

**CLINICAL SKILLS: EXPLAINING ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)**

*Example OSCE station: you are a junior doctor on placement in a Child and Adolescent Mental Health Services (CAMHS) clinic. You have been asked to see Mrs. Jones, who is concerned about her hyperactive son, Connor. Take a brief history focusing on attention deficit hyperactivity disorder, and then outline the treatment options and respond to her concerns.*

- **Wash hands**
- **Introduce yourself**
- **Establish mother's agenda for the consultation**
- **Establish own agenda for the consultation**
- **Remind her that she can ask questions throughout the consultation**

**Important points in the history:**

- When did their symptoms start? (<7?)
- Impulsive? Inattentive? Hyperactive? (Elicit examples)
- Does these issues present at school, at home, and when he tries to socialise?
- Explore possible causes of the behaviour
- Ask about family history of ADHD
- Ask the mother about her ideas, concerns and expectations with regards to his behaviour

**What is ADHD?**

- ADHD stands for Attention Deficit Hyperactivity Disorder
- It is a behavioural disorder
- It affects more males than females (ratio of 3:1)
- 2% of children are affected in the UK
- It normally occurs in childhood by age 7
- Symptoms should have lasted for over 6 months in order to make the diagnosis
- Symptoms include:
  - Impulsivity
  - Inattention
  - Hyperactivity
  - Impaired functioning
    - I.e.: may affect a child's schooling and relationships with family and friends
  - And should affect the child in more than one domain in their life (e.g. at home *and* at school)

**What is the cause of ADHD?**

- A mixture of factors are suspected to contribute to ADHD formation. This includes;
  - Genes - a family history of ADHD may be present
  - Environmental
    - Social deprivation and neglect in childhood
    - Neurodevelopmental abnormalities

- Includes mother drinking alcohol and taking drugs such as heroin during pregnancy (BEWARE: don't make this sound like you are accusing or judging the mother if you say this)
- Includes obstetric complications
- Includes a low birth weight of the child

### What is the treatment for ADHD?

- Family education and support
  - Parent training programme
- school education and support
  - teachers may meet with parents and psychiatrist to discuss support in school
- Family and individual therapy
  - Family therapy
  - CBT
  - Social awareness therapy
- Behavioural treatment
  - Rewarding good behaviour and discouraging bad behaviour
- Medication
  - Only in children over 6 years old
  - Methylphenidate, i.e.: Ritalin is most commonly used
    - This increases dopamine in the brain, which is thought to improve concentration and reduce hyperactivity
    - Titrate medication up over time
    - Drug given 3 times a day at first. The short acting methylphenidate begins working within about 20 minutes and lasts for 3-4 hours. Once at a therapeutic dose, a longer acting version of the drug may be used, taken once per day
    - Child is monitored for side effect
    - Side effects include: headaches, insomnia, appetite decrease, poor weight gain if taken long term
    - Child should be reviewed every 6 months. It is recommended that the doctor also check your child's height, weight and blood pressure.
    - Most children will need to continue medication through high school. Once children become teenagers, some doctors will recommend a trial off the medication each year. This is to make sure that medication is still necessary.
    - If methylphenidate does not work, other drugs are available, e.g.: Modafenil, which can be discussed more in the future if needed.
    - It is shown that 1/3 children resolve with treatment

### Is he ever going to get better?

- Prognosis is variable
- Gradual improvement occurs in adolescence, but up to 8 in 10 children with ADHD will continue to experience some symptoms into their teenage years e.g.: restlessness and inattention
- However, early and consistent treatment improves this prognosis.