



ABCs of ADHD

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This module, provides a comprehensive overview of attention-deficit/hyperactivity disorder (ADHD) and its presentations and diagnosis at different development stages. The module also provides initial environmental and medical management strategies.

WHAT IS ADHD?

Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder causing disabilities that can have lifelong impacts on health, educational and vocational outcomes, and relationships. Some individuals with ADHD may present with complex cases that include co-occurring conditions such as developmental, learning, medical, or psychiatric issues. These cases often arise at atypical ages, either before age 4 or after age 12. Diagnostic uncertainty can make assessment more challenging. Additionally, these individuals may show an inadequate response to standard ADHD treatments.

WHAT ARE THE FACTORS?

Changes in Diagnostic Criteria: The DSM-5 extended the age of onset to 12, allowed for changing symptom presentations over time, and acknowledged the frequent co-occurrence of ADHD with other mental health conditions, making adult diagnosis more accessible.

Increased Awareness and Screening: Greater recognition of ADHD has been driven by efforts in primary care, education, advocacy, social media, and direct-to-consumer advertising.

Psychosocial Influences: Factors such as family dynamics, socioeconomic status, trauma, media exposure, and school or peer environments can affect ADHD risk and presentation.

Medical Advances: Improved survival and care for premature infants and children with chronic or complex medical conditions have contributed to a growing population at risk for ADHD.

STATISTICS

The prevalence of diagnosed ADHD among U.S. children and adolescents rose significantly from 6.1% to 10.2% between 1997 and 2016 (Xu et al., 2018). Collaborative efforts among all healthcare providers are essential to ensure we can meet the needs of children with ADHD and help improve their outcomes. The following statistics show the disparity between the number of kids with ADHD and the number of medical professionals:

- 6.5 million kids in the United States are diagnosed with ADHD
- 200,000 pediatric primary care practitioners in the United States

- 700 developmental and behavioral pediatricians in the United States
- 10,000 child/adolescent psychologists in the United States
- 20,000 child-oriented therapists in the United States

WHAT DOES ADHD LOOK LIKE?

ADHD can present in different ways, in different combinations, and different degrees of presentation. In academics, a child could demonstrate underachievement and/or co-occurring learning disabilities. With respect to social interaction, there may be parent-child interaction problems, difficult peer relationships, or other social issues. A child may exhibit self-concept issues such as low self-esteem. Activity level may be noticeable such as suboptimal community participation or increased risk of accidents (e.g., injuries, driving).

ASSESSMENT

A comprehensive ADHD diagnostic assessment includes a review of available records, along with a detailed developmental, behavioral, and medical history. A physical and neurological exam is also performed to help rule out other causes of symptoms. Clinicians determine whether the individual meets DSM-5 criteria for ADHD and evaluate the extent of functional impairment. It's important to rule out alternative explanations for the symptoms. Additionally, the assessment involves screening for co-occurring conditions such as anxiety, depression, ODD, learning disorders, autism, tics, and medical issues like sleep apnea.

MANAGEMENT STRATEGIES

Successful management strategies include: starting with psychoeducation, creating a partnership with the entire family, developing a management plan with specific target goals, and setting the stage for ongoing monitoring and anticipation of developmental changes and transitions

LONG-TERM MANAGEMENT

ADHD is a long-term condition, so regular monitoring is crucial. Long-term care involves regular, ongoing monitoring across the lifespan, with more frequent visits during periods of rapid development. Preschool and school-age children typically need 4–6 primary care visits per year, while adolescents may require 2–4, and older teens about 2 annually. It's especially important to schedule visits during major developmental or life transitions. Standardized screenings, conducted 2–4 times per year, assess ADHD symptom severity, functional impairment, and the emergence of co-occurring conditions like anxiety, depression, and substance use, which often increase during adolescence.

PUTTING IT ALL TOGETHER

Understanding ADHD presentations and diagnosis across various developmental stages, and the environmental and medical management strategies for each stage, equips you with the knowledge to effectively support individuals with ADHD throughout their development.