ADHD FOR PROVIDERS: SOME WITH ADHD

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DIAGNOSIS AND TREATMENT: HERDING FISH

AUDIT MEASURES

- Follow up: less than 30 days, twice a year
- Standard instrument used for diagnosis: Vanderbilt, Connor, other
- Cost of the initial stimulant considered

BARRIERS TO DIAGNOSIS AND MANAGEMENT

- Disruptive kids in the room
- Medical literacy deficits
- Parenting skills deficits
- Caregiver unable to get time off
- Lack of family support

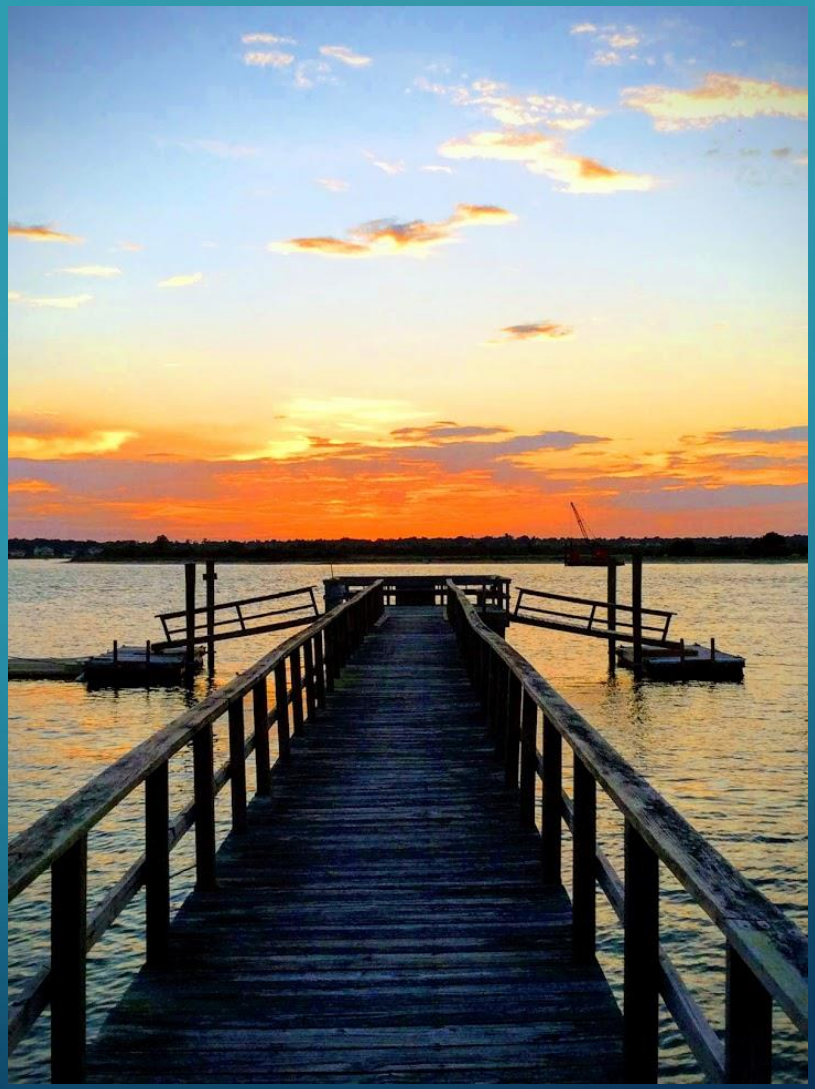
ADHD parents

Unreliable historians

Missed appointments

Insurance lapses

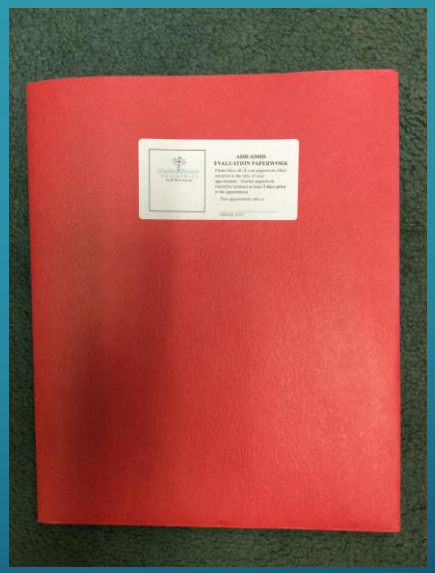
Lack of insurance coverage



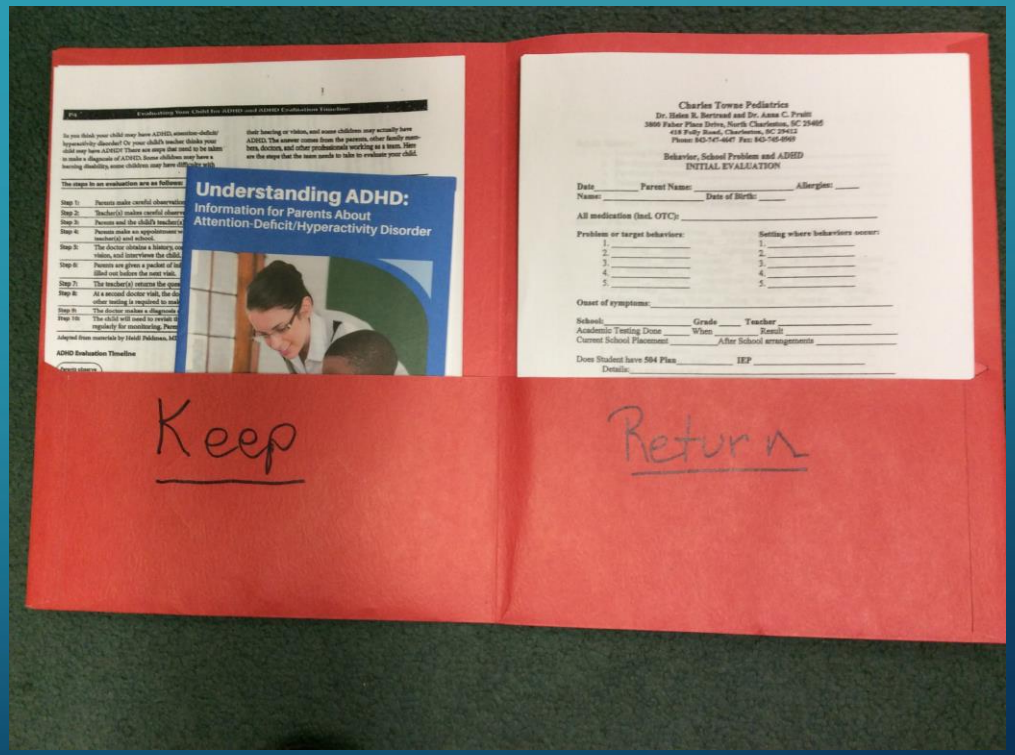
HOW TO HERD FISH
OR
HOW AN MD WITH ADHD GETS THROUGH AN INITIAL ADHD VISIT IN UNDER 1 HOUR WITH SANITY INTACT

- 1) Give the parents external structure. After all, many are ADHD, too.
- 2) Use standardized symptom screens. You will need baseline numbers to help assess response.
- 3) Review everything before walking in the room with an ADHD child (and sometimes parent).

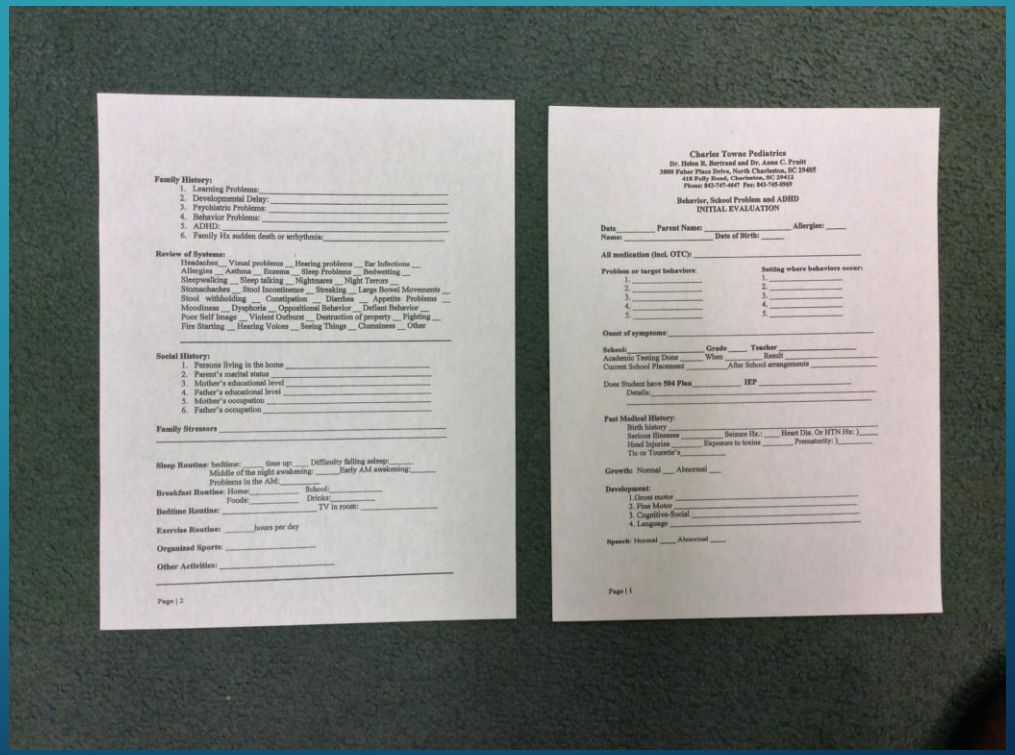
THE RED FOLDER



KEEP OR RETURN



PARENT HISTORY FORM



Family History:
1. Learning Problems:
2. Developmental Delay:
3. Psychiatric Problems:
4. Behavior Problems:
5. ADHD:
6. Family Hx sudden death or arrhythmia:

Review of Systems:
Headaches __ Visual problems __ Hearing problems __ Ear Infections __
Allergies __ Asthma __ Eczema __ Sleep Problems __ Bedwetting __
Sleepwalking __ Sleep talking __ Nightmares __ Night Terrors __
Stomachaches __ Stool Incontinence __ Streaking __ Large Bowel Movements __
Stool withholding __ Constipation __ Diarrhea __ Appetite Problems __
Moodiness __ Dysphoria __ Oppositional Behavior __ Defiant Behavior __
Poor Self Image __ Violent Outburst __ Destruction of property __ Fighting __
Fire Starting __ Hearing Voices __ Seeing Things __ Clumsiness __ Other

Social History:
1. Persons living in the home
2. Parent's marital status
3. Mother's educational level
4. Father's educational level
5. Mother's occupation
6. Father's occupation

Family Stressors

Sleep Routine: bedtime: ____ time up: ____ Difficulty falling asleep: ____
Middle of the night awakening: ____ Early AM awakening: ____
Problems in the AM: ____
Breakfast Routine: Home: ____ School: ____
Foods: ____ Drinks: ____
Bedtime Routine: ____ TV in room: ____
Exercise Routine: ____ hours per day
Organized Sports: ____
Other Activities: ____

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Behavior, School Problem and ADHD
INITIAL EVALUATION

Date ____ **Parent Name:** ____ **Allergies:** ____
Name: ____ **Date of Birth:** ____

All medication (incl. OTC): ____

Problem or target behaviors:
1. ____
2. ____
3. ____
4. ____
5. ____

Setting where behaviors occur:
1. ____
2. ____
3. ____
4. ____
5. ____

Onset of symptoms: ____

School: ____ **Grade** ____ **Teacher** ____
Academic Testing Done ____ When ____ Result ____
Current School Placement ____ After School arrangements ____

Does Student have **504 Plan** ____ **IEP** ____
Details: ____

Past Medical History:
Birth history ____
Serious Illnesses ____ Seizure Hx: ____ Heart Dis. Or HTN Hx:) ____
Head Injuries ____ Exposure to toxins ____ Prematurity:) ____
Tic or Tourette's ____

Growth: Normal ___ Abnormal ___

Development:
1. Gross motor ____
2. Fine Motor ____
3. Cognitive-Social ____
4. Language ____

Speech: Normal ____ Abnormal ____

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CONTENTS

- Vanderbilt screens for parent and teacher
- AAP brochure about ADHD
- Lots of information about ADHD and how it is diagnosed
- Healthy Sleep Habits for Children from SCORXE
- Adult ADHD-RS-IV Prompts, 1998, Guilford Press, DuPaul
- Etc.

STRUCTURE FOR PARENT AND MD

- Only schedule the visit after getting the screens and history taking forms back: (establish office work flow)
- Enhances coding with comprehensive family history and ROS
- Provides opportunity to preview problems and frame up the visit
- Helps rule out other causes and rule in co-morbid problems
- Educates parent

INITIAL VISIT
40-60 MINUTES

- Review and assess all information and formulate diagnosis
- Assess lifestyle issues: sleep, diet, exercise and their impact on ADHD.
- Discuss chronic nature of condition and need for medication
- Review side effects and discuss risk vs. benefit and need for titration, and commit to careful monitoring and management
- Discuss co-morbid conditions and plan for evaluation and treatment

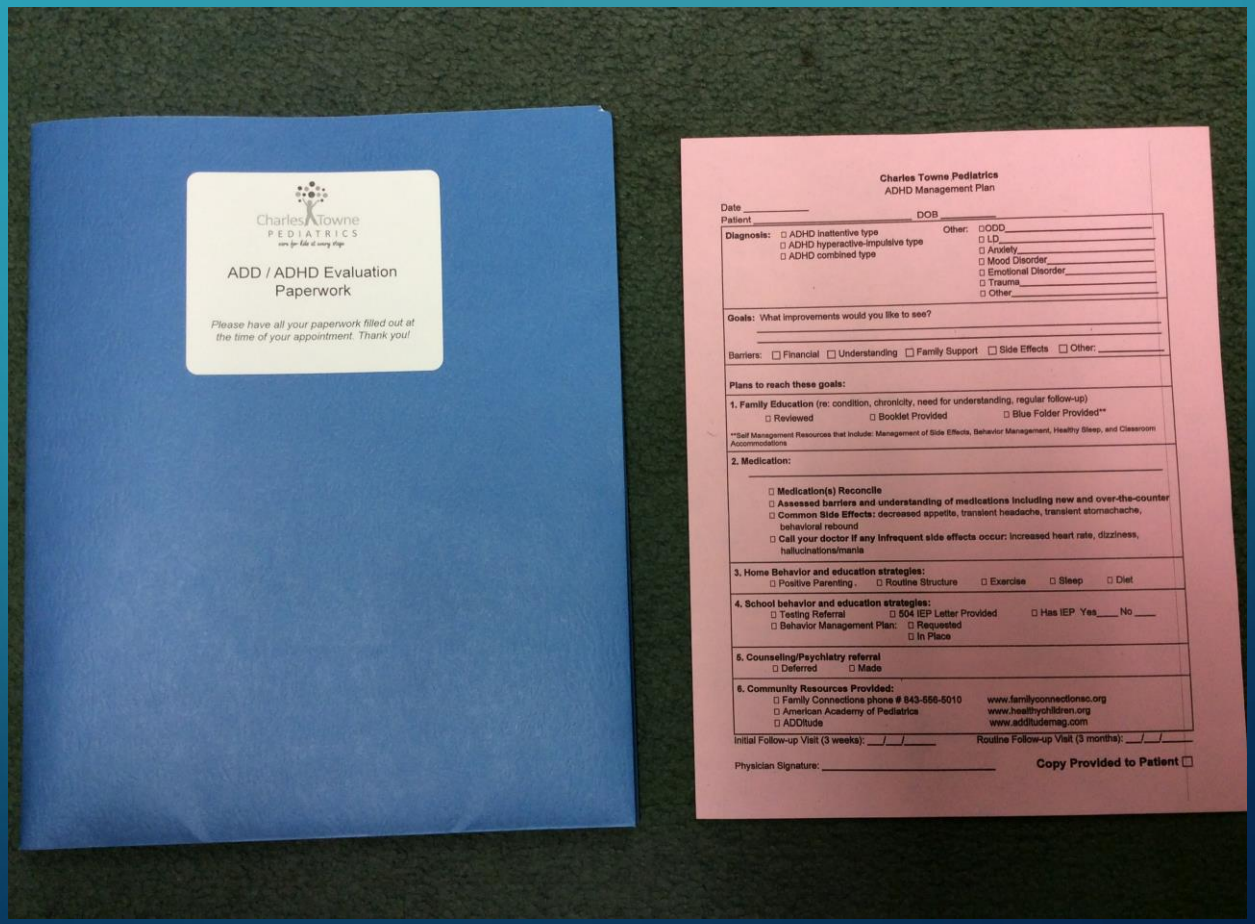
INITIAL VISIT

- Discuss other strategies such as Educational Eval, 504 and IEP, behavioral management, need for PCIT, counseling
- Address remaining barriers: concerns about weight loss, family members who object.
- Reinforce positive parenting and encourage reduction of negative reinforcement.
- Begin meds at a very low dose and allow a titration by the parents between visits if they feel comfortable.

INITIAL VISIT

- Discuss how ADHD impacts social and emotional development and home and social life.
- Promote the use of consistent meds on weekends to reduce side effects and assure that parents observe medication effects, side effects and duration.
- Look for and acknowledge patient and family strengths

THE BLUE FOLDER
RESOURCES AFTER DIAGNOSIS IS MADE



WRAP UP THE VISIT

- Complete ADHD Management/ Care Plan
- Schedule follow up for 2 or 3 weeks

QUALITY MEASURES

- "Early follow up" is one I haven't mastered. Always recommend.
  - Many parents have job and transportation issues.
  - I am going to resort to giving a 2-3 week supply of meds.
- Use of standardized screen for diagnosis
  - Makes sense, and most of us do this.
- Cost of initial stimulant
  - Our EMR helps by usually showing what is covered.
  - IMHO it is a bad measure. Compliance relies on having a stimulant that the parents are happy with and that has the least side effects.
  - The cost of a stimulant is nothing compared to the cost of noncompliance with ADHD meds.

WHAT ELSE CAN WE MEASURE?

Co-morbid Conditions

1) Anxiety
2) Depression
3) Oppositional behavior
4) Sleep Deficit
5) Trauma
6) Deficit in parent skills
7) Constipation
8) Asthma and allergies
9) Etc.

SCREEN, SCREEN AND SCREEN

- Vanderbilt initial screen does include a short anxiety and depression screen, but the follow-up doesn't.
- I am wishing for a short social and emotional screen to assess and track delays!
- When needed, I use SCARED, CES-DC, since they are detailed and help parents recognize the signs of these disorders.
- Trauma screening is vital.

WHAT ELSE CAN WE MEASURE?

Education

- 1) What symptoms are we treating/not treating?
- 2) Management of side effects
- 3) Sleep initiation problems
- 4) Importance of diet
- 5) Importance of exercise
- 6) Social and Emotional delay
- 7) Risk taking
- 8) Substance use
- 9) Transition to adult care
- 10) Etc.

HANDOUTS

Handouts

Handouts

WHAT CAN WE MEASURE?

Barriers to Care

1) Understanding ADHD symptoms, chronicity, behavioral strategies, etc.

2) Side effects (don't blame my medicine for headaches if you do not eat breakfast, and don't blame my meds for stomach aches if you have constipation), etc.

4) Engagement of co-parenting family members

5) Financial barriers: preapprovals, meds not covered,

FAMILY ENGAGEMENT

- Provide value: take a little time to educate about age appropriate ADHD issues
- Highlight family and child strengths
- Address concerns and side effects
- Use age appropriate discussions with the child/teen: what's in it for the kid: shorter homework, chance to earn screen time, fewer referrals
- Motivational interviewing techniques: Will you help me find out if this medication helps, and tell me, or mom and dad when the medication bothers you?

MOSTLY HAVE FUN