

SHAPING

YOUR CHILD'S FUTURE

ADHD

HEY, MATHS TEST
TOMORROW!



WANT TO JOIN OUR
STUDY GROUP AFTER
PRACTICE?



SURE, THANKS



Are you living with

ADULT ADHD?

DID YOU KNOW:

It is estimated that up to two-thirds of children affected by hyperactivity disorders continue to have problems into adulthood.³

ADHD affects approximately 4 % of adults worldwide.²⁴

ADHD often presents as an impairing lifelong condition in adults, yet it is underdiagnosed and treated.²⁵

If you have problems with inner restlessness, inattention, disorganisation, difficulty listening and taking in information you may have adult ADHD, a condition your doctor can help diagnose and treat.^{28,29}

The questionnaire under the flap can be used as a starting point to help you recognise the signs/symptoms of adult ADHD but it is not meant to replace consultation with a trained healthcare professional. An accurate diagnosis can only be made through a clinical evaluation. Regardless of the questionnaire results, if you have concerns about diagnosis and treatment of adult ADHD, please discuss your concerns with your physician.

ADULT SELF-REPORT SCALE-V.1 (ASRS-V.1)²⁵

from WHO Composite International Diagnostic Interview

Check the box that best describes how you have felt and conducted yourself over the past 6 months. Please give the completed questionnaire to your healthcare professional during your next appointment to discuss the results.

- | | | Never | Rarely | Sometimes | Often | Very Often |
|----|--|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. | How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | How often do you have difficulty getting things in order when you have to do a task that requires organisation? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | How often do you have problems remembering appointments or obligations? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | When you have a task that requires a lot of thought, how often do you avoid or delay getting started? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. | How often do you fidget or squirm with your hands or feet when you have to sit down for a long time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. | How often do you feel overly active and compelled to do things, like you were driven by a motor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Add the number of checkmarks that appear in the darkly shaded area. Four (4) or more checkmarks indicate that your symptoms may be consistent with adult ADHD. It may be beneficial for you to talk with your healthcare provider about an evaluation.

ACTIVE MANAGEMENT OF ADHD CAN HELP CHILDREN ACHIEVE THEIR FULL POTENTIAL AT HOME, SCHOOL AND WITH THEIR FAMILIES⁹

Websites for more information

www.janssen.co.za

International Websites

Children and Adults with Attention-Deficit/
Hyperactivity Disorder (CHADD)

www.chadd.org

National Resource Centre on ADHD

www.help4adhd.org

Attention-Deficit Disorder Association

www.add.org

Local Websites

Attention Deficit and Hyperactivity Association
of South Africa (ADHASA)

www.adhdsupport.co.za

WHAT IS ADHD?

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common childhood neurobiological conditions¹ affecting estimates of 3 – 5 % of school age children² with twice as many boys being diagnosed with ADHD than girls²⁷, and girls less likely to be prescribed drugs for treatment of ADHD compared to boys.¹⁰

ADHD is one of the best-researched disorders in medicine, and the overall data on its validity are far more compelling than for many medical conditions.¹

ADHD can run in families³ and there is growing evidence that the principal cause of **ADHD** is genetic.¹

ADHD is not a result of poor parenting²⁷ but is a valid neurobiological condition that causes significant impairment in those whom it afflicts.¹

ADHD often exists in conjunction with other psychiatric disorders (such as oppositional defiant disorder, conduct disorder), learning or language problems, and anxiety disorders.¹

See our tips for surviving meal times with your family and your ADHD child later in the booklet

WHAT IS ADHD?

The core symptoms of ADHD comprise of developmentally inappropriate levels of:³

- Inattention (difficulty in concentrating)
- Hyperactivity (disorganised, excessive levels of activity)
- Impulsive behaviour

To qualify as true ADHD, these problems:

- Must have persisted for at least six months³
- May have their onset from the age of four years⁵
- Must have caused significant functional impairment³.

These symptoms affect more than one part of your child's life, for example how they cope at home, at school and in other social settings³

- Must be present in more than one setting, e.g. at home, at school, socially³

SYMPTOM CRITERIA FOR ADHD ⁶

Six (or more) of the following symptoms have persisted for at least six months

Inattention

- Does not pay attention to detail or makes careless mistakes
- Has difficulty sustaining attention in tasks or play activities
- Does not seem to listen when spoken to directly
- Does not follow through on instructions and fails to finish schoolwork or chores
- Has difficulty organising tasks and activities
- Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- Often loses things necessary for tasks or activities
- Is easily distracted
- Is forgetful in daily activities

Hyperactivity

- Often fidgets with hands or feet or squirms in seat
- Often leaves seat in classroom
- Often runs about or climbs excessively
- Has difficulty playing quietly
- Is often “on the go” or often acts as if “driven by a motor”
- Often talks excessively

Impulsivity

- Often blurts out answers before questions are completed
- Often has difficulty awaiting his/her turn
- Often interrupts or intrudes on others

WHAT CAUSES ADHD?

No one is sure what causes ADHD.⁴

Research shows that the way the brain works in people with ADHD differs from that of people who do not have ADHD. Chemicals in the brain that carry messages, known as neurotransmitters, do not work properly in people with ADHD. People with ADHD seem to display less activity in the parts of the brain that controls activity and attention.⁷

The Role of Genes

Studies of twins estimate that 76 % of the risk of having ADHD comes from a person’s genes. The risk of ADHD among parents of children with ADHD is increased by two- to eight-fold, with similarly elevated risk among the siblings of ADHD subjects.⁸

Other factors

Some studies have shown a possible correlation between a mother's use of cigarettes, alcohol, or other drugs during pregnancy. ⁴

There are also associations with a variety of environmental risks, including prenatal and perinatal obstetric complications, low birth weight, prenatal exposure to benzodiazepines, brain diseases and injuries. ²

DIAGNOSIS

The first step in getting help for ADHD is ensuring the right diagnosis.

No single test can diagnose a child with ADHD. ²⁰

Diagnosing ADHD can be difficult and information should be obtained from parents or guardians, teachers, and other school and health clinicians involved in the child's care. ⁵

The evaluation of a child for ADHD should include assessment for other conditions that might co-exist with ADHD, including emotional or behavioural, developmental and physical conditions. (For further information please read "The existence of other types of problems are very common in ADHD" in this leaflet). ⁵

Cultural differences in the diagnosis of ADHD is an important issue because the diagnosis depends to a great extent on family and teacher perceptions, these issues might be even more prominent an issue for ADHD. ⁵

Diagnosis requires that there should be clear evidence of clinically significant impairment in social, academic, or occupational functioning. Impairment implies not only a higher severity or frequency of symptoms but also interference with functioning in the major life domains of the child, e.g. at home, at school, with friends or elsewhere. ²

Physical examination should be done to make sure that there is no evident underlying physical illness, hearing should be checked, and any history of epilepsy sought.²

Symptoms must be evaluated carefully against what is expected at that developmental level; the assessment needs to be full enough to find any alternative explanation of the symptoms that may be present.²

A comprehensive diagnostic assessment should be undertaken.

Assessment should comprise:²

- Clinical interview with the parents
- Clinical interview with the child
- Obtaining kindergarten, preschool or school information
- Testing intelligence

Clinical interview with the parent(s) - Information covered:²

- The developmental history
- Account of affected family members (relevant to a genetic cause)
- Pregnancy and birth history
- Early developmental history (milestones achieved by child)
- Medical history, especially tics and epilepsy
- Family functioning and family problems



LOVE MY FRIENDS!!
BFF



ADHD NEGATIVELY AFFECTS THE CHILD'S:

Interaction with other children⁹

Time spent playing alone⁹

Homework⁹

Ability to follow family routine⁹

Mealtimes⁹

Academic Performance^{3,10}

Family Activities/Cohesion¹¹

Parent's stress levels and emotional health¹¹

Impact on child's social development ¹¹

Maternal stress and control ¹¹



SCHOOL IS MUCH
BETTER NOW



THE EXISTENCE OF OTHER TYPES OF CONDITIONS ARE VERY COMMON IN ADHD¹²

ADHD and Oppositional Defiant Disorder (ODD)

ODD is a behavioural problem and accounts for most of the co-morbidity in children with ADHD. Between 25-75 % of adolescents with ADHD may have concurrent ODD. Distinguishing between normal adolescent self-assertion and ODD may not always be easy. Children with ODD have recurring negativistic, defiant, hostile and disobedient behaviour, especially toward authority figures.¹²

ADHD and Conduct Disorder (CD)/ Aggression

Children with CD repeatedly violate the basic rights of others or age-appropriate societal norms, as defined by a pattern of repeated aggression, lying, stealing, and truancy.¹²

CD comorbid with ADHD is a severe, persistent condition.¹²

ADHD and Learning Disabilities

ADHD and learning disabilities (LDs) often co-exist and can mimic each other. Teachers and parents often express concerns about a child's level of productivity and may label this child 'lazy' or 'unmotivated'.¹²

Language milestones are achieved later than normal, expressive language is unduly simple, sensory motor coordination is often impaired, handwriting is poor, and reading ability is behind that expected for chronological age.²

ADHD and Depression

It is not uncommon for ADHD and depression to co-exist. Depressive patients may have transitional inattention, short-term memory problems, irritability, impulsivity, trouble sleeping, trouble concentrating, restlessness and being fidgety, however it differs from ADHD in 2 ways: depression typically has a consistent negative mood and inability to enjoy pleasurable experiences whilst in ADHD there are lifelong deficits in maintaining focus or motivation.¹²

ADHD and Tourette's syndrome

In Tourette's syndrome, frequent multiple tics can be mistaken for the generalised fidgetiness of ADHD. Prolonged observation may be needed to differentiate fidgetiness from bouts of multiple tics.⁶

ADHD and Anxiety

As many as 33 % of children with ADHD have comorbid anxiety and that number increases to as many as 50 % of adults. Emergence of anxiety may be a natural extension of ADHD.

Once anxiety develops, attention can be severely compromised. As a result, there are patients with comorbid anxiety and inattention which results in significant damage to their self esteem, lack of academic success and other types of impairment.¹²

Developmental Coordination Disorder in ADHD

ADHD is often accompanied by problems in sensory motor coordination, especially seen as poor handwriting, clumsiness, poor performance in sports and marked delays in achieving motor milestones.²



I MADE A NEW
FRIEND



DAILY STRATEGIES FOR HAPPY FAMILIES

Challenges facing the ADHD Child, Parents and Families⁹

Families of ADHD children suffer a significant burden, in terms of strain on relationships and reduced work productivity.⁹

Parents of ADHD children report that ADHD children:⁹

- consistently display more demanding, noisy, disruptive, disorganised and impulsive behaviour.⁹
- experience challenges throughout the day, from morning until bedtime.⁹
- All relationships between ADHD children and others are also negatively affected, especially those between parent and child.⁹

Parents also report that ADHD impacts most significantly on activities such as homework, family routines and playing with other children.⁹

Whilst debilitating for the child, ADHD has also been shown to adversely impact on parents' quality of life, placing a substantial burden on the family as a whole.⁹

These include:

- disturbed interpersonal relationships
- less family cohesiveness
- greater conflict and depression in parents
- higher incidences of divorce and separation
- an adverse effect on the child's parents' work status and work productivity



Children with ADHD experience challenges throughout the day, with the afternoon/evening period at least as problematic as the school day, and this illustrates the importance of medication throughout the full active day.⁹

To assist both children with ADHD and their families, such medication should include a range of behavioural interventions as well as pharmacological treatments that can provide full-day coverage of symptoms. This will help children with ADHD achieve their full potential at home and at school, and with their families and friends.⁹

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GENERALLY SPEAKING

A team effort, with parents, teachers and doctors working together, is the best way to help your child. Children who have ADHD may be difficult to parent. They may have trouble understanding directions, and their constant state of activity can be challenging for adults. Children who have ADHD also tend to need more structure and clearer expectations. You may need to change your home life a bit to help your child.¹³

The parents, child and school must work together to understand that a diagnosis is not “an excuse” but will require the implementation of learning strategies and new parenting methods ¹².

Individuals with ADHD function best in a consistent, structured, predictable environment where rules, goals, expectations, consequences and incentives are visibly posted in a prominent location for all involved to follow routinely. These should be simple, clear, and few in number. Immediate consequences and positive reinforcement are best, and close monitoring of successes and failures is essential to ensure a positive outcome. ¹²

Have fun! ⁷

Share a pleasant or relaxing activity with your child, notice and point out what your child is doing well and praise strengths and abilities.²⁰

HIGHLY EFFECTIVE PARENTING

General Tips for parents¹⁴

1. Rules should be clear and brief. Your child should know exactly what you expect from him or her.
2. Give your child chores. This will give him or her a sense of responsibility and boost self-esteem.
3. Short lists of tasks are excellent to help a child remember.
4. Routines are extremely important for children with ADHD. Set up regular times for meals, homework, TV, getting up, and going to bed. Follow through on the schedule!
5. Identify what your child is good at doing (like art, maths, computer skills) and build on it.
6. Tell your child that you love and support him or her unconditionally.
7. Catch your child being good and give immediate positive feedback.



Parents must use effective methods of communicating commands and setting rules (e.g. making eye contact with the child; not giving too many commands at once; framing commands positively) and of paying positive attention to child compliance.²

Parents should develop appropriate negative consequences for problem behaviour. These consequences should be closely and consistently linked to the problem behaviour.²

- **Make a schedule.** Set specific times for waking up, eating, playing, doing homework, doing chores, watching TV or playing video games, and going to bed. Post the schedule where your child will always see it. Explain any changes to the routine in advance.¹³
- **Make simple house rules.** It is important to explain what will happen when the rules are obeyed and when they are broken. Write down the rules and the results of not following them.¹³
- **Make sure your directions are understood.** Get your child's attention and look directly into his or her eyes. Then tell your child in a clear, calm voice specifically what you want. Keep directions simple and short. Ask your child to repeat the directions back to you.¹³
- **Reward good behaviour.** Congratulate your child when he or she completes each step of a task.¹³
- **Make sure your child is supervised all the time.** Because they are impulsive, children who have ADHD may need more adult supervision than other children their age.¹³
- **Watch your child around his or her friends.** It's sometimes hard for children who have ADHD to learn social skills. Reward good play behaviours.¹³
- **Set a homework routine.** Pick a regular place for doing homework, away from distractions such as other people, TV and video games. Break homework time into small parts and have breaks.¹³
- **Focus on effort, not grades.** Reward your child when he or she tries to finish school work, not just for good grades. You can give extra rewards for earning better grades.¹³
- **Talk with your child's teachers.** Find out how your child is doing at school - in class, at playtime, at lunchtime. Ask for daily or weekly progress notes from the teacher.¹³
- **Stay positive and healthy yourself.** As a parent you set the stage for your child's emotional and physical health. You have control over many factors that can positively influence the symptoms of your child's disorder. Your best assets for helping your child meet the challenges of ADHD are a positive attitude and common sense. When you are calm and focused, you are more likely to connect with your child, helping him or her to be calm and focused as well.³⁰
- **Keep things in perspective.** Remember your child's behaviour is related to a disorder. Most of the time it is not intentional. Hold on to your sense of humour.³⁰

- **Be willing to make some compromises.** One task left undone is not a big deal when your child has completed two others plus the day's homework.³⁰
- **Believe in your child.** Think about or make a list of everything that is positive, valuable and unique about your child. Trust that your child can learn, change, mature and succeed.³⁰
- **Take care of yourself and seek support if necessary.** Talk to your child's doctor, therapist and teacher. Join an organised support group for receiving advice.³⁰

GUIDELINES TO GET YOU AND YOUR FAMILY THROUGH THE DAY

Structure the day and the environment

Once habits are reinforced consistently, they may become automatic. Promote routine, consistency and follow-through as much as possible, especially for morning activities, after school/work and bedtime. Post rules/checklists, which should be clear, few in number and placed in obvious locations (fridge, bedroom, office etc.). Use sheet protectors and dry-erase markers so that the lists can be checked off and reused. Habits take a little longer to develop in ADHD patients so incentive strategies are often necessary.¹²

1. Morning Routine

Create a consistent and predictable schedule for rising and getting ready in the morning.

- Set up a routine so that your child can predict the order of events. Put this routine in writing or in pictures on a poster for your child. Schedule example: Alarm goes off → Brush teeth → Wash face → Get dressed → Eat breakfast → Take medication → Get on school bus¹⁴
- Reward and praise your child! This will motivate your child to succeed. Even if your child does not succeed in all parts of the "morning routine", use praise to reward your child when he or she is successful. Progress is often made in a series of small steps!¹⁴

- If your child is on medication, try waking your child up 30 to 45 minutes before the usual wake time and give him or her the medication immediately. Then allow your child to “rest” in bed for the next 30 minutes. This rest period will allow the medication to begin working and your child will be better able to participate in the morning routine.¹⁴

2. Late Afternoons and Early Evenings

The late afternoon and evening is often a very stressful time for all children in all families because parents and children have had to “hold it all together” at work and at school.¹⁴

Homework routines

- Establish a routine and schedule for homework (a specific time and place.) Do not allow your child to wait until the evening to get started.
- Limit distractions in the home during homework hours (reducing unnecessary noise, activity, and phone calls, and turning off the TV).
- Praise and compliment your child when he or she puts forth good effort and completes tasks. In a supportive, noncritical manner, it is appropriate and helpful to assist in pointing out and making some corrections of errors on the homework.
- It is not your responsibility to correct all of your child’s errors on homework or make him or her complete and turn in a perfect paper.
- Remind your child to do homework and offer incentives: “When you finish your homework, you can watch TV or play a game.”
- If your child struggles with reading, help by reading the material together or reading it to your son or daughter.
- Work a certain amount of time and then stop working on homework.
- Many parents find it very difficult to help their own child with schoolwork. Find someone who can. Consider hiring a tutor!¹⁴

Downtime Create a period of “downtime” when your child can do calm activities like listen to music; take a bath, read, etc.¹⁴

Blow-off time let your child “blow off extra energy and tension” by doing some physical exercise.¹⁴

3. Sleeping Patterns

Promote healthy lifestyle changes: Individuals with ADHD often struggle with their own daily physical needs (e.g. sleep, meals, personal hygiene, and house cleaning) and must create a balanced lifestyle by developing regular habits and routines.¹²

Make self-care a priority; promote exercise on a regular basis (such as brisk walks, weight training, bike rides, sports, etc.) as this decreases stress and frustration, improves focus and cognitive clarity, increases endorphins, improves mood and restores a sense of well being. Consistent sleep, hygiene and good nutrition are essential ingredients for a healthy lifestyle.¹²

Many children with ADHD have difficulty sleeping at night, whether or not they are on medication. This is partially related to the ADHD; parents often describe their children as being “on the go” and collapsing late at night.¹⁵

Rituals - Develop bedtime rituals/routines.

A bedtime ritual is a powerful sign that it is time to sleep. It needs to be simple so the child can “re-create” the ritual even if the parent is not present. Try writing out the bedtime ritual to make it consistent.¹⁵

Environment - Pay attention to the sleep environment. Background noises, location, sleep partners, bedding, favourite toys, and lighting can all affect a child’s ability to fall asleep. A cool, dark, quiet room is best.¹⁵

Only Sleeping - Make the bedroom a sleep-only zone.

Remove most toys, games, televisions, computers, and radios from your child’s bedroom if your child is having trouble falling asleep or is often up at night.¹⁵



HIGHLY EFFECTIVE HABITS FOR GREAT SLEEP

1. Be aware of how much sleep children need at different ages. Even though adults need about 8 hours of sleep, infants and toddlers often sleep more than 12 hours and children usually sleep 10 hours. Teenagers also need lots of sleep, sometimes requiring 9 hours or more. ¹⁵
2. Establish consistent waking times. ¹⁵
3. Avoid drinks with caffeine. Drinking these beverages past the afternoon may make it more difficult for your child to settle down to sleep. ¹⁵
4. Establish daytime routines. Regular mealtimes and activity times, including playtime with parents, also help set sleep times. ¹⁵
5. Chart your child's progress. Praise your child for successful quiet nights. Consider marking successful nights on a star chart and providing rewards at the end of the week. ¹⁵

4. Happy Meals

Common sense dictates that while improved sleep, hygiene and sound nutrition are not likely to cure ADHD, sound sleep and nutrition would improve overall health and well being, and thus indirectly benefit behaviour and attention. ¹²

HIGHLY EFFECTIVE HABITS FOR EATING RIGHT ¹²

1. Use a weight and height chart so you can monitor from a baseline any changes in these critical areas. Remember that although the child may lose weight, this will stabilise, but the child's height percentiles will not change, though it is important to monitor them. ¹²
2. Supplemental strategies are often indicated, such as protein shakes or high calorie pre-made drinks. Because dry mouth can be a side effect of medication, your child will have significant thirst. Allowing them to have frequent fluids throughout the day and high protein/high calorie drinks for lunch exclusively is usually sufficient to maintain their caloric needs. In the evenings, when there may be rebound appetite, supper can be spread out into two or three sessions to prevent gorging and stomach distress. ¹²

3. Allow your child to eat whatever they want for breakfast (even a peanut butter and jelly sandwich). Engage the child in meal preparation and in shopping for their favourite foods.¹²
4. Switch to whole milk. Prepare nutritious snack foods that a child can graze on.¹²
5. Children should be encouraged to eat when they are hungry, especially early in the morning and in the evening.¹²

TREATMENT

Psychological interventions, educational change, medication and diet are all used for children with ADHD.²

Education and advice should be the base of any treatment.²

A Well-Thought-Out and Comprehensive Treatment Plan Should Be Developed for the Patient with ADHD¹

The treatment plan should be reviewed regularly and modified if the patient's symptoms do not respond.¹

HOW IS ADHD MANAGED?

A comprehensive, collaborative, multimodal approach tailored to meet the unique needs of each individual is not only important but essential.¹²

Research has shown that combined therapy using medication plus psychosocial interventions (multimodal) is the most effective way to deal with the core symptoms of ADHD and the resulting impairments.¹²

STAYING HEALTHY!



MEDICATION

What could be prescribed?

What side effects do I look out for?

What about the question of drug abuse?

Research has proven that ADHD children treated with medication show significant improvement in:^{11,16}

- Academic performance
- Social interaction with peers
- Classroom behaviour
- Participation in sport
- Learning and household activities
- Family unit cohesion

MAIN AGENTS

Medication is not a cure for ADHD, but while children are taking it, it improves the key symptoms: inattention, hyperactivity and impulsiveness.² There are different types of medication.

The medicines licensed in South Africa for ADHD are:¹⁷

- Methylphenidate
- Atomoxetine

The most commonly prescribed medication, methylphenidate, is available as:¹⁸

- Immediate-release formulations that last for 3-4 hours and are taken 2-3 times per day
- Long acting formulations that last 6-8 hours

- Extended-release formulation that is taken once in the morning and lasts for 12 hours

Your doctor will determine the most suitable treatment for your child.

For most children medication management is highly effective in the management of the core symptoms of ADHD.^{2,5}

OROS® Methylphenidate

This once-daily 12-hour treatment for ADHD has a unique osmotically controlled release system called OROS®. This formulation has a rapid onset of action and sustained 12-hour efficacy.^{19,26} OROS® therapy delivers the proven effect and safety of standard ADHD treatment for controlling hyperactivity, inattention and impulsiveness.^{11,17}

For the child, long-acting medications can avoid embarrassment and increase privacy at school, and it makes it more likely that they will take the medication as prescribed. For the school not having to dispense the medication is a great advantage.²

SIDE EFFECTS OF METHYLPHENIDATE

Most side effects are minor and are usually related to the dosage.²⁰

Common side effects:^{2,26}

- Headache
- Reduced appetite
- Increased anxiety/nervousness
- Sleeplessness (though this can be a symptom of ADHD as well as a side effect of treatment)
- Stomach ache
- Growth may be affected

Abuse potential of methylphenidate

The available clinical data suggest that the net effect of treating ADHD children and adolescents with stimulant medication, for example methylphenidate, protects against, rather than causes, substance abuse.² Data shows extended-release medications are less likely to be used inappropriately.²¹

Atomoxetine

Atomoxetine is also indicated for the treatment of ADHD and can be taken once or twice daily¹⁷

Side effects of atomoxetine:¹⁷

- Abdominal pain
- Decreased appetite with short term weight loss in some patients
- Nausea and vomiting
- Somnolence
- Possible effects on growth

Monitoring of both methylphenidate and atomoxetine should include recording of blood pressure, pulse, height, weight and appetite.²

DURATION OF TREATMENT²

- Length of treatment is not fixed in advance
- It may need to be continued for some years
- A common mistake is to stop treatment prematurely
- Medication should be stopped periodically (for example, once a year) to see how the child gets on without it



WHICH TREATMENT IS BEST??

Clinicians are often presented with a choice between psychological treatment and medication as the first specific therapy after diagnosis, education, advice and support. A large study in the USA focused on the comparison of the two kinds of treatment.²

Children were randomly allocated to either:

- Carefully managed medication
- Intensive behaviourally orientated psychosocial therapy
- A combination of the above two
- Or to a simple referral back to community agencies

THE MAIN CONCLUSIONS WERE²

- Careful medication was more powerful than the behavioural programme, and considerably more powerful than routine community care
- There were many advantages of adding medication to the behavioural programme, relatively few advantages to adding the behavioural programme to the medication
- In the more severe hyperkinetic disorder category, medication was clearly superior to the behavioural programme

It follows that²

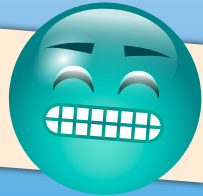
- Where medication is used it should be combined with a behavioural programme
- Most children with a diagnosis of hyperkinetic disorder (severe ADHD) will need medication
- In milder cases it is reasonable to start with medication or a behavioural programme, depending on the individual circumstances and preferences. If the first approach does not work, the alternate approach should be used

I FINISHED MY CHORES,
TIME TO PLAY





SCHOOL WAS A
BREEZE TODAY



TEACHER'S TIPS 22,23

Many children with ADHD end up having extremely low self-esteem and limited social skills. Helping these children gain a sense of accomplishment requires a team approach to structure at school and at home. ²³

Keep in contact with the parents.

Communication between patients and teachers is crucial. A home-school diary can be used to facilitate clear communication and teamwork.²²

Sit the child close to you.

Ideally put the child between two good role models and away from distracting stimuli such as windows.^{22,23}

Provide legitimate opportunities to be physically active.

Let them be the one to go and fetch something or wipe the board.²²

Try to find a way to allow them to fidget.

Squeeze balls are a good way to allow them to fidget quietly.²²

Children with ADHD have difficulty with planning and carrying out activities.

Consider appointing a "study buddy" who will work well with the ADHD student. Shorten assignments or work periods to coincide with span of attention. Give assignments one at a time to avoid work overload. Follow difficult tasks with preferred tasks. Look for quality during class time.²²

Beware of changes to routine.

Routine and structure are essential so be aware when the normal school routine might change. Establish a daily classroom routine and schedule.²²

Enhancing self-esteem.

Frequently compliment positive behaviour and work. Look for opportunities for the student to display leadership roles in class.²² Provide encouragement, reward more than you criticise. Praise immediately all good behaviour and performance.²³

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