

ADHD: Easy to treat hard to treat well

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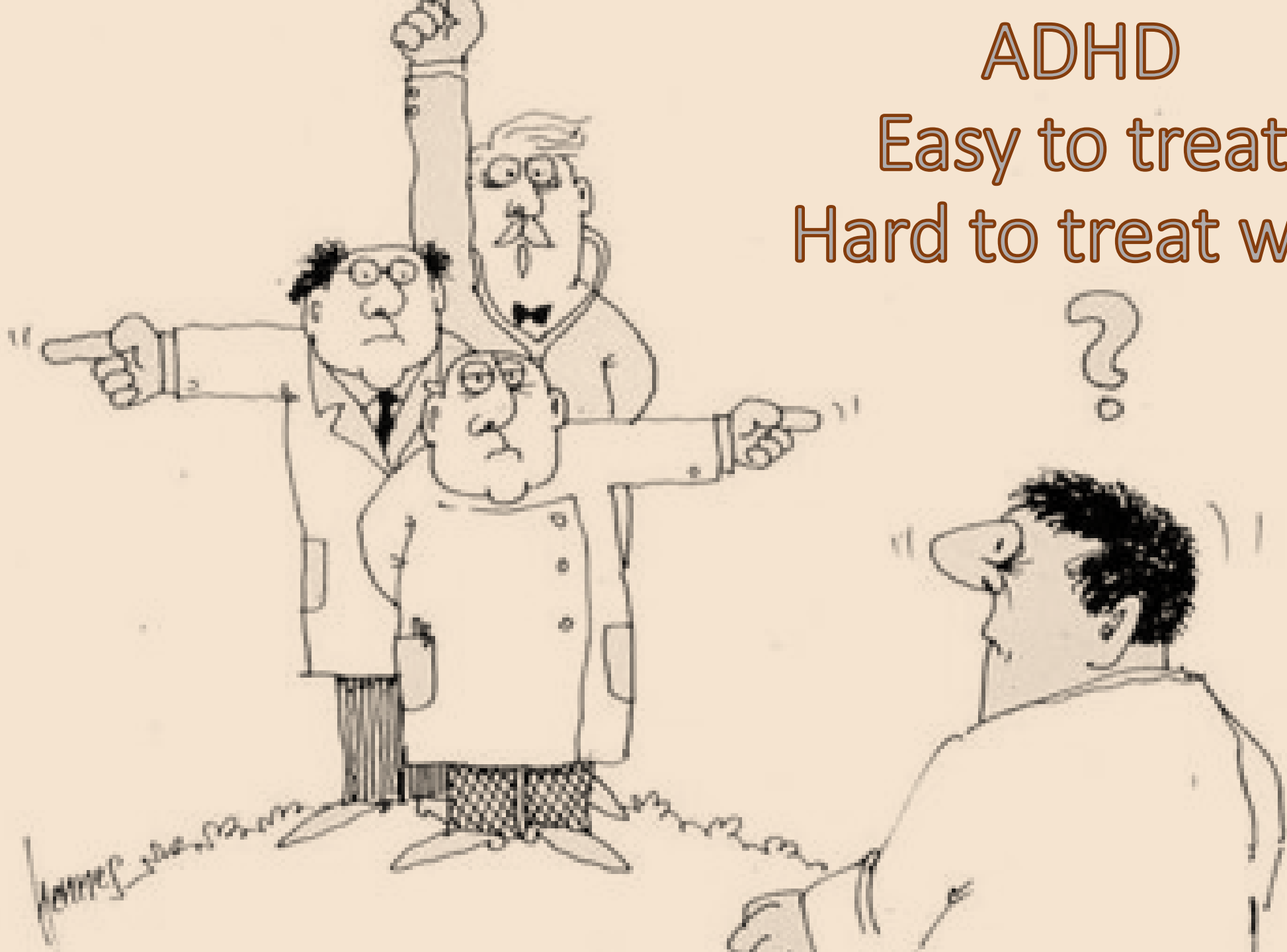
Excellence in clinical care, research and education



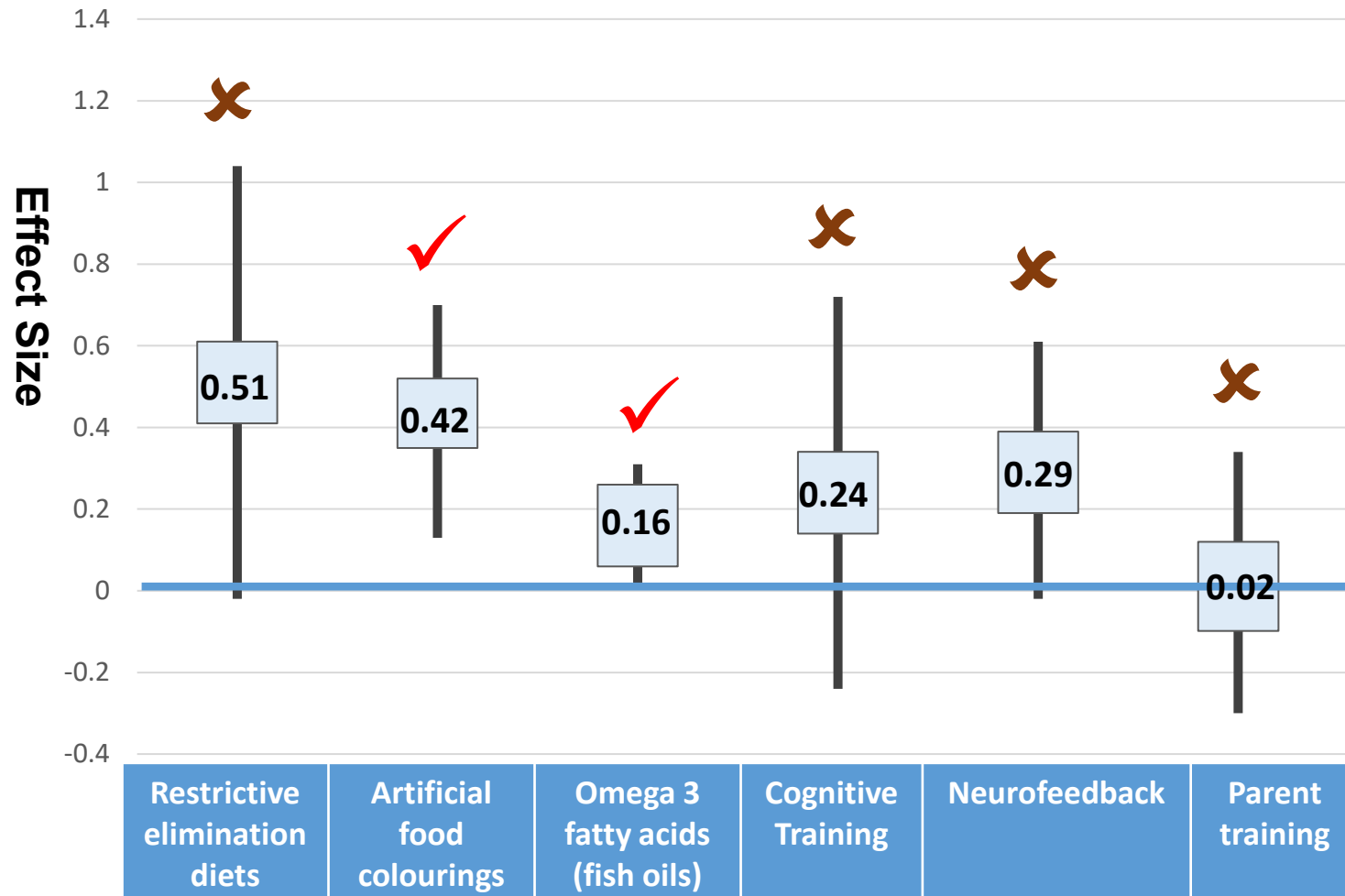
ADHD

Easy to treat

Hard to treat well



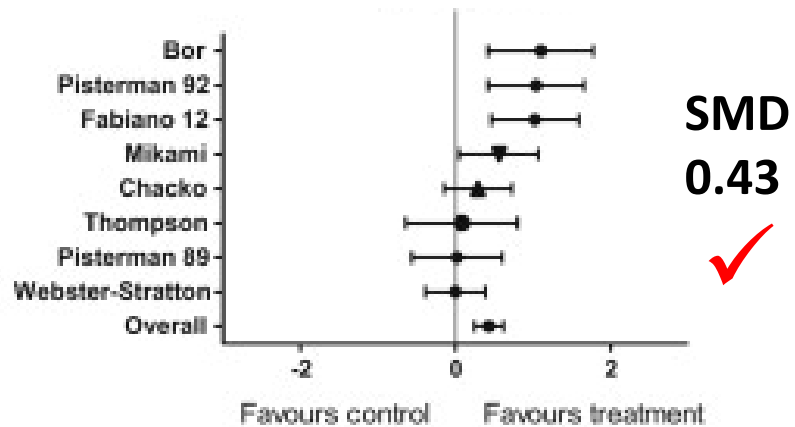
Which treatments work for ADHD?



Does this mean that we should not use cognitive training, neurofeedback or parent training?

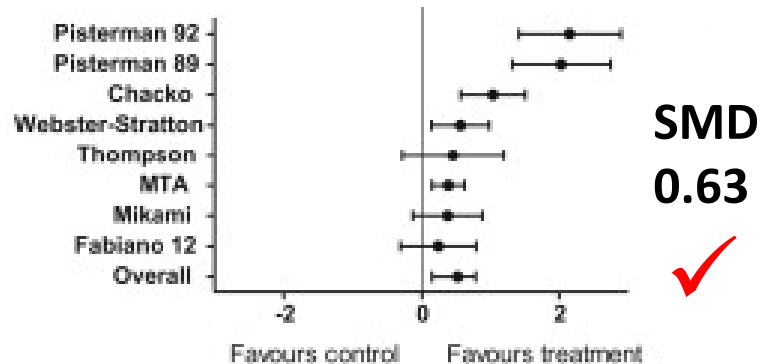
Not necessarily, but we should not expect big things in relation to reduction in ADHD symptoms

Negative parenting



Overall SMD=0.43;95%CI=0.24-0.62

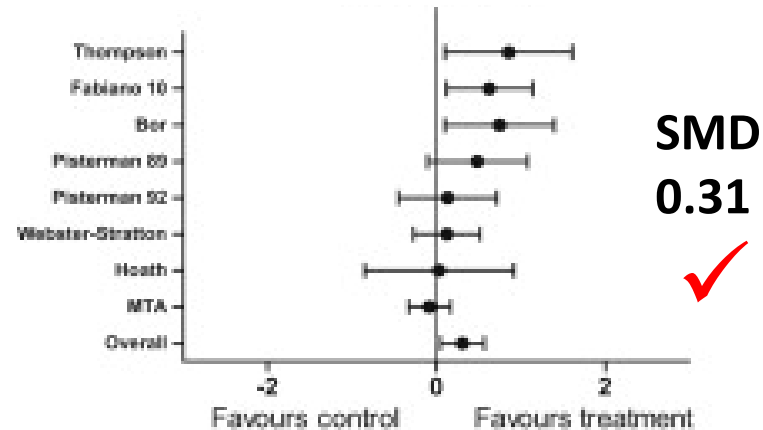
Positive parenting



Overall SMD=0.63;95%CI=0.47-0.7

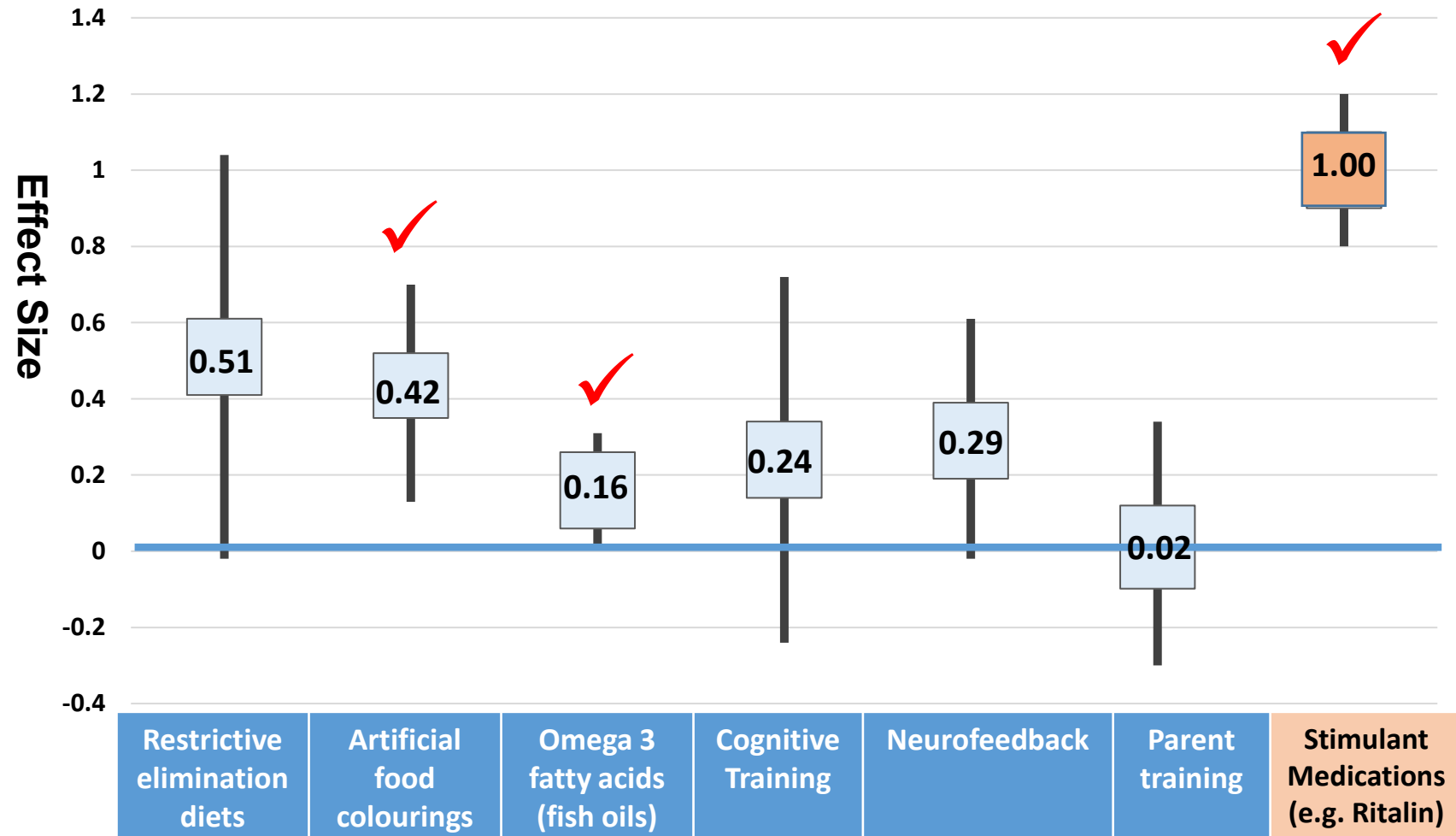
Parent Training
Does improve
parenting and
conduct problems

Conduct Problems

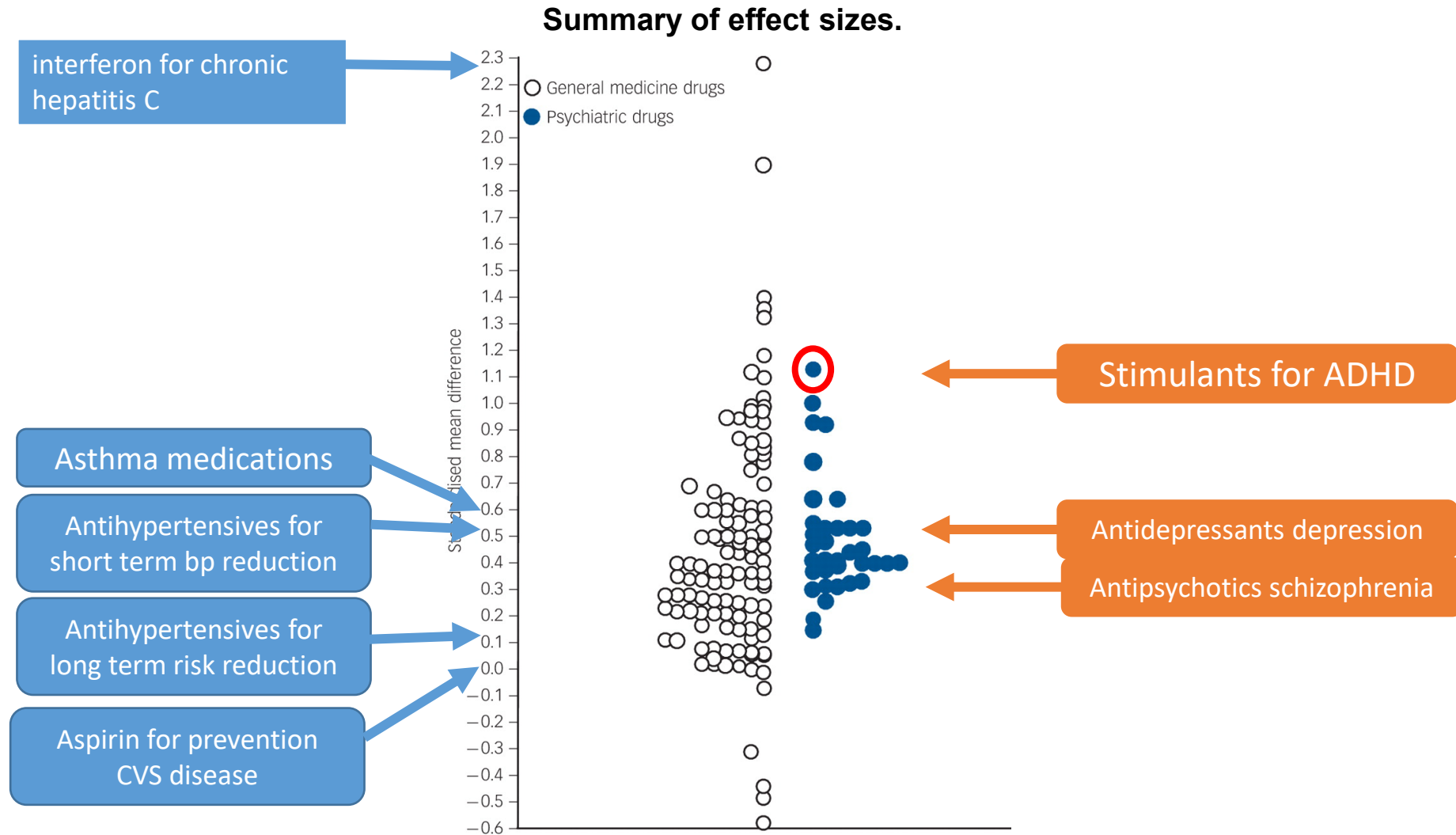


Overall SMD=0.31;95%CI=0.05-0.57

Which treatments work for ADHD?



Psychiatric treatments are evidence based and effective



Stefan Leucht et al. BJP 2012;200:97-106

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OF PSYCHIATRY

Medications available for ADHD

- Stimulants
 - Methylphenidate (Ritalin, Ritalin LA, Concerta)
 - Dexamphetamine
 - Lisdexamfetamine (Vyvanse)
- Non-stimulants
 - Guanfacine (Intuniv)
 - Atomoxetine (Strattera)

ADHD medications are very effective in children and adolescents

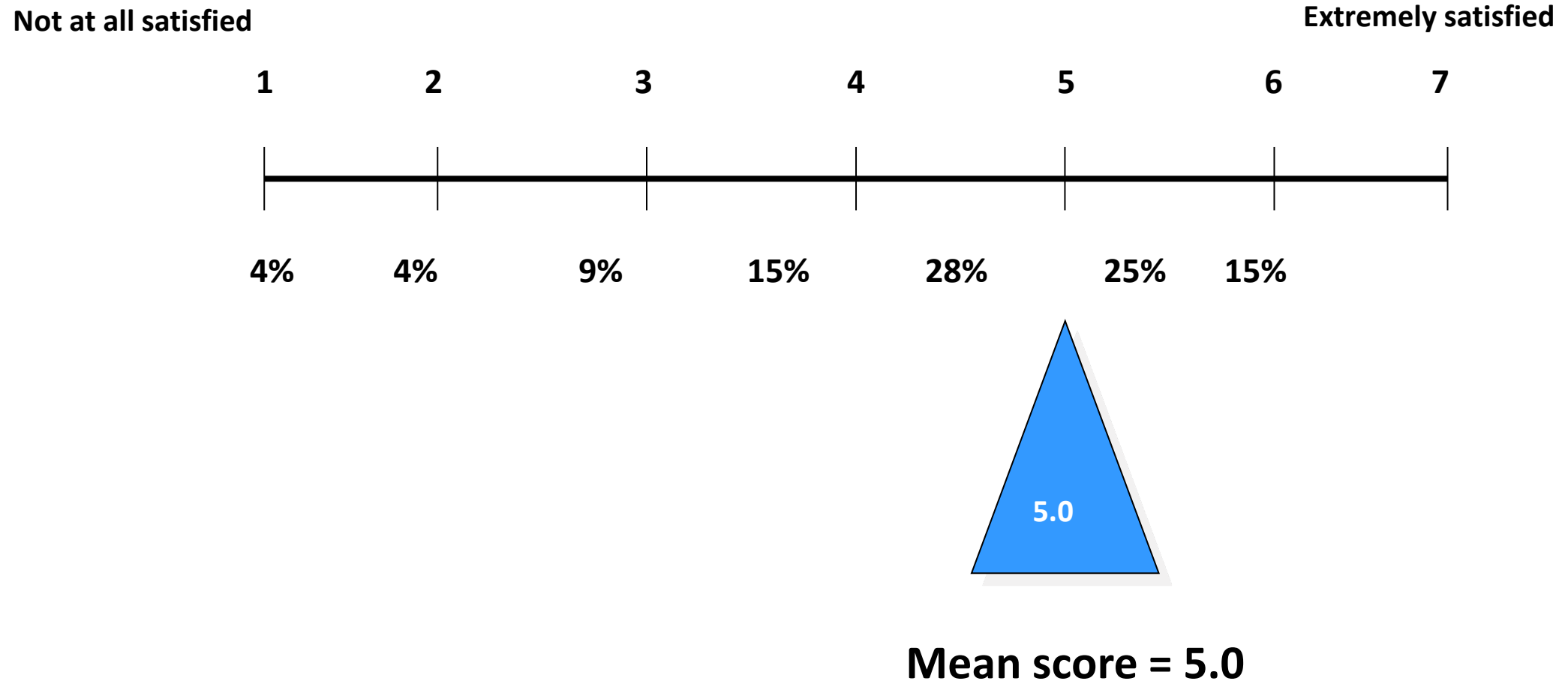
	Effect Size	Number Needed to Treat
Methylphenidate	1.0	4
Amfetamine	1.0	4
Atomoxetine	0.7 (maybe higher when given for longer)	4
Guanfacine/Clonidine	0.6-0.7	4
SSRI for depression in adults	0.5	10
Antipsychotics for schizophrenia in adults	0.25	10

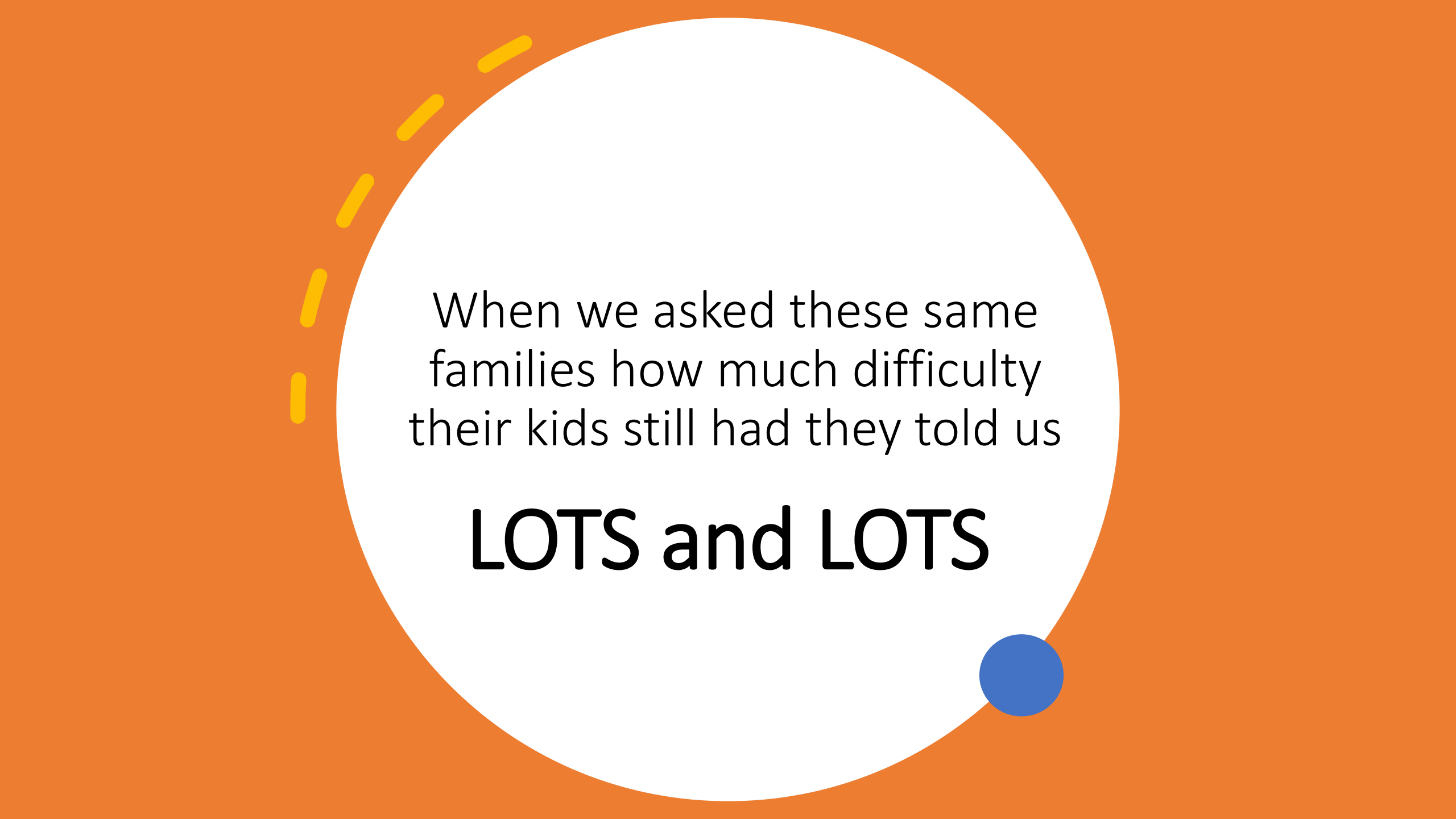


A lot of the evidence we have suggests that even when ADHD is treated the outcomes are not as good as they ought to be

Why should this be the case?

Most parents are reasonably satisfied with their child's treatment





When we asked these same families how much difficulty their kids still had they told us

LOTS and LOTS

What should we be aiming for?

The best large scale studies report that about 2/3rds of people have had a strong response to treatment and that this can last for at least 1½ years

It seems that this requires a careful approach to treatment that involves frequent measurement of outcomes AND then changing the treatment to try and improve outcomes (like we do for diabetes or hypertension)

It also seems that once you stop making these measures or acting on them things slip back

Measurement based care in ADHD: A worked example



SNAP IV INATTENTION scale

When we score the
SNAP we:

1. add up the scores
for all 18 questions
(INATT & HYP/IMP)
2. divide the total by
18 to give a score
between 0 and 3

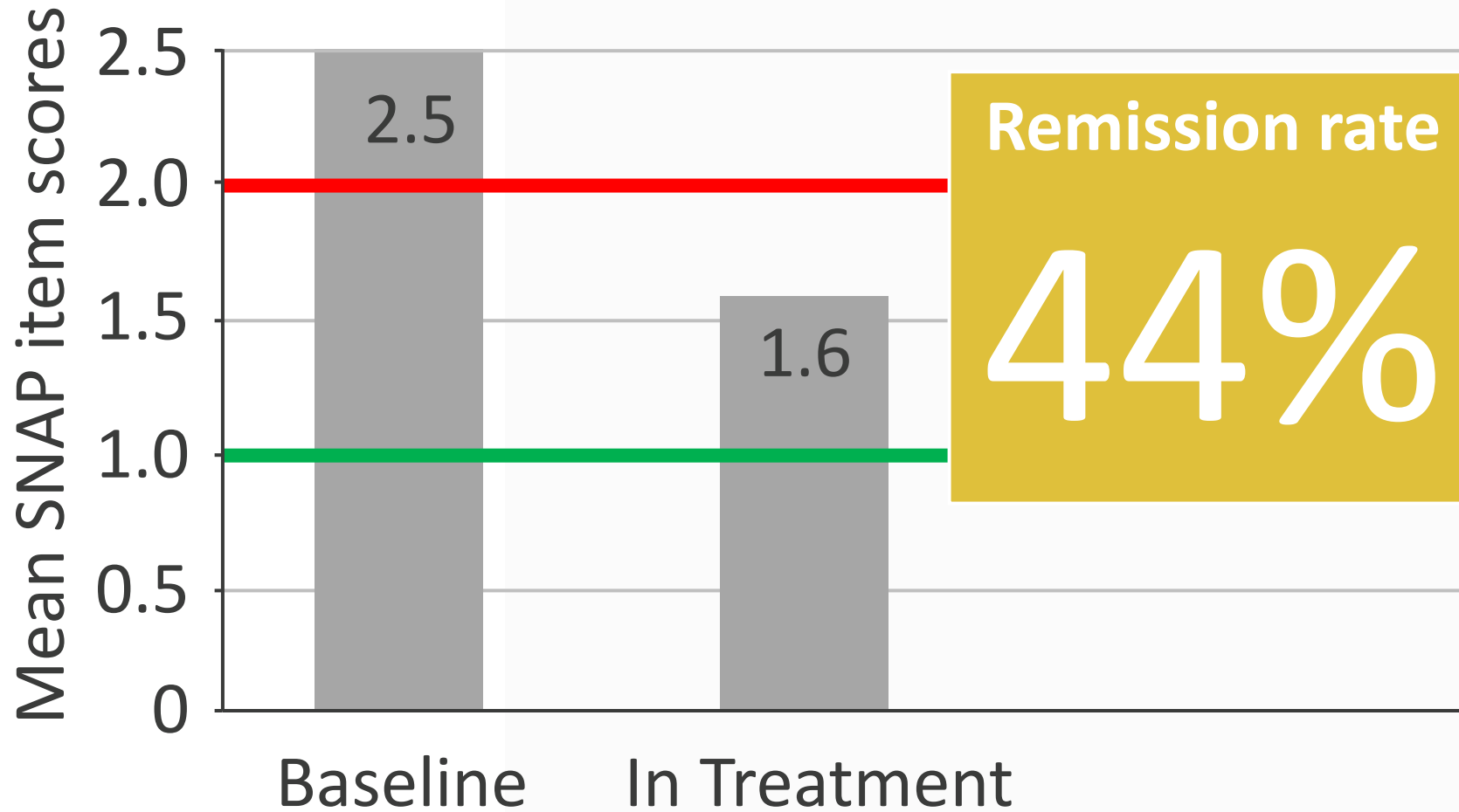
INATTENTION (INATT)		Never or rarely (never)	Sometimes (mild)	Often (moderate)	Very Often (severe)
9	Fails to give close attention to details or makes careless mistakes in schoolwork	0	1	2	3
10	Has difficulty sustaining attention in tasks or play activities	0	1	2	3
11	Does not seem to listen when spoken to directly	0	1	2	3
12	Does not follow through on instructions and fails to finish schoolwork, chores or duties	0	1	2	3
13	Has difficulty organising tasks and activities	0	1	2	3
14	Avoids tasks (e.g. schoolwork, homework) that requires sustained mental effort	0	1	2	3
15	Loses things necessary for tasks or activities (e.g. toys, school assignments, pencils or books)	0	1	2	3
16	Is easily distracted	0	1	2	3
17	Is forgetful in daily activities	0	1	2	3

What do the
scores
mean?

ADHD-RS-IV or SNAP-IV questionnaire score				(ii) Post-treatment monitoring
Total score (range 0–54)	Mean item total score ^a	Subscale ^b score (range 0– 27)	Mean item subscale score ^a	Clinical interpretation
0–18	≤1	0–9	≤1	Very good/optimal response: symptoms well within normal range
19–26	<1.5	10–13	<1.5	Good response: symptoms within normal range but may be improved
27–36	1.5–2	14–18	1.5–2	Response still clinically significant: symptoms within normal range but response probably inadequate. Need to assess other factors
37–54	>2	19–27	>2	Inadequate response: many symptoms still observed. Need to assess other factors

SNAP or ADHD IV Rating Scales



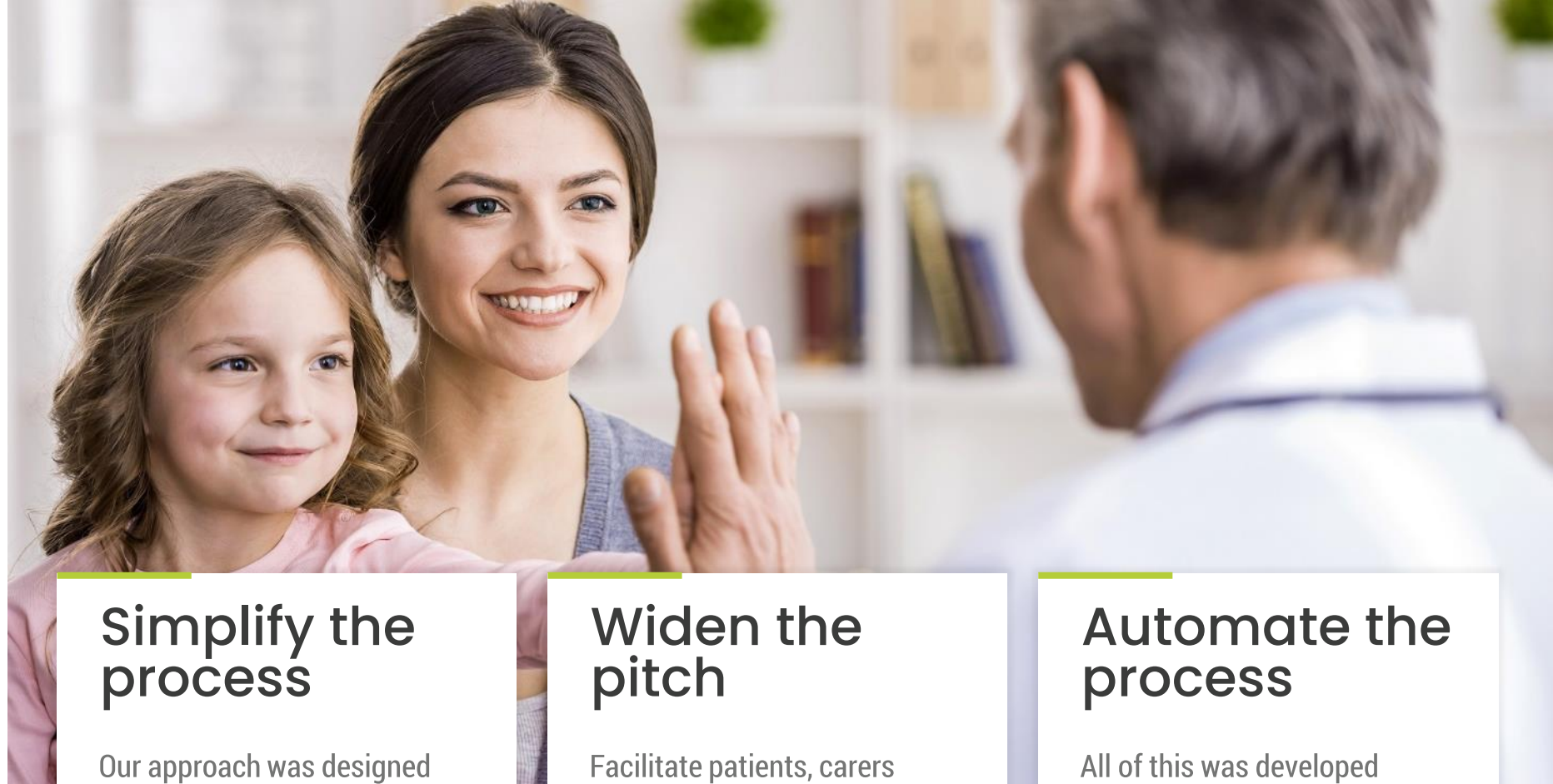


Dundee CAMHS
before adopting
a measurement
based care
approach

Mean duration of treatment (range): 43 months (1–119 months)
Mean dose of MPH: 52 mg/day



How can we improve on this?



Simplify the process

Our approach was designed for use in a high volume publicly funded service. Where we had time to implement the full approach

Widen the pitch

Facilitate patients, carers and teachers to let us know how things are going not only at appointments but also in between

Automate the process

All of this was developed using paper-based notes. Digital applications can facilitate a much more streamlined data collection process and improve data visualisation

Our solution

The AADPA ADHDtracker



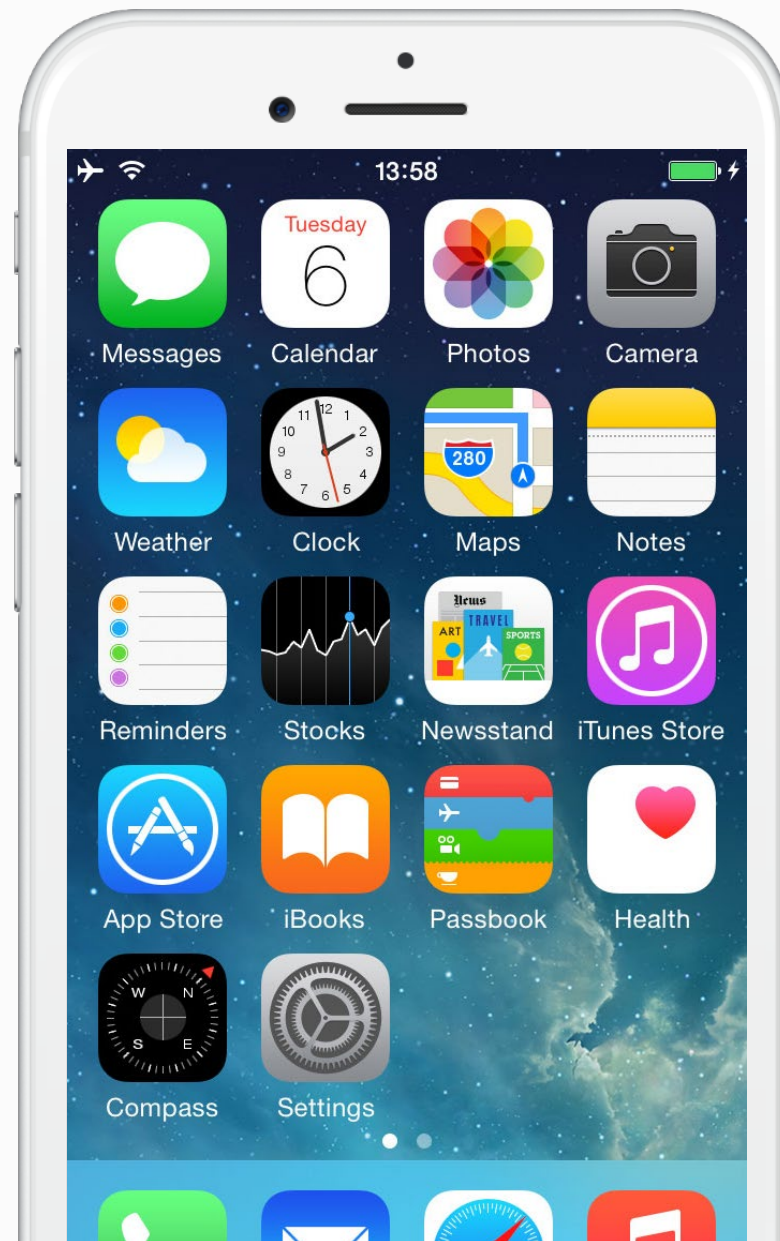
An innovative web-based solution to measurement-based care for ADHD



Delivering a world first opportunity to collect data on ADHD treatment response from patients, carers and teachers





Professionally developed in partnership with a leading Australian app development company and security tested to the highest standards



ADHDtracker

AADPA



 Patients

Patients

Patients > Manage Patients > John Smith

^ View symptoms over time

John Smith

Visits

Health

Medication

SNAP

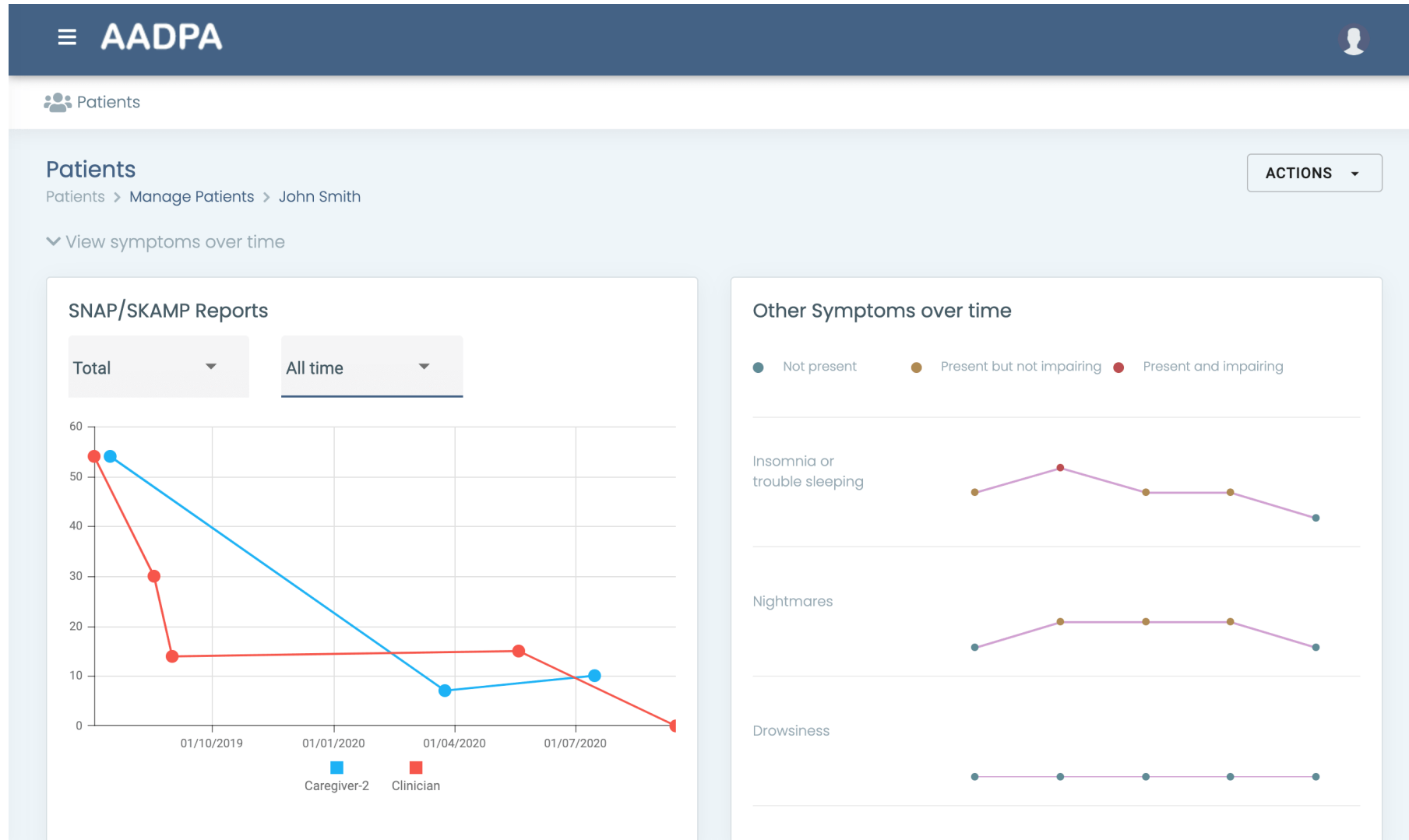
SKAMP

ASRS

CGI

Visit	Clinician	Date of visit	Date last edited	Attendees	Type	Notes	
1	Nicole Stefanac	04/07/2019	15/09/2020	John and Pam	Initial Meeting	Referral received by family GP, query ADHD and discussion re: pharmacological intervention.	VIEW
2	Nicole Stefanac	18/08/2019	15/09/2020	John and Steve	Titration	Second apt. Medication review and plan for titration.	VIEW
3	Nicole Stefanac	01/09/2019	15/09/2020	John and Pam	Titration	Third apt. Review of medication.	VIEW
4	Nicole Stefanac	19/05/2020	15/09/2020	John and Steve	Continuing Care	6 monthly review	VIEW
5	Nicole Stefanac	15/09/2020	15/09/2020	John and Pam	Continuing Care	Medication stable. Final review. Discharged from service.	VIEW

ADHDtracker



Thank you!

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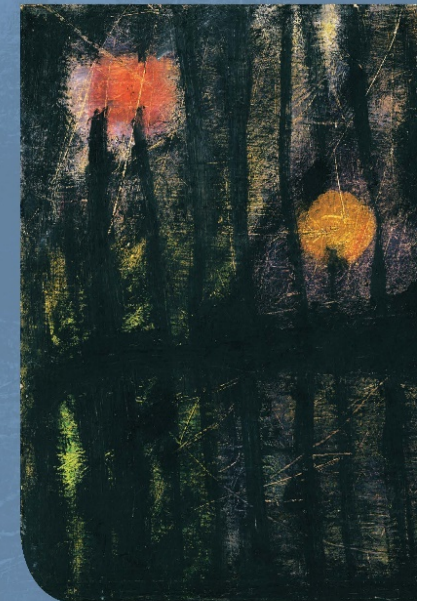
AADPA

Australian ADHD Professionals Association

OXFORD TEXTBOOKS IN PSYCHIATRY

Oxford Textbook of **Attention Deficit Hyperactivity Disorder**

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OXFORD