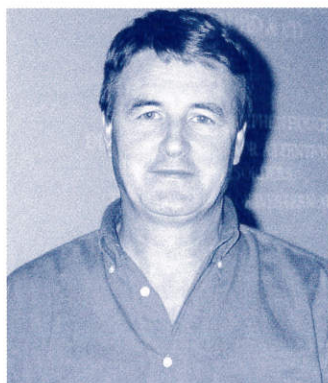
The final part of the afternoon consisted of parallel breakout sessions. This is always the hardest part for me, as I want to go to all six of them! I chose *Adolescence, Auditory Processing, ADHD and Associated Disorders* with Dr Paul Hutchins who is a Developmental Paediatrician in Westmead, Australia. I was curious to know more about language disorders that can co-exist with ADHD.



Dr Paul Hutchins

While it was an interesting session for those with medical qualifications I found myself overwhelmed by the level of specialist language. I should have quietly joined another session but I have this desire to stick with something and try and figure it out. I couldn't! From the level and extent of the post lecture questioning though many professionals gained further insight and that can only be good.

The sessions I missed were: *A Parents Guide to Medication for ADHD* with Prof Peter Hill, *Adult ADHD* with Dr Robert Doyle, *Time as the Invisible Disability* with Prof



Stephen Houghton PhD

Stephen Houghton, *ADHD & Driving* with Marlene Snyder and *ADHD Treatments, Old & New* with Dr John Ratey.

In the evening of Day One there was to be the Official Launch event of the Liverpool ADHD Project. I'm afraid I was so tired I didn't wake up until it was over! These conferences are akin to

living with an ADHD son, constantly on the go, looking at everything in a new light, exciting, fun and very, very tiring.

Day Two opened at 9am with an interesting lecture from Dr Paramala Santosh called *ADHD and Autistic Spectrum Disorders-Is there a comorbidity?*. Much of the focus of the talk was describing Autism and was very clear and easy to understand. Dr Santosh described how children with Asperger Syndrome were likened to *Little Professors* who lecture others fluently on their specialist subject. We also learned about other aspects of Autism: the inappropriate speech volumes and cadences, repetitively stereotyped circumscribed interests and the cognitively rigid inability to accept change or another's point of view. He stated that having Autism does not protect you from developing other mental disorders and the list of comorbid disorders includes ADHD, Tourettes, OCD, Dyspraxia, Epilepsy, Mental Retardation and Expressive Language Delay. Also there is a condition known as DAMP (Disorders of Attention and Motor Perception), which equates to ASD + ADHD. When the Doctor mentioned that an Autistic child finds it hard to look at you and listen at the same time as this causes confusion - it reminded me of an ADHD child who can sit still or pay attention but not both!

Professor Loretta Giorcelli followed with *Buoyancy and Resilience in the 21st-Century* and talked of promoting human development as a process and not a *programme*. In fact the entire focus of her talk was on positives not negatives as in her assertion that we should focus on *protective* factors not *risk* factors. A lively and engaging speaker, the Professor, whose background is in education, talked about the school foci, listing: caring & supportive relationships, communicating positive and high expectations, opportunities for meaningful participation, life skills

modelled by teachers, programmes that foster resilience, peaceful playgrounds, busy boys projects and teachers and parents learning together as a perfect agenda for change in schools. Prof Giorcelli talked about how genetics plus psychosocial forces determine adult outcomes like resilience. She said that 50% of what we need to know about life is gained in the first year of life, 25% in the second and 25% thereafter. In a child's first six years parents shape their conscious values, sense of responsibility, knowledge of self, islands of competence and temperament. We heard about Perception, Self Esteem, Resilience, Mantras and the 12 skills needed to promote resilience. This talk was informative, interesting, educational and uplifting! For more information, visit www.doctorg.org this lady should be heard!

Dr John Ratey was the third speaker of the morning and discussed the Neurobiology of ADHD. I have heard this talk before but because of annual progress there is always new information and so it proved again. He says that scientists are quite close to proving the heritability of ADHD alongside the usual, height, IQ etc. He talked about the 100 billion neuro cells in the brain and the specific chemicals serotonin, norepinephrine and dopamine - that affect a quite small percentage of them but are relevant to ADHD and manipulated medicinally. Dr Ratey showed us slides, which represented the female, and the male brain which were hilarious and everyone should have a chance to see them. These were spoofs using stereotypical parts of each brain such as shopping or sport. Very good! On a more serious note Dr Ratey told us that stress hormones help to release dopamine, so do sweets and carbohydrates. Nicotine too, is good for releasing dopamine making it one of the hardest drugs of all to give up.

He added that exercise was the healthiest way to increase dopamine levels as physical

Patron

Lady Astor of Haver

The Professional Board

Dr Gillian Baird
Dr David Coghill
Professor Paul Cooper
Professor Peter Hill
Dr Nikos Myttas
Professor Eric Taylor

Education Consultants

Fintan O'Regan
Dorothy Levy

Trustees

Jenny Missen (Chair)
Jill Cook
Kymm Farmer
Sharon O'Dell
Brigit Solomon
Philippa Weitz

Founder and Director

Andrea Bilbow

movement of the brain creates more blood flow, which in turn creates more arteries and capillaries, removes toxic materials, prevents damage by strokes as we age, causes release of norepinephrine, serotonin and releases dopamine in the limbic system and frontal cortex. Dr Ratey stressed that any exercise, especially aerobic exercise was good for increasing nerve growth in the brain. This session was by and large complex information given in an informative and accessible manner but I noticed more delegates going in and out of the room at this time and this certainly affected my concentration.

The final speaker of the day was Wendy Richardson, an expert in



Wendy Richardson

ADHD and Addiction. A very tiny lady with an enormous personality and presence, she made an immediate impact. She has a long family connection of alcoholism and ADHD and has two ADHD children. Wendy talked knowledgeably about the brain and how addiction works, repeating Dr Ratey's claim that sugar and highly refined carbohydrates release dopamine, norepinephrine and serotonin. She stated that untreated youngsters with ADHD were first likely to crave sugar and then graduate to nicotine, then alcohol and then drugs. Wendy says the 'moral' issue around addiction should be removed, as this is in effect a biological predisposition. If the ADHD is treated medically early enough, those affected are 50% less likely to self medicate using addictive substances. Wendy talked about the shame and guilt of those suffering addictions and says shame can lock you inside. She also said that, "If all you have is a

hammer, then everything you look at looks like a nail." A brilliantly motivational speaker and very though provoking message! Visit www.ADDandAddiction.com for more.



Alan Roberts

The afternoon breakout session I chose was *Coping with Teenagers* with Alan Roberts as much of the work I do includes teens with desperate parents! Alan began by saying that many teenagers are just not given enough information about their condition and if given in an accessible way it helps clear some of the confusion and fear about the future they face. They ask themselves, "Why am I different? Why do I have to take medication? Why can't I be like others? Is it because I'm naughty?" These teens tend to be confused, unpopular, feel stupid, frustrated, depressed, anxious, scared and angry. Alan went on to explain each feeling and how and why it arose. He gave some calming down strategies such as counting slowly backwards then forwards, inhaling deeply then breathing out slowly and encouraging self talk along the lines of "I'm not going to let this upset me" etc. Again he said that exercise was a great help.

With an angry child he suggested that first you have to get the child's attention and then listen to them. Help the child to label their feelings – you feel upset, annoyed and so on. Take time to cool down. Talk quietly and with respect. He also thought it best to try and predict and avoid high risk situations, as prevention is better than cure! Alan is a big, strong bloke with a no nonsense attitude. He told us he

had no problem with ADHD teenagers. I believe him! The other sessions that I couldn't attend were: *A Critical Approach to the Diagnosis and Treatment of ADHD* with Dr Nikos Myttas, *The Relationship between Foetal Alcohol Syndrome Spectrum Disorders and ADHD* with Dr Sterling Clarren, *ADHD and Social Skills- What does everyone else know that I don't*, with Michelle Novotni PhD and a joint session Chaired by Dr Thomas Brown with



Dr Thomas Brown

Rebecca Shaw and Professor Stephen Houghton about *Computer Games and ADHD and why children with ADHD can play them so well and for so long*.

A formal dinner with entertainment from a Liverpool comedian was scheduled for the second night of the conference. I decided that I could digest all the information that my brain had received that day, or dinner, but I couldn't do both. I stayed in my room and watched brat camp.

On Day Three the main hall looked like a film set and there was much technological adjusting going on. I wasn't really prepared for the decibel levels and nearly fell off my seat! *You've experienced Chaos. Now here's HAVOC!*, was how they were billed and they were great! Alice Dalton and Sandra Adams both dark haired and wearing pale green suits introduced us to their new concept of HAVOC, which stands for *Hyperactive Adolescents Very Own Club*. In April 2002 they decided to try and get funding for a specialised Youth Club for ADHD youngsters who were finding it difficult to stay in or be accepted into mainstream clubs and activities. The structure



Alice Dalton - HAVOC

was quite simple; there would be football, different activities and a presentation evening. Reebok donated 6 footballs and the local firestation had a whip round. Each member had a file of their own into which went evaluation sheets and details of planned trips and events. The HAVOC code of behaviour was developed loosely based on the Football Card system in which Blue Cards were issued for minor offences, Pink for major disruptions and 3 Blue Cards would earn you a Pink then 3 Pink Cards would mean your expulsion from the club with the consent of all the members. Session stars were given for every session and the more stars earned meant an award on the Presentation Evening, attendance at which was compulsory for all members.

The two ladies took turns in presenting the Club members on film and most of us had a lump in our throats at the end. One story expressed it all when they told us about a local lad who had taken courage in both hands and knocked at their door to ask if he could have ADHD so he could join the Club! For more on this telephone Ally on 01524 770101. Please be sensitive about timing a call as this her home number! Their website which will be on www.thehavocproject.org is still under construction.

Next up at the podium was Dr Geoffrey Kewley for the Learning Assessment Centre at Horsham to discuss the *Relevance of ADHD to the Youth Justice System*. Again another very detailed discourse followed with discussion about the comorbid disorders and treatments. Apparently 40% of people with

ADDISS Conference 2004...(cont from page 5)

ADHD and CD (Conduct Disorder) responded well to stimulant medication. But 92% responded better with the further addition of either Clonidine or Risperidone.

Some of the statistics that Dr Kewley presented based on a 1,000 LAC patients with the ADHD Combined Type were scary. He suggests that 6% of boys aged from 5 to 10 years also had Conduct Disorder and 8% of the 11 to 15 year olds. Of these 1,000, 574 had ODD (Oppositional Defiant Disorder), 91 had CD and 40 were Autistic. During the course of studying statistics of people in prison Dr Kewley discovered that many of the studies done had not screened for ADHD but looked at traditional psychiatric disorders. He quoted from a document entitled *The Next Steps 2003* which can be found by visiting <http://www.dfes.gov.uk/everychildmatters/pdfs/youth-justice-english.pdf> It is about proposed strategies for reform of dealing with young offenders and has a heavy community basis. As always Dr Kewley gave food for thought. He quoted the Dunedin Study, which stated that within a convicted group, violence by the age of 18 was predicted by a lack of self control by the age of 3 to 5 years old! Frightening isn't it? For more about Dr Kewley visit www.l-a-c.com

Two PCs also made a big impression at this year's conference too. I had already heard them at the Sussex Group's Adult Study Day in January and was very impressed by both the thinking behind their work and enormous effort and energy they were putting into it.

Billed as *Police Constables from the Lancashire Constabulary* Philip Anderton is both an Inspector and has a Doctorate and Steve Brown is a Sergeant. They have taken a strong proactive role in identifying

youngsters at risk of entering the justice system and arranging screening for ADHD, working closely with parents and multi-agencies. They are also committed to linking these agencies and ensuring that they are knowledgeable and willingly proactive when dealing with people with mental health problems. Project partners include PCT's, CAMHS, YOTs, prisons, police, education, academic bodies and the voluntary sector. Their own research indicated that in the UK population, 3% of adults, 6% of children and 25% of the prison population have ADHD! Another statistic that impressed was that two out of five young men aged 16 to 20 sentenced by the courts have mental health issues.

PC's Anderton and Brown believe that much of the suffering and cost of undiagnosed and untreated ADHD can be saved by very early intervention. This dynamic duo should have contemporaries in every police force in the country. I wonder if we can get them cloned?

Following this thought provoking session there were a series of choices, five to choose from before lunch and two lots of six choices after lunch with the Conference due to end at 5.30pm. Faced with a seven hour journey home and a class to teach at 10am the next morning I felt that I could only attend a couple more. Even catching a train mid-afternoon I didn't get in until 11.30pm.

I chose to listen to Dr Suzy Young of the Forensic Directorate of the South London and Maudsley NHS Trust talk about the Offender with ADHD as I have recently been offering support to the family of a young murderer with ADHD. Dr Young and Dr Brian Toone set up the first ADHD Adult Clinic at The Maudsley and she was able to

give an update on the additional services now being provided there. They now offer a rolling programme of three separate days of behavioural work such as anger management strategies, organisational strategies and so on, as an add on to medication. This is good news. The bad news is that this clinic is one of only two or three NHS clinics in the country and the waiting list is long. Much of her statistical material about ADHD and prison populations came from abroad, as we have no UK study material to draw upon. Hopefully Phil Anderton and Steve Brown will push this forward within their work as I believe it is urgently required. Dr Young made us laugh when discussing why so many people with ADHD were locked up – she said because of their cognitive deficits they made very poor quality criminals so were more likely to be caught!

The other sessions in this block were Dr Robert Doyle with *Bipolar and ADHD, Managing ADHD and Challenging Behaviour* with Lorraine Marer (a friend went to this and said it was one of the best), a shared workshop between Zara Harris and Nigel Humphrey on *ADHD in the Workplace* and *An Audit of Management of Adults with ADHD*. Another joint session was *The Awesome Daring Handsome Dudes Club* and *The Process of Joint Working around ADHD between Health and Educational Professionals on the Wirral*. I'm sure you can see how hard it is to choose!

The afternoon choices were again lots of sessions that I wanted to attend but by now I was feeling exhausted and dreading the long journey home. My last choice was a session with Dr Stephen Houghton on *Differential Profiles of Psychopathy and Aggression in Children and Adolescents Diagnosed with ADHD and Conduct Disorder*. He posed the

question: Are children with combined ADHD and CD really fledgling psychopaths? The answer was a resounding No. For more about Dr Houghton's work visit <http://CARD.gse.uwa.edu.au/>

The other lectures in this set were: *ADHD and Bullying* with Marlene Snyder, *Learning and Behaviour* with Prof Loretta Giorcelli, *Social Ineptness and Emotional Intelligence in ADHD* with Prof Thomas Brown, *I can't even read my own writing* with Zara Harris and a combined session with *Treatment Perceptions of Children with ADHD in the School Setting* with Dr Marius Potgeiter and *The Development of Classroom Level Support for Children with ADHD within the Wirral LEA*.

The final set of lectures for the Conference were: *ADHD and Substance Abuse: Practical Consequences in Treatment* with Eva Karin Lovaas, *ADHD and the 16 plus Learner* with Steve Kelly, *Practical Issues in School-ADHD Clinic Liaison* with Ian Graham and Pauline Latham, *A Prescriber's Masterclass* with Dr Paramala Santosh, Dr Robert

SUBS TO AD

and receive to
our catalogue
videos and re
on training
new reso
Please to
for an appli

020 890

Doyle and Dr Nikos Myttas, *Effects of Modafinil on Neurocognitive Performance in Adults with ADHD* with Dr Jonathan Dowson and *Sport and ADHD* with Dr Paul Hutchins.

I was going to use the journey home to assimilate all that I had heard and experienced but instead got chatting to a lovely young man who turned out to be one of the stars from television's *Hollyoaks*. What a lovely end to an amazing three days!

Judith Monk runs the ADHD Adult & Adolescent Support Network, which is affiliated, to the Sussex ADHD Support Group. She also works with parents of 'hard to raise' children running her own Challenging Children eight week courses.

Contact: jmonk45582@aol.com or Tel: 01424 - 422105

Some of the sessions at the Conference have been audio taped and will be made available in due course.

ADD/ADHD Family Support Group Herefordshire

Many years ago, when I was just 12 years old I was diagnosed with ADHD after a lengthy struggle. My father and mother wanted to know more and more about AD/HD and the associated disorders I currently have. My father found that there was no support group in Herefordshire and many people had no idea about the disorder. My father decided to set up a support group called the ADD/ADHD Family Support Group Herefordshire. This group was aimed at creating awareness of the conditions with doctors, schools and also with the parents themselves.

Now 18, I myself got involved after seeing some of my friends with ADHD falter where I was succeeding. I set up the ADD/ADHD Children's Support Group Herefordshire as a part of the ADD/ADHD Family Support Group Herefordshire to provide help and advice to children struggling in the same ways I had.

The ADD/ADHD Family Support Group Herefordshire took off well and over 300 people have contacted us in the time since the group was set up. However the group disbanded for reasons outside our control and since then my father has been running his group as an advice area. This

is where I come in. To help get the word out and bring the ADD/ADHD Family Support Group Herefordshire back to where we were, I decided to set up the website www.adam-moreland.co.uk/ADDWeb which is an information centre.

Currently I need information and support to make this possible. It will benefit all who visit it. Despite the groups having fallen on hard times I am hopeful that perhaps this website can put Herefordshire back on the map and spread awareness again. Damaging articles and harsh rhetoric across the board have discredited ADHD and

controversy has pushed us out of the spotlight. Now many people do not know what ADHD is, or what it actually means. This is something I hope I can help to change. Please help us by sending articles and information and help us in whatever way you can. We need your help to survive and help others. Please either phone, (01432) 760930 (ask for Reg) or email: ADHD@adam-moreland.co.uk for more information or to contribute to us. Thank you all for listening.

Adam Moreland
Webmaster, www.adam-moreland.co.uk/ADDweb

Eli Lilly launches Strattera®

This month Eli Lilly has launched Strattera® (atomoxetine HCl) in the UK, the first non-stimulant medication for ADHD. Strattera® is a norepinephrine reuptake inhibitor that works differently from other ADHD medications available and is the only medication indicated

specifically for the treatment of ADHD in children, adolescents and, significantly, in adults.

For further information about ADHD and Strattera®, including patient education materials, a guide for teachers and questions for your

healthcare professional visit www.strattera.com or www.strattera.co.uk.

ADDISS would be very interested to hear feedback from anyone who is taking Strattera®.

CRIBE DISS

is newsletter,
of books and
gular updates
courses,
rces etc.
lephone
ation form.

6 9068

Turning parents' views into positive action for children and young adults with ADHD



Summary of the ADDISS parent consultation exercise, Southport Theatre and Floral Hall, September 6-7, 2003

Fiona McGuinness

This two-day consultation exercise was organised by ADDISS for parents from all over the UK. As any person who travelled to Southport for this event will recognise, it represents a unique and valuable insight into the views of parents/carers and professionals on the current situation with regard to children and young people with ADHD. The consultation process powerfully highlighted the continued failure of our health, social care and educational systems to acknowledge ADHD as a legitimate disorder or make adequate provision for those affected by it. However, positive experiences with all of these agencies were also sought and described - there are lessons to be learned from these also.

In his foreword to the published consultation document, Professor Eric Taylor points out that the problems of ADHD have challenged not only NHS services, but also education and social agencies. Although there are some very good examples of successful training in the recognition and treatment of ADHD, practice remains patchy.

The findings of this consultation exercise emphasise the continuing need of those affected by ADHD to have the condition diagnosed as early as possible, for ADHD to

be widely recognised and for provision to take full place in the mainstream of health, education and social care.

ADDISS works at a national level in partnership with local support groups to provide accurate, timely and useful information - reaching over 6,000 parents and professionals. Andrea Bilbow, Founder and Director of ADDISS, makes the following point in her opening address:

"In the field of mental health ADHD is the poor relation,

representing over 50% of referrals yet receiving less than 50% of the budget. The DfES in their ignorance continue to bury ADHD in the category of Social, Emotional and Behavioural Disorders, not recognising the uniqueness of our children, or the fact that their brains function differently...when placed in the learning environment or educational institutions."

Key findings

- Delays in diagnosis place children at an extreme disadvantage.

- 75% of children with ADHD receive medication.
- For 1 in 6 children, medication started before the age of 6.
- A diagnosis is generally made by a consultant in psychiatry, psychology or paediatrics; parents don't care who they see, provided they are competent and experienced.
- Very few consultants offer or provide details of a local support group.
- Over 50% of respondents stated that a support group had been most helpful to them.
- Social services departments were repeatedly cited as the least helpful organisation. Most parents said that social services did not recognise ADHD as a disability and rarely offered support for respite care.
- Parents agreed that training was vital, yet only a minority found that teachers in their child's school received specific training on ADHD.
- 50% of children with ADHD have a Statement of Special Educational Needs.

Vital and pragmatic wish list

- Training for all professionals concerned
- Improved communications between parents, schools, health services and social care
- Early intervention to get diagnosis and treatment as soon as possible
- Raise awareness of the condition, the issues, the positives
- Consistency of services and policies – locally and nationally
- Information for parents and children
- Resourcing – right things in the right place
- Roles and responsibilities – real local partnership working

When asked if teachers, the NHS or social services provided as much support as parents felt they needed the overwhelming answer...was 'no'. When the question was modified to find out which group had been the most helpful to them and their child, more than half said a support group, with teachers in second place.

The attitude of social services was widely felt to be compounded by their lack of information. Fewer than 25% of parents said that their local department recognised ADHD as a disability.

Those parents able to comment on transition to adult services (34) in the majority felt it was unsatisfactory.

"I feel this (consultation) weekend has been and will be historic in moving the awareness of ADHD towards focusing resources and attention on helping both family and child. Thank you, I feel privileged to be part of it"

"ADHD has the capacity to wreck a child's life and the lives of their family. I also has the capacity to produce extraordinary individuals. We need to ensure that every involved in lives of children (with

ADHD) understands the condition and is able to provide the understanding and support to enable these children to reach their full potential. The long-term effect of this strategy can only be positive and could be dramatic."

Government

"Please recognise and understand ADHD and comorbid conditions as disabilities and put policies in place to make childrens' and parents' lives easier – especially education."

Education

"Support our children in their life's most important challenges with the education system and give them specific help."

"Listen to what we are telling you and take the appropriate action that will benefit all ADHD people without passing the buck!"

In addition there were numerous pleas for consistency, improved recognition and awareness and the need for champions and ambassadors for ADHD.

Consultation groups

There were six consultation groups, three for children under 12 years, another for adolescents under 17 years and one for young adults (18-25). The groups were facilitated by professionals with experience of the impact of ADHD on children and families. Each group considered the following areas:

Health services

- Issues around diagnosis and treatment
- Attitudes of GPs
- Information about ADHD and treatment options

- Waiting times and referral routes
- #### Social Services
- Recognition of ADHD as a valid condition/disability
 - Experiences of concerns relating to child abuse

Education

- Accounts of positive experiences and the perceived reasons for this
- Difference in the approach taken with ADHD children in the same family
- The effect of treatment – medication and other approaches – on children's abilities
- Examples of support from other parents in school environment

Adult services

- Experiences of the transfer of children to adult services
- Experiences with employers and providers with further education providers

Young offenders

- Experiences of ADHD children apprehended or charged for antisocial behaviour
- Police handling of children once informed of their condition
- Positive experiences

Media/Information

- Impact of local and national media coverage of ADHD
- Effects on parents of media coverage
- Where do parents get the information they need?

The overwhelming themes emerging from all of these groups included the need for early diagnosis, training for all professionals involved in the lives of children with ADHD and their parents/carers, awareness and recognition of ADHD, consistency in services provided, adequate

resourcing and improved support and information for parents/carers.

More specifically, many parents had encountered a lack of respect, very negative attitudes and were made to feel that they were failing. Training and increased awareness across the health and social care spectrum and in the police force was also considered important – young people with ADHD are much more likely to come to the attention of the police or enter the criminal justice system.

Many parents rely on voluntary local and national groups for support and advice and there is no doubt of the immense value of these avenues of support. However, the question ADDISS wished to address in this exercise is why, if children with ADHD and their families require input from a raft of public services, is there not more evidence of positive experiences and how can this be changed?

The formulation of a pragmatic wish list was one of the aims of this exercise and was the foundation of the emerging themes, issues, solutions and responsibilities clearly identified at the end of the consultation exercise.

Copies of the published consultation document were sent to all MPs, 670 in total. Many responded, expressing very positive support of the work of ADDISS. Copies of the document were requested so that they could be passed to LEAs and MPs also asked for information leaflets to pass to their constituents. Significantly, some MPs who responded expressed an interest in establishing an all party parliamentary committee to tackle issues surrounding ADHD.

For copies of the published consultation document, contact ADDISS, 10 Station Road, Mill Hill Broadway, London NW7 2JU.

Alternatively, visit the ADDISS website, www.addiss.co.uk



Opening of Lincoln ADHD Group Office and Information Centre

Sharon O'Dell

On Friday 27th February 2004 the local MP for Lincoln, Gillian Merron formally opened the Lincoln ADHD Support Group's new office. The open day was a great success with representatives attending from CAMHS, Parent Partnership, Social Services, funding organisations, group members and friends and Andrea from ADDISS. The opening day was the culmination of a lot of hard work over seven years from everyone connected with the group.



Opening by Gillian Merron, MP

The Lincolnshire ADHD Support Group was formed in 1997 in response to a letter in the local papers from Maggie Parker, the mother of an ADHD child who was angry at the lack of support and services available to her family in Lincoln. The intention was to provide support and advice, to raise awareness of the condition and to give families the opportunity to share their experiences of ADHD with each other.

By 1999 membership had dwindled to just a few families and the decision had to be made whether to carry on or not. It was

decided to have one last effort and to change the name to Lincoln ADHD Support Group. We had a campaign in the local press and the group really began to take off. In addition to the monthly meetings we obtained funding for family activities. Our summer picnic in the park and outing to the pantomime at Christmas are now a tradition. We have a programme of activities for the children each summer and this year hope to emulate the success of last year's residential visit where parents and children alike took part in abseiling, archery and rafting to name but a few of the activities on offer. In

addition to this we have a book and video library, quarterly newsletter, email, website, support line, talks from professionals and our membership card allows free entry into certain local attractions.

We also have an excellent relationship with Lincoln Social Services and although we still haven't been able to have ADHD included in their official criteria, our campaigning has resulted in us being awarded a grant from them to provide carers breaks for our members. We have also recently been in talks with CAMHS, the LEA and various other services to see how we can work together.



In October 2003 the committee decided that the time had come to raise funds for an office. We were lucky to find funding very quickly from the Lincoln Community Development Project and found the ideal premises on Lincoln High Street. We moved in on the 1st December and were equipped and open for business on 5th January 2004. Since opening the office our profile has been raised a great deal. Not only have we gained many new members, we have been approached by many professionals who wish to work with us or who come to us for advice.

Although our group has changed significantly since 1997, we are still very much aware of why it was set up and the ADHD child (or adult), the parents, carers, grandparents and siblings are still at the heart of everything we do.

The Lincolnshire ADHD Support Group telephone:
01522 539 939

What Happens to children with ADHD as they grow up?

Dr Giles Newton-Howes

Attention deficit disorder, hyperkinetic disorder and attention deficit/hyperactivity disorder (ADHD) are roughly similar, common and challenging disorders that have for many years been thought of as a problem only in children. Some sections of society continue to believe that it is not a medical disorder and should not be "diagnosed" or dealt with by doctors. However, all medical diagnoses, from pneumonia to ADHD, are made for two reasons: to help identify the best treatment that can be offered and to clarify what can be expected in the future. It is the second of these issues that this article will examine in relation to ADHD. What can we say about the prognosis in ADHD? What can parents reasonably expect if their child has this condition? What happens to children with ADHD as they grow up?

Firstly, it is important to mention how common ADHD is. Large studies in America and Britain have shown us that between 1.5 and 10% of all children suffer from ADHD. In Britain, this figure is probably at the low end of this spectrum as a diagnosis is not made in the case of children only mildly affected. This means that in a school of 1,000 children, between 15 and 150 of the pupils will have ADHD. If the problem were only in children, we would expect these figures to drop in the older adolescent population and children with ADHD to have no symptoms as they enter adulthood, but this is not the case. By following children with ADHD over time, researchers have found that up to 25% of them continue to have problems into their early adulthood. Similarly, in populations of adolescents, 1.5%, the British figure for ADHD, continue to have symptoms of ADHD.

So the condition doesn't completely disappear as we grow up, but it does improve somewhat simply as

a result of the passage of time. Some of the symptoms appear to ameliorate, as we get older, whereas other symptoms continue to trouble those affected. The core triad of symptoms affecting children with ADHD, inattention, impulsivity and hyperactivity, continue to affect them as they grow up. As we grow, however, we learn to deal more effectively with hyperactivity and this symptom is the least apparent of the three. The adult population with ADHD also appears to develop cognitive strategies to reduce the impact of the remaining two. Whereas a child might dash out into the road after a ball without looking, as he grows up he is more likely to look before he leaps. Problems such as poor concentration during enjoyable leisure activities, daydreaming and easily losing one's temper are the indicators of inattention and impulsivity of the type normally seen in adults. These problems make it harder to maintain a job and can add stress to personal relationships. This ongoing conflict can lead to socially

inappropriate behaviour, fights with partners and trouble with the law.

Importantly, the ongoing problems of ADHD in adults can also make it considerably more difficult to parent children. ADHD is most likely a disorder with some genetic predisposition. Some researchers believe the heritability of inattention and hyperactivity to be as high as 50%. As a result, parents who have ADHD are more likely to have children with the same condition. As we have already mentioned, these children are harder to raise, especially for a parent who may continue to have their own problems with inattention and impulsivity. This is not a problem likely to disappear from our society, as fathers with ADHD father more children than their non-affected peers.

It is also worth noting that adults with ADHD are more likely to have other psychiatric problems. Rates of depression are higher, as is the likelihood of alcohol and drug

misuse. This is particularly true of adults who continue to have obvious problems with impulsivity, inattention and hyperactivity.

So what can be done about it? Certainly, many adults who had ADHD as a child and continue to have problems into adulthood recognise this and may want to seek professional help. Is there anything that the medical profession can offer this group? There are numerous studies now that suggest that stimulant medication is almost as effective in the adult population as the child population: 25-70% of adults report a significant improvement in their symptoms with methylphenidate. There is also some evidence to suggest that particular types of antidepressants, specifically those that work on noradrenergic systems in the brain, may relieve symptoms. This would clearly be especially useful if there are also symptoms of depression, effectively treating two problems with one drug. Apart from medication, there is also some anecdotal evidence that the talking therapies, such as cognitive behavioural therapy (CBT), can also help adults with ADHD symptoms to improve their lives. They may work by providing a framework by which to think through problems and assist in controlling impulsive desires.

The diagnosis and management of children with ADHD is well established and serviced in the UK. Unfortunately, the same claim cannot be made when these individuals grow into adults. The realisation that many children with ADHD continue to have some problems, despite treatment, is slowly gaining national and international recognition. If you think it would be useful to talk to someone, most GPs will refer you to your local adult psychiatric services for assessment, although they may or may not have the skills to help. In Britain we are, however, particularly lucky to have a specialist unit at the Maudsley Hospital in South London, dedicated to helping adults with ADHD. This unit deals particularly with adults with ADHD and ADHD symptoms if further assessment and treatment are warranted.

Art competition winner is a Scream at National ADDISS Conference

Winners of Competition

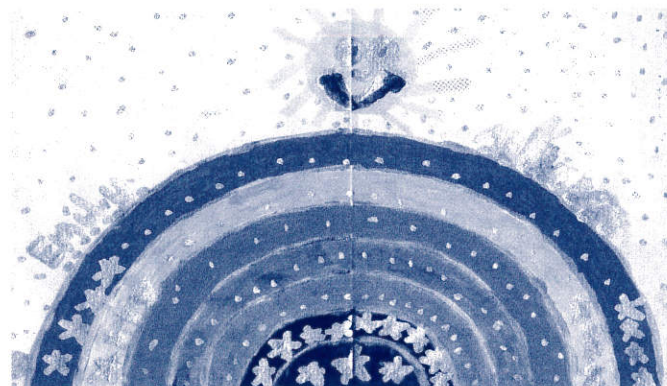
An art competition for young people with ADHD has been won by Darcy Easton, aged 11, from Broxbourn, Midlothian. His picture, entitled: 'The Scream: My Life with ADHD' was voted overall winner by delegates at the Sixth International ADDISS Conference on ADHD, which was held in Liverpool in March.



Overall Winner. *Darcy Easton, Aged 11 from West Lothian.*



Winner. *Amy Nathan, Aged 9 from London.*



Winner. *Emily Atkinson, Aged 6 from Beckenham.*

Additional winners included Amy Nathan, aged 9, from London and Emily Atkinson, aged 6, from Beckenham. Amy and Emily won prizes for the best entries from young artists under 10 years old and under 8 years old, respectively. All three win a day trip around London's art galleries and get to see their work exhibited at Great Ormond Street Hospital.

Twenty-five entries were received for the competition, which was open to young people up to 16 years of age with ADHD. Many delegates were impressed by the high standard of artwork submitted, as well as being moved by the highly emotional content of the drawings and

paintings. Darcy's painting was based on Edvard Munch's famous work of 1893.

Andrea Bilbow, Founder and Executive Director of ADDISS, commented: "Because ADHD is under-recognised and under-treated, young people with ADHD are often confused, angry, frustrated and have low self-esteem. However, they are also extremely creative, talented and rewarding to work with. It was great to see their talent shining through in our competition. Many delegates were extremely moved by the art on display."

Next year, a competition celebrating writing talents is planned by ADDISS.



100% Pure

The only exhibition in London focusing purely on special educational needs

100% Innovative

130 SEN suppliers in the FREE resources exhibition

100% Informative

Keep abreast of advances being made within ICT in our SpecialneedsIT feature area

100% Inspiring

42 professional development seminars covering all areas of the curriculum. Book before 23 July and get one FREE!

100% Refreshing

With so much on offer you'll find a wealth of fresh, exciting and creative suggestions for classroom activities and lesson plan ideas - in fact everything you need for the new academic year!

The Business Design Centre,
Islington, London

Friday 22nd October
10.00am-5.00pm

Saturday 23rd October
10.00am-4.30pm

Entry to the Exhibition is FREE

We regret, no entry to students under 18.

www.teachingexhibitions.co.uk

