

# *DADS' ONLY WORKSHOP: FOR FATHERS OF AD/HD CHILDREN*

*CHADD of Tucson*

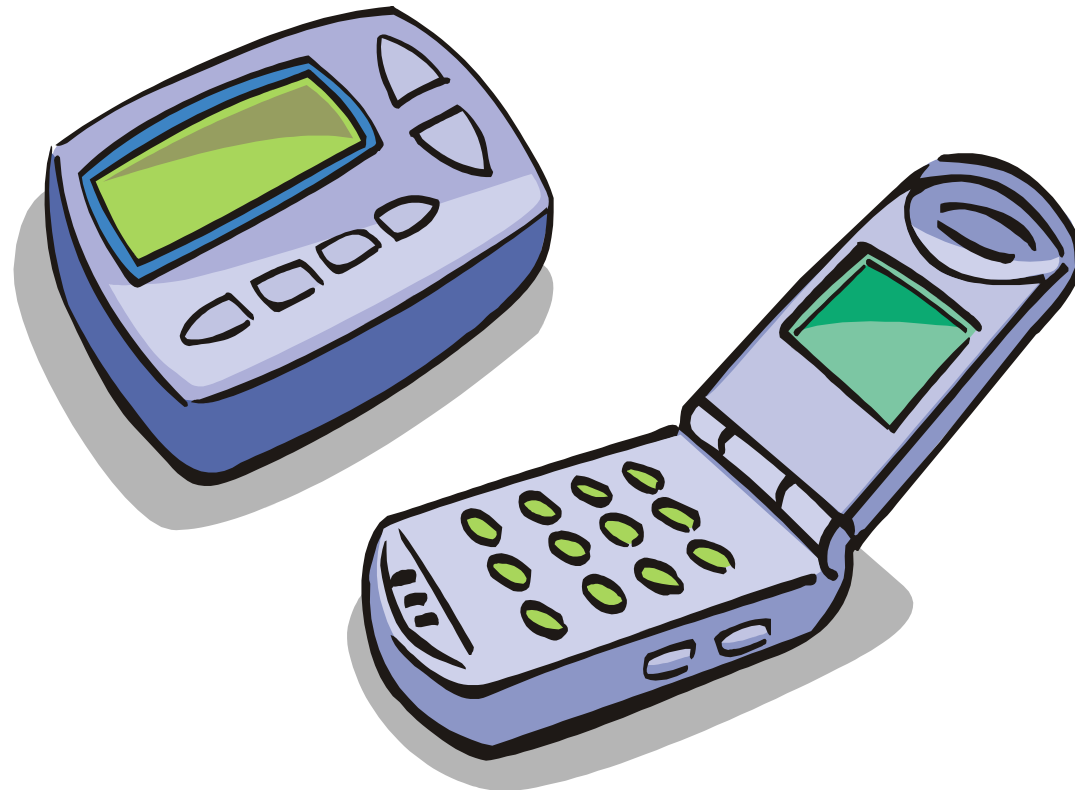
*Saturday March 4, 2006*

*Saint Cyril's Elementary School*

# WHAT TO EXPECT FROM TODAY'S WORKSHOP

- Meet from 8:30 AM to 12:00PM
- Break from 10:00 to 10:15
  - Scott Lewis, MSW, Certified Life Coach, **“The Gifts of AD/HD”**: Examining the joys and challenges of raising AD/HD Children
  - Kevin T. Blake, Ph.D. Licensed Psychologist, **“The Basics About AD/HD Medications”**
  - Dennis Swena, M.D., Family Practice Physician, **“Medicating: A Parent’s Perspective”**
  - **“Dads’ Discussion Panel”**

# PLEASE TURN OFF YOUR CELL PHONES AND PAGERS



# *The Basics about AD/HD Medications*



# *Things One Should Always Do when Considering Medications for AD/HD*

1. Consult with a physician: someone with a M.D. and/or D.O. after their name who has some training and background in treating AD/HD.
2. Learn how to spot side effects of medication and what to do when you see them.
3. Follow the physician's directions.
4. Insist on an ongoing relationship with the physician: Make sure you see them at least twice a year.
5. Check into adjuncts: token economies, etc.

# *Things One Should Always Do when Considering Medications for AD/HD*

6. Make sure the physician gets a full medical, social, family history on the child, administers questionnaires and checklists (i.e., Conners, etc.) to child's caregiver's and teachers before rendering diagnosis. A physical can be helpful too.
7. If you have questions about the diagnostic process and referral sources contact:  
[www.chadd.org](http://www.chadd.org)

## *Warning: Stimulants & AD/HD*

- “The FDA’s review of sudden death or cardiovascular incidents in patients taking AD/HD medications found 25 reports of death between 1999 and 2005 and 54 reports of serious cardiovascular problems. Some of these patients had pre-existing heart conditions or hypertension, the report noted.”

Goodman, B. (2/23/2006). FDA Warning on AD/HD Medications “Premature”; National AD/HD Advocacy group Urges Further Research. From Website:

[www.chadd.org/whatsnew/FDAHearings.htm](http://www.chadd.org/whatsnew/FDAHearings.htm)

## *Warning: Stimulants & AD/HD*

- According to the Center for Disease Control (CDC) about 2,500,000 children between 4 and 17 take AD/HD medications.
- “According to the Surgeon General, medication is effective for about 80 percent of the people who have the disorder” (sic. AD/HD).

Goodman, B. (2/23/2006). FDA Warning on AD/HD Medications “Premature”; National AD/HD Advocacy group Urges Further Research. From Website:

[www.chadd.org/whatsnew/FDAHearings.htm](http://www.chadd.org/whatsnew/FDAHearings.htm)

## *Warning: Strattera and AD/HD*

- PDR Warning about liver problems. Two people have had liver function problems who have been placed on this medication.

Surman, C. (May 12, 2005). AD/HD and Comorbidity. Paper presented at the National Attention Deficit Disorder Association Annual Conference May 12-15, 2005, Tucson, AZ.

## *Warning: Cylert & AD/HD*

- Cylert (Pemoline) has a low abuse potential, but may cause liver toxicity. Must check liver enzymes every two weeks.
- It now has a PDR Black Box Warning.

(Prince, J., and Wilens, T. (2002). Medications Used in the Treatment of AD/HD in Women. In P.O. Quinn, and K.G. Nadeau (Eds.), Gender Issues and AD/HD. Silver Spring, MD: Advantage, pp. 144-182.)

(Hallowell, E.M., and Ratey, J.J. (2005). Delivered From Distraction. New York, NY: Ballantine, pp. 251.)

# *“My daughter died after taking aspirin.”*

- “Health experts have issued a warning that children under the age of 19 should not take aspirin because the risk of a rare but potentially fatal condition called Reye’s Syndrome”
- Each year there are an estimated 7600 deaths and 76,000 hospitalizations from taking non-steroidal anti-inflammatory drugs (NSAID). What is a NSAID? Aspirin!

BBC News World Edition (10/23/2002). “My Daughter Died After Taking Aspirin”. From website: [www.newsbbc.uk/2/hi/health/2353187.stm](http://www.newsbbc.uk/2/hi/health/2353187.stm)

From website: [www.drugwarfacts.org/causes.htm#nsaid](http://www.drugwarfacts.org/causes.htm#nsaid)

# *Treatment of AD/HD*

1. Diagnosis
2. Psychoeducation about AD/HD
3. Medication
4. Accommodation

(Barkley, R. A. (1998). ADHD in Children, Adolescents, and Adults: Diagnosis, Assessment, and Treatment. New England Educational Institute, Cape Cod Symposia, August, Pittsfield, MA.)

# Medication and AD/HD

Over 200 double blind research studies have been conducted that have demonstrated the **EFFICACY** of stimulant medication with AD/HD individuals (Connor, 2005, p. 608).

(Connor, D.F. (2005). Stimulants. In R.A. Barkley (Ed.), Attention-Deficit Hyperactivity Disorder, Third Edition. New York, NY: Guilford, p. 608-647.

# *Stimulant Medication & AD/HD*



# *Stimulant Medication and AD/HD*

***“The stimulant medications are effective and safe treatments for the symptomatic management of individuals with ADHD. Indeed, CNS stimulants are the best-studied treatment applied to this disorder and are among the safest and most effective symptomatic treatments in medicine” (pp. 542-543).***

(DuPaul, G., Barkley, R.A., and Connor, D.F. (1998). Stimulants. In R.A. Barkley (Ed.), Attention Deficit Hyperactivity Disorder, Second Edition. New York, NY: Guilford, pp. 510-551.)

# *Stimulants and AD/HD*

- Ritalin (methylphenidate)
  - Dexedrine (d- amphetamine)
  - Adderall (d-, amphetamines)
  - Cylert (pemoline-discontinued in children, liver failure, 14 cases. Possibly good with Substance Abuse Disorder)
- \* Trying all stimulants- 90%+ response rate

(Barkley, R.A. (2002). ADHD and Oppositional Defiant Children. Seminar presented, February 19-20, The Institute for Continuing Education, Fairhope, AL, in Phoenix, AZ, p. 23.)

# *New Formulations of Stimulants*

- Focalin-Effective D isomer of Ritalin lasts 4-6 hours
- Ritalin LA-Once a day Spheroidal Oral Drug Absorption System Ritalin that lasts 8-9 hours
- Adderall XR-Extended Release Micotrol beaded system of 4 amphetamines that lasts 12 hours
- Metadate CD- Methylphenidate extended release 2 bead system that last 8-9 hours
- Concerta- OROS system Osmotic pump of methylphenidate that lasts 10-14 hours

(Prince, J., and Wilens, T. (2002). Medications Used in the Treatment of AD/HD in Women. In P.O. Quinn, and K.G. Nadeau (Eds.), Gender Issues and AD/HD. Silver Spring, MD: Advantage, pp. 144-182.)

(Ritalin LA Product Monograph.qxd, 6/24/02)

# *New Formulations of Stimulants*

- Methypatch - Transdermal MPH, once daily, experimental
- ABT 418 Nicotinic receptor agonist, Transdermal patch, experimental

(Prince, J., and Wilens, T. (2002). Medications Used in the Treatment of AD/HD in Women. In P.O. Quinn, and K.G. Nadeau (Eds.), Gender Issues and AD/HD. Silver Spring, MD: Advantage, pp. 144-182.)

(Prince, J. (October 11-12, 2001). Pharmacotherapy of AD/HD with Non-Stimulants. Paper presented at the Across the Spectrum Conference: Autism, Aspergers Disorder and Attention Deficit Hyperactivity Disorder Research and Treatment, National Association for Continuing Education, Mesa, AZ.

# *New Formulations of Stimulants*

- Adderall XR2: therapeutic dosage lasts 16 hours
- Focalin XR: Due out in late 2005

Young, J. (May 13, 2005). Contemporary Approaches to AD/HD Diagnosis, Impact and Treatment. Paper presented at the National Attention Deficit Disorder Association Annual Conference, May 12-15, 2005, Tucson, AZ.

# *Side Effects of Stimulants*

- ***Insomnia***
- ***Edginess***
- ***Diminished appetite***
- ***Weight Loss***
- ***Dysphoria***
- ***Obsessiveness***
- ***Tics***
- ***Headaches***



(Prince, J., and Wilens, T. (2002). Medications Used in the Treatment of AD/HD in Women. In P.O. Quinn, and K.G. Nadeau (Eds.), Gender Issues and AD/HD. Silver Spring, MD: Advantage, pp. 144-182.)

# *Stimulants and Substance Abuse*

“There are no reported individual cases of addiction or serious drug dependence to date with these medications. Several studies...have sought to determine whether children treated with CNS stimulants are more likely to abuse illicit substances as teenagers...The results suggest that there is no increased risk for drug abuse associated with treatment...” (p. 525).

(DuPaul, G., Barkley, R.A., and Connor, D.F. (1998). Stimulants. In R.A. Barkley (Ed.), Attention Deficit Hyperactivity Disorder, Second Edition. New York, NY: Guilford, pp. 510-551.)

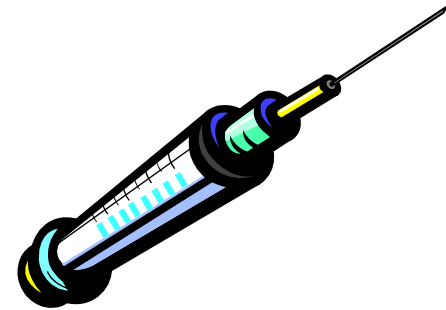
# *Stimulants and Substance Abuse*

## **Harvard Study Risk of Substance Abuse**

- **Unmedicated AD/HD Children 30%**
- **Medicated AD/HD Children 12%**
- **Non-AD/HD Controls 10%**

(Prince, J. (November 1, 2000). Substance Abuse Disorder Gifted. Co-Existing Conditions Workshop, 12<sup>th</sup> Annual International Conference on Attention-Deficit/Hyperactivity Disorder, CHADD, Session #W%, Chicago, IL.)

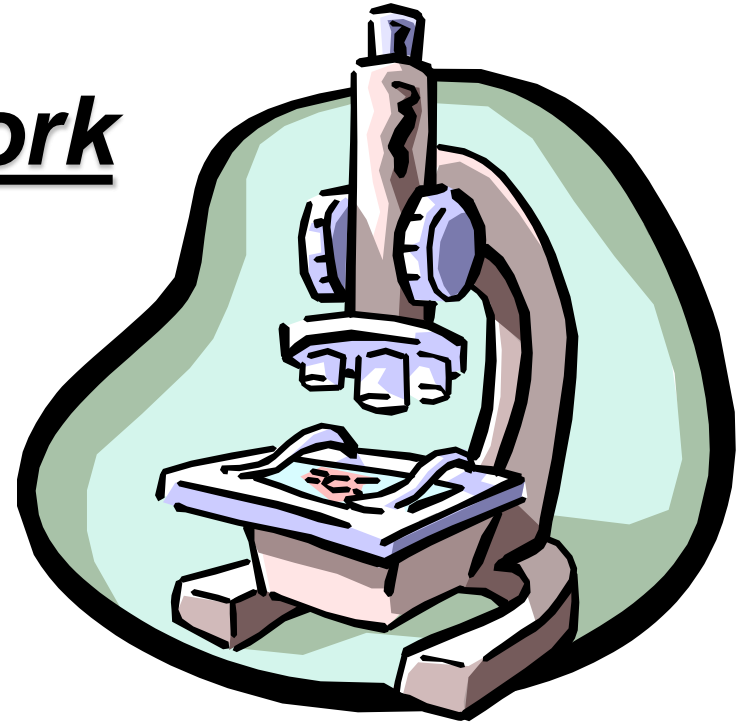
# Ritalin vs. Cocaine



“We speculate that because the experience of the high is associated with the fast uptake of cocaine and methylphenidate in the brain, the slow clearance of methylphenidate from the brain may serve as a limiting factor in promoting its frequent self-administration” (p. 456).

(Volkow, N.D., et. al. (June, 1995). Is Methylphenidate Like Cocaine? Archives of General Psychiatry, 52 (6), pp. 456-463

# **Your Tax Dollars at Work**



## The Multimodal Treatment Study of Children with Attention Deficit Hyperactivity Disorder (MTA Study) 1999

# THE MTA STUDY

## **Multimodal Treatment of ADHD**

### NIH Research Study

- 579 AD/HD children
- 14 month clinical trial

(MTA Cooperative Group. Achieves of General Psychiatry. 1999; 56:1073-1086.)

# *The MTA Study*

## Four Treatment Conditions:

1. Medication Management
2. Behavior Management
3. Medication and Behavior Management
4. Community Based Treatment

(MTA Cooperative Group. Achieves of General Psychiatry. 1999; 56:1073-1086.)

# MTA Study

- Medication Management Treatment Group did best. 50% decline in symptoms.
- Medication with Behavioral Modification Group did no better.
- Behavior Modification Group did no better than placebo.
- Community Treatment only had 25% decline in symptoms.
- Medication helps with social interaction.

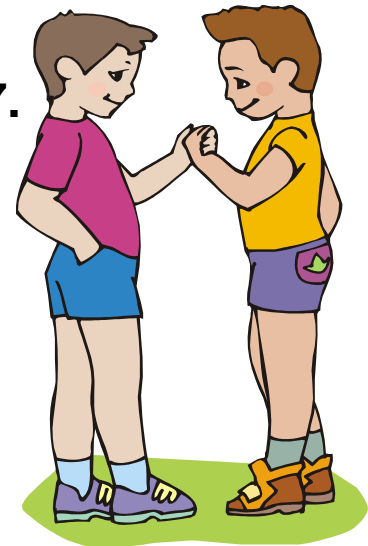
**NIMH Research Treatment for Attention Deficit Hyperactivity Disorder (ADHD): The Multimodal Treatment Study – Questions and Answers. From website:**

**[www.nimh.nih.gov/chilfhp/mt.aqu.cfm](http://www.nimh.nih.gov/chilfhp/mt.aqu.cfm)**

# Medication and Social Interaction

- “The medications used to treat AD/HD often have positive social effects; in fact most children feel an improvement in the way they relate to others” (Aull, April, 2005, p. 36).

Aull, E.B. (April, 2005). Social Skills Improvement with AD/HD Medication. Attention!, 12 (2), pp34-37.



# *AD/HD and Medication*

- “When the discussion is specifically reserved to symptom relief and impairment reduction for ADHD, this series of articles adds to an impressive body of scientific literature demonstrating that medication treatment, in the case of methylphenidate, is cost efficient and may be all that is needed for good responders” (p. 3).

**Goldstein, S. (December, 2004). Do Children with ADHD Benefit from Psychosocial Intervention, ADHD Report, 12 (6), 1-3.**

# *Antidepressants & AD/HD*



# Antidepressants and AD/HD

## Tricyclic Antidepressants:

- Desipramine (Norpramin, Pertofane)
- Imipramine (Tofranil)
- Nortriptyline (Pamelor)



(Wilens, T.E., Spencer, T.J., and Biederman, J. (2000). Pharmacotherapy of Attention-Deficit/Hyperactivity Disorder. In T.E. Brown (Ed.). Attention-Deficit Disorders and Comorbidities in Children, Adolescents and Adults. Washington, DC: American Psychiatric Press, pp. 509-535.)

(Arnold, L.E. (2002). Contemporary Diagnosis and Management of Attention-Deficit/Hyperactivity Disorder, Second Edition. Newtown, PA: Handbooks in Health Care.

# *Tricyclates and AD/HD*

“The antidepressants are generally considered second-line drugs of choice in the treatment of ADHD” (p. 515).

(Wilens, T.E., Spencer, T.J., and Biederman, J. (2000). Pharmacotherapy of Attention-Deficit/Hyperactivity Disorder. In T.E. Brown (Ed.). Attention-Deficit Disorders and Comorbidities in Children, Adolescents and Adults. Washington, DC: American Psychiatric Press, pp. 509-535.)

# *Common Side Effects with Tricyclic Antidepressants:*

- Dry Mouth
- Constipation
- Blurred vision
- Weight gain
- Sexual dysfunction



(Wilens, T.E., Spencer, T.J., and Biederman, J. (2000). Pharmacotherapy of Attention-Deficit/Hyperactivity Disorder. In T.E. Brown (Ed.). Attention-Deficit Disorders and Comorbidities in Children, Adolescents and Adults. Washington, DC: American Psychiatric Press, pp. 509-535.)

# *Less Common Side Effects of Tricyclic Antidepressants:*

- Reduced cardiac conduction
- Elevated blood pressure and heart rate
- Must monitor

(Wilens, T.E., Spencer, T.J., and Biederman, J. (2000). Pharmacotherapy of Attention-Deficit/Hyperactivity Disorder. In T.E. Brown (Ed.). Attention-Deficit Disorders and Comorbidities in Children, Adolescents and Adults. Washington, DC: American Psychiatric Press, pp. 509-535.)

## *Last Word on Tricyclics:*

“TCAs are a less optimal choice than stimulants in addressing AD/HD symptomology for several reasons—response rates are less robust than for stimulants, and side effects are more difficult to tolerate, with more lethal potential in overdose compared to stimulants” (p. 161).

(Wilens, T.E., Spencer, T.J., and Biederman, J. (2000). Pharmacotherapy of Attention-Deficit/Hyperactivity Disorder. In T.E. Brown (Ed.). Attention-Deficit Disorders and Comorbidities in Children, Adolescents and Adults. Washington, DC: American Psychiatric Press, pp. 509-535.)

# *Other Antidepressants used with AD/HD*

- Wellbutrin (Bupropion)
- Effexor (Venlafaxine)
- Strattera (Atomoxetine)



(Prince, J., and Wilens, T. (2002). Medications Used in the Treatment of AD/HD in Women. In P.O. Quinn, and K.G. Nadeau (Eds.), Gender Issues and AD/HD. Silver Spring, MD: Advantage, pp. 144-182.)

## *Wellbutrin and AD/HD:*

- An atypical antidepressant
- Enhances noradrenergic and dopaminergic neurotransmission
- Moderately effective in AD/HD children
- Second line agent with Adult AD/HD

(Prince, J., and Wilens, T. (2002). Medications Used in the Treatment of AD/HD in Women. In P.O. Quinn, and K.G. Nadeau (Eds.), Gender Issues and AD/HD. Silver Spring, MD: Advantage, pp. 144-182.)

# *Wellbutrin Side Effects:*

- Excitement
- Agitation
- Increased motor activity
- Insomnia
- Tics and Tremor



(Prince, J., and Wilens, T. (2002). Medications Used in the Treatment of AD/HD in Women. In P.O. Quinn, and K.G. Nadeau (Eds.), Gender Issues and AD/HD. Silver Spring, MD: Advantage, pp. 144-182.)

# *Effexor and AD/HD*

- May be useful at higher doses with AD/HD and comorbid anxiety and/or depression
- Only SSRI that works with AD/HD

(Prince, J., and Wilens, T. (2002). Medications Used in the Treatment of AD/HD in Women. In P.O. Quinn, and K.G. Nadeau (Eds.), Gender Issues and AD/HD. Silver Spring, MD: Advantage, pp. 144-182.)

(Connor, D.F. (1998). Other Medications In the Treatment of Child and Adolescent ADHD. In R.A. Barkley (Ed.), Attention Deficit Hyperactivity Disorder, Second Edition. New York, NY: Guilford, pp. 564-606).

# *Effexor and AD/HD Side Effects:*

- Nausea
- Gastrointestinal distress
- Anorgasmia
- Elevated blood pressure
- Discontinuation symptoms



(Prince, J., and Wilens, T. (2002). Medications Used in the Treatment of AD/HD in Women. In P.O. Quinn, and K.G. Nadeau (Eds.), Gender Issues and AD/HD. Silver Spring, MD: Advantage, pp. 144-182.)

## *Strattera and AD/HD*

- First medication to receive FDA approval for adult and child AD/HD; first new AD/HD med. in 30 years
- No abuse potential; not schedule 2; phone in prescriptions
- 6 double-blind studies; as of October 2002 tested on over 4,000 patients; 700 over one year

(Wachter, K. (January, 2003). Nonstimulant Atomoxetine Approved for ADHD. Clinical Psychiatry News, 31 (1), p. 5.)

## *Strattera and AD/HD*

- Well tolerated and moderately effective in treating AD/HD symptoms
- Longer time to response
- Good alternative to stimulants
- Good for comorbid mood, anxiety and substance abuse

(Prince, J., and Wilens, T. (2002). Medications Used in the Treatment of AD/HD in Women. In P.O. Quinn, and K.G. Nadeau (Eds.), Gender Issues and AD/HD. Silver Spring, MD: Advantage, pp. 144-182.)

# *Strattera and AD/HD*

## Side Effects:

- Rhinitis (33%)
- Headache (20%)
- Anorexia (16.7%)
- Dizziness (16.7%)



(Anonymous (January, 2002). Special Report: New Research on Investigational Drug for ADHD-Studies Reveal Atomoxetine Effective for ADHD. The Brown University Child and Adolescent Psychopharmacology Update, 4 (1), pp. 1, 3-6.)

# *Alpha 2 Agonists-Antihypertensives*



# Alpha 2 Agonists- Antihypertensives

- Clonidine (Catapress-also in patch)
- Guanfacine (Tenex)

These have been used in severely hyperactive and/or aggressive AD/HD children. These may help adults with hyperarousal due to prolonged disorganization and stimulant side effects.

(Arnold, L.E. (2002). Contemporary Diagnosis and Management of Attention-Deficit/Hyperactivity Disorder, Second Edition. Newtown, PA:Handbooks in Health Care.)

(Prince, J., and Wilens, T. (2002). Medications Used in the Treatment of AD/HD in Women. In P.O. Quinn, and K.G. Nadeau (Eds.), Gender Issues and AD/HD. Silver Spring, MD: Advantage, pp. 144-182.)

# Alpha 2 Agonists- Antihypertensives

## Side Effects:

- Sedation
- Hypotensive dizziness
- Hypersensitive rebound with missed dose
- Sudden Deaths
- Dry mouth
- Response delayed



(Arnold, L.E. (2002). Contemporary Diagnosis and Management of Attention-Deficit/Hyperactivity Disorder, Second Edition. Newtown, PA:Handbooks in Health Care.)

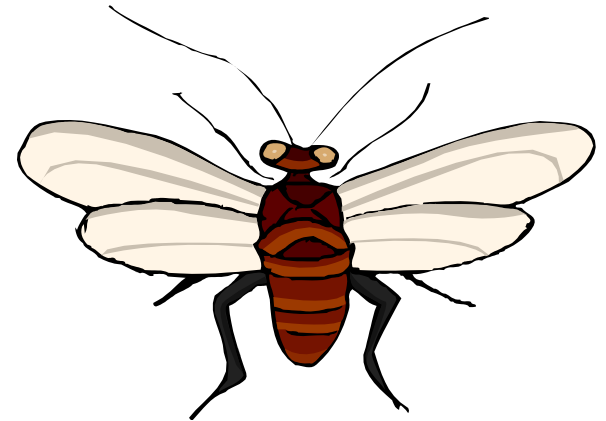
# *COMPLIMENTARY AND ALTERNATIVE MEDICINE AND DYSLEXIA*



# *Alternative and Integrative Medicine Treatments of AD/HD & LD*

***“We should all eat dung, because a thousand flies can’t be wrong!”***

***Russell Barkley, Ph.D.***



**Barkley, R.A. (1998). ADHD in Children, Adolescents, and Adults: Diagnosis Assessment and Treatment. New England Educational Institute, Cape Cod Symposia, August, Pittsfield, MA.**

# *Controversial Treatments for Disabilities*

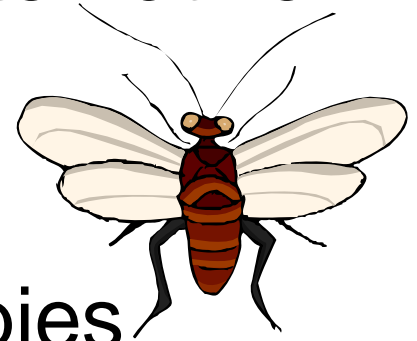
## **When to question if a treatment is legitimate:**

- when no research in peer-reviewed journal is available;
- when they say, “traditional medicine, etc.” refuses to accept what they are saying;
- if most professionals would not use the method; and
- when the person pushing the treatment says, “...prove me wrong... (p.4).

Silver, L. (Summer, 2001). Controversial Therapies, Theme Editor's Summary. Perspectives, 27 (3), pp.1 and 4.

# Alternative and Integrative Medicine Treatments of AD/HD & LD

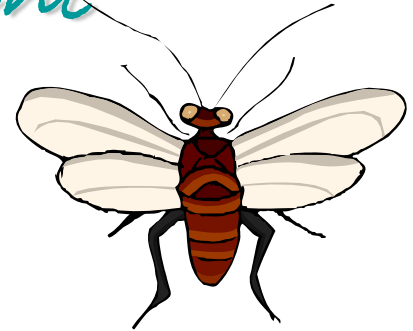
- 56% of those with Anxiety use alternative treatments.
- 53% with Depression
- 16% of hospital offer CAM therapies
- Highest rates used by those with serious and debilitating conditions



Dittmann, M. (June, 2004). Alternative Health Care Gains Steam. Monitor On Psychology, 35 (6), pp. 42-44.

# *Alternative and Integrative Medicine*

## *Treatments of AD/HD & LD*

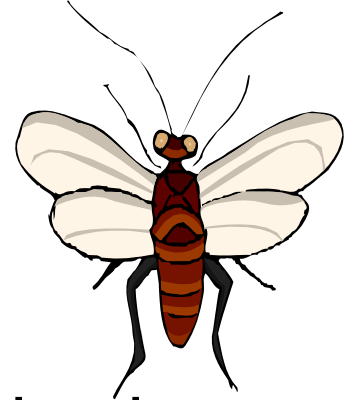


- “Today’s complementary and alternative medicine is tomorrow’s mainstream, but first it must meet with rigorous scientific evaluation.”
- –Alan Leshner, Ph.D., National Advisory Council for Complementary and Alternative Medicine and CEO of the American Association for the Advancement of Science (p. 44).

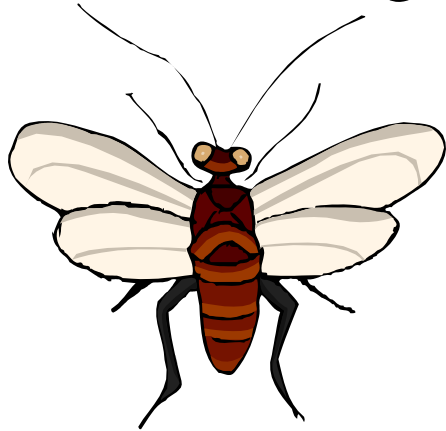
Dittmann, M. (June, 2004). Alternative Health Care Gains Steam. Monitor On Psychology, 35 (6), pp. 44.

# *Alternative, Integrative & Complementary Medicine and LD and AD/HD*

- December 2003 edition of **Attention!** Available from CHADD.
- CHADD's National Resource Center
- [www.MyADHD.com](http://www.MyADHD.com)
- Rappaport, L.A., & Kemper, K.J. (2003). Complimentary and Alternative Therapies in Childhood Attention and Hyperactivity Problems. Developmental and Behavioral Pediatrics, 24, pp. 4-8.
- Silver, L. (Summer, 2001). Controversial Therapies, Theme Editor's Summary. Perspectives, 27 (3), pp.1 and 4.



# Places to Check Out “New” Treatments for AD/HD and LD

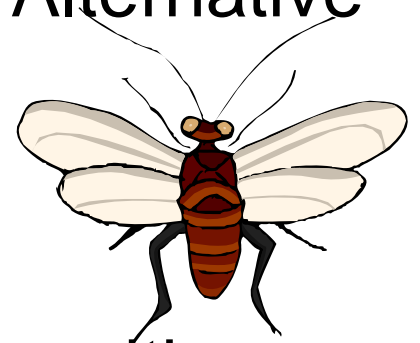


- Ingersoll, B., and Goldstein, S. (1993). Attention-Deficit Disorder and Learning Disabilities: Realities Myths and Controversial Treatments. New York, NY: Doubleday.

- [www.quackwatch.com](http://www.quackwatch.com)
- Cochrane Collaboration:  
[www.cochrane.org](http://www.cochrane.org)

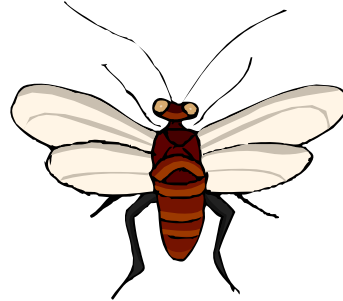
# Places to Check Out “New” Treatments for AD/HD and LD

- National Center for Complimentary and Alternative Medicine: [www.nccam.nih.gov](http://www.nccam.nih.gov)
- NCCAM Clearinghouse: 888-644-6226
- Some findings:
  - St. John’s Wort no better than placebo with Major Depression. Now being studied with “Minor” Depression
  - Transcendental Meditation can reduce blood pressure



**Dittmann, M. (June, 2004). Alternative Health Care Gains Steam. Monitor On Psychology, 35 (6), pp. 42-44.**

## *Places to Check Out “New” Treatments for AD/HD and LD*



- [www.interdys.org](http://www.interdys.org)
- [www.chadd.org](http://www.chadd.org)
- Cook, P. (1997). Knowledge is Power: Guidelines for Being an Informed Health Care Customer. Attention!, 4 (2), pp. 14-17.
- Arnold, L.E. (2002). Contemporary Diagnosis and Management of Attention-Deficit/Hyperactivity Disorder. Newtown, PA: Handbooks in Health Care.
- Author (May, 2004). Dangerous Supplements: Still at Large. Consumer Reports, 69 (5), pp. 12-17.

# *DADS' ONLY WORKSHOP: FOR FATHERS OF AD/HD CHILDREN*

*CHADD of Tucson*

*Saturday March 4, 2006*

*Saint Cyril's Elementary School*

# *Dads' Discussion Panel*

- Questions:
  - “Why do I have to give my kid a drug to treat their AD/HD?”
  - “Is there an alternative to giving drugs for AD/HD?”
  - “I don’t remember the other kids in my classes when I was growing up being AD/HD. Is this a new disease or fad?”
  - Isn’t AD/HD just a politically correct way of calling a child undisciplined?

## *Dads' Discussion Panel*

- “What can I/we do at home to help our kid not be such a handful?”
- “How Can we get services in the school for our kid?”
- “When will my kid grow of this?”
- “Are there other problems that go along with AD/HD?”
- “Is my kid at risk for Alzheimer’s Disease?”

## *Dads' Discussion Panel*

- “How can I help my kid’s bad memory?”
- “My kid talks back and is sassy all the time. What can be done about that?”
- “My wife and I have so much trouble with our kid its causing problems in our marriage. Is that normal and what can be done?”