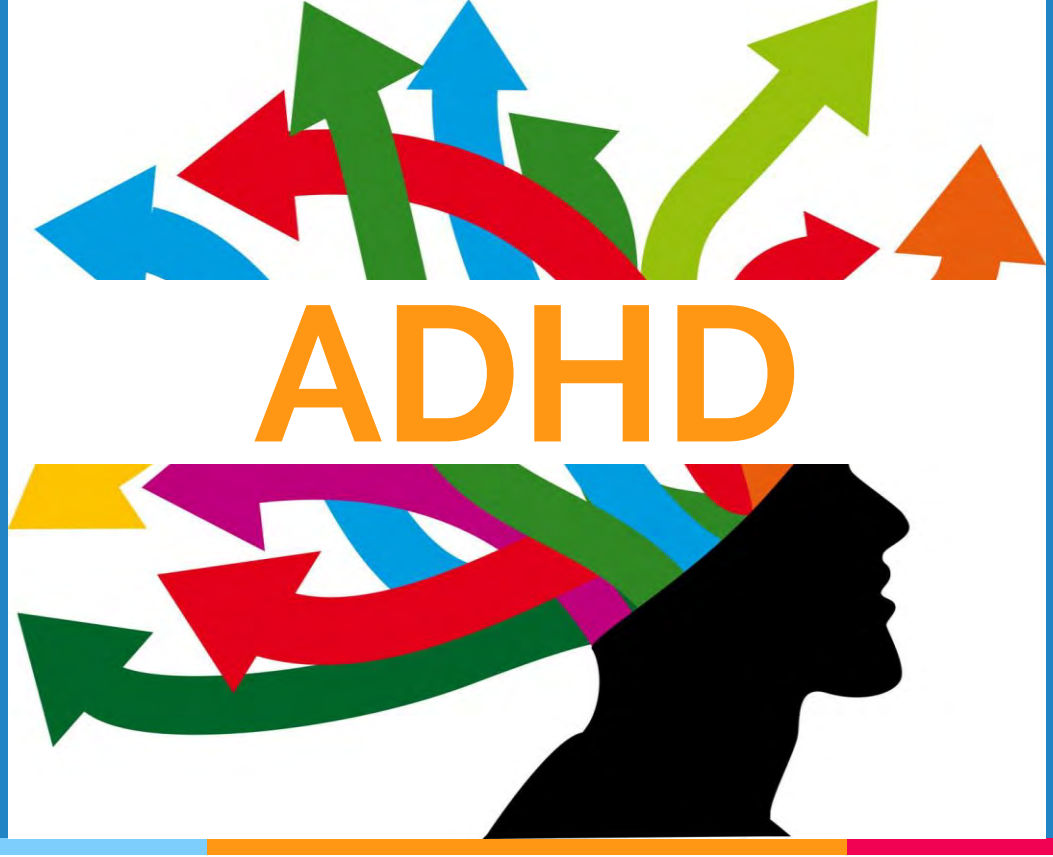
ADHD and Attachment

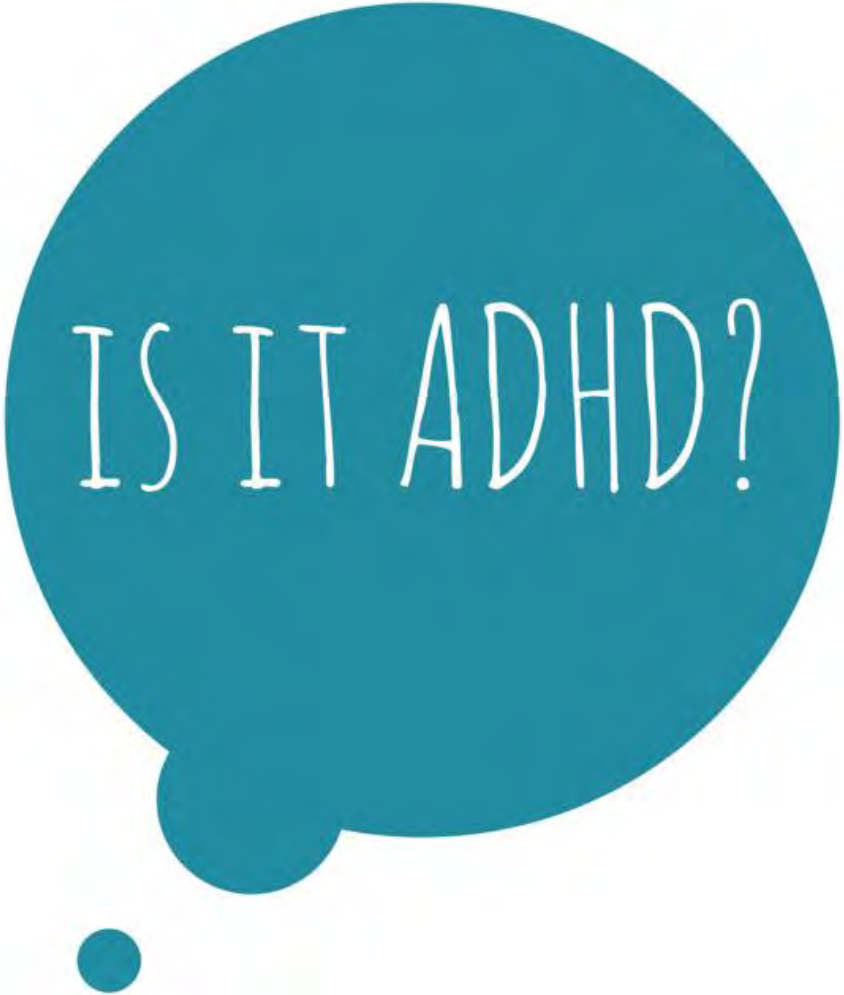
Overview

1. ADHD
    a. Diagnosis
    b. Treatment
    c. Developmental considerations
    d. When to stop
2. Attachment and ADHD
    a. Mentalizing
    b. A new (old) approach to parenting
3. Summary

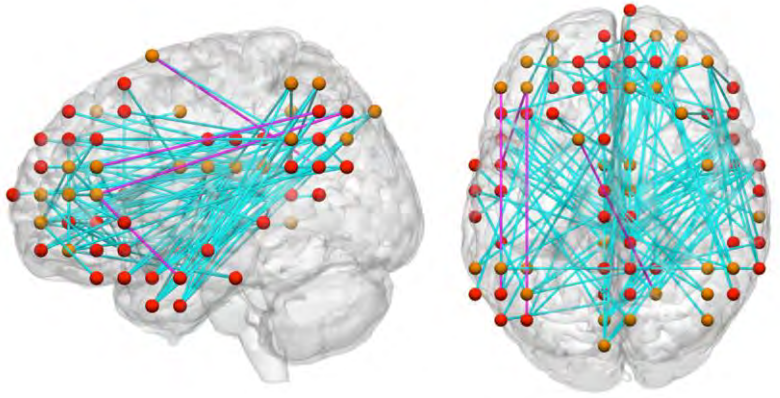
Conflicts of Interest

None to disclose


ADHD


IS IT ADHD?

ADHD Diagnosis



- Differential diagnosis
  - Inattention alone: anxiety (global), LD (school/HW only), other EF difficulty (global)
  - H/I: not challenged (school only), primary mood problem (home only)

Assessment Summary

ADHD Rating Scales
Broad-Band Rating Scales
School & Work Records

DSM 5 Criteria
Functional Impairments
Comorbidity
Psychosocial Context

Current Health
Cardiac Risk Factors
Health History
Height, Weight, Vital Signs

(If Indicated)
Intellectual Ability
Academic Achievement

Adapted from James McGough, M.D.

ADHD Diagnosis

Inattention

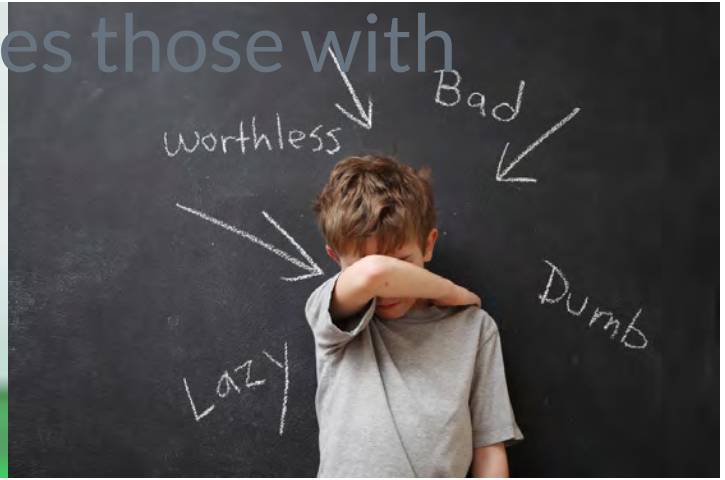
1. Difficulty sustaining attention
2. Easily distracted by external or internal stimuli
3. Lack of attention to detail, careless mistakes
4. Does not seem to listen when spoken to
5. Does not follow through, easily side-tracked
6. Difficulty organizing tasks or activities
7. Loses important items
8. Forgetful in daily activities
9. Avoids, dislikes, or is reluctant about sustained effort

ADHD Diagnosis

Hyperactivity

1. Fidgets, taps or squirms
2. Talks excessively
3. Unable to play quietly
4. “On the go” or “driven by a motor”
5. Interrupts or intrudes on others
6. Runs or climbs when inappropriate
7. Leaves seat when expected to remain seated
8. Blurts out answer, completes other people’s sentences
9. Difficulty waiting in line, waiting her or his turn

ADHD Diagnosis



- Clinical threshold identifies those with worst outcomes
  - School performance
  - Income
  - Health
  - Marital difficulty
  - Injuries and accidents
  - Criminal activity

ADHD
Non-medication support

ADHD Non-medication Support

1) School accommodations
    a) Grade school: 504 or IEP
    b) College: Office for Students with Disabilities
2) After school
    a) Educational therapy/organizational skills (www.aetonline.org)
    b) Standardized tests
3) Adult accommodations?
    a) Self-selection
    b) Digital support
4) Parenting skills, guidance

ADHD Non-medication Support

- Parent training ("Super-parenting")
  - Reduces family discord
  - Mediates social skill improvements (Hinshaw et al., 2015)

What parents learn when trained in behavior therapy

Positive Communication

Positive Reinforcement

Structure and Discipline

Behavior therapy, given by parents, teaches children to better control their own behavior, leading to improved functioning at school, home and in relationships. Learning and practicing behavior therapy requires time and effort, but it has lasting benefits for the child.

#VitalSigns

CDC Vitalsigns™

www.cdc.gov/vitalsigns/adhd

Evidence-Based Parenting Programs

Program	Ages
Incredible Years	Up to 8
Triple P-Positive Parenting Program	Up to 13
Parent-Child Interaction Therapy (PCIT)	Up to 8
Helping the Noncompliant Child- Parent & Family Skills Program	Up to 8
Community Parent Education Program (COPE)	Up to 12-14
Defiant Children	Up to 12
Adolescent Transitions Program	11-13

AACAP Practice Guidelines, 2007.

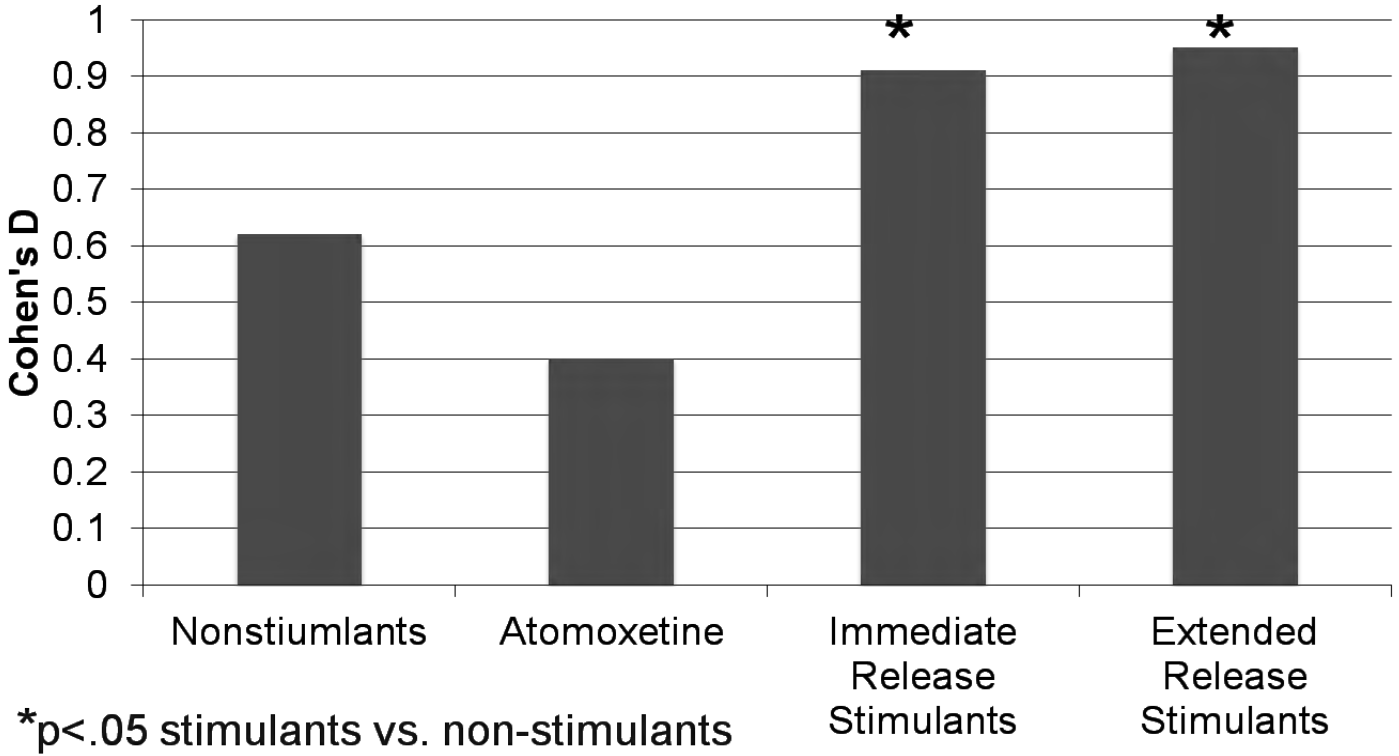
ADHD *Medication*

The Universe of ADHD Meds

FDA Approved		Off-Label
Stimulants	**Non-Stimulants**	
Methylphenidates	Atomoxetine	Immediate-release alpha-2 agonists
D-Methylphenidates	Extended-release alpha-2 agonists	Bupropion
D-Amphetamines		Modafinil
Mixed Amphetamine Salts		Tricyclic antidepressants
Lisdexamfetamine		Monoamine oxidase inhibitors

Adapted from James McGough, M.D.

Medication Effect Sizes



Adapted from James McGough, M.D.

Faraone & Buitelaar. *Eur Child Adolesc Psychiatry*. 2010

Side effects: short-term

- Stimulants
  - Appetite suppression
  - Irritability, sadness
    - as med wears off
  - Tics
  - Overfocus, jittery
  - Headache
  - Stomach upset
  - Insomnia
  - Rare
    - Cardiac arrhythmia
    - Hallucinations, delusions
    - Suicidal thoughts

- Non-stimulants
  - Atomoxetine
    - Stomach upset
    - Headache
    - Rare
      - Suicidal thoughts
  - Alpha agonists
    - lightheadedness/dizziness
    - sedation
    - headache

Side effects: long-term

Stimulants

- Adult height:
  - Reduced 0.5 - 2 inches
  - Probably depends on cumulative dose exposure
    (Swanson et al., 2017)

Immediate Release Stimulants

Medication	Usual Start Dose	Maximum Dose***	Dose Duration	MPH-IR Equivalent
MPH tabs	5 mg TID	80 mg/day	3-5 hours	
d-MPH tabs	2.5 mg TID	40 mg/day	3-5 hours	5 mg TID
d-AMPH tabs	5 mg BID	60 mg/day	4-6 hours	10 mg BID
Mixed AMPH Salts - tabs	5 mg BID	60 mg/day	4-6 hours	10 mg BID

*** May exceed FDA approved dose

Adapted from James McGough, M.D.

Extended Release Stimulants

Medication	Usual Start Dose	Duration (Hours)	MPH-IR (mg) Equivalent
MPH (Ritalin LA)	20 mg QD	6-8	10 BID
MPH (Metadate CD)	20 mg QD	6-8	6 AM 14 noon
MPH-OROS	18 mg QD	8-12	5 TID
MPH Transdermal	10 mg	8-12	NA
d-MPH XR	5 - 10 mg QD	8-12	5 – 10 BID
Mixed AMPH Salts XR	5 - 10 mg QD	8-12	5 – 10 BID
Lisdexamfetamine	30 mg QD	8-12	10 BID

Adapted from James McGough, M.D.

New* Extended-Release Medicines

Drug	Brand Name	Formulation	Dosing
d,l-AMPH	Adzenys XR-ODT	Orally disintegrating tab (ODT)	3.1-18.8 mg/day
d,l-AMPH	Dyanavel XR	Liquid (2.5mg/ml)	2.5-20 mg/day
d,l-MPH*	Cotempla XR-ODT	ODT	*Available 2017?
d,l-MPH	Aptensio XR	Capsules (40/60 IR pulse)	10-60 mg/day
d,l-MPH	Quillivant XR	Liquid (5mg/ml)	20-60 mg/day

Adapted from James McGough, M.D.

Stimulants in ADHD Pipeline

Drug	Mechanism of Action	Company
D-AMPH Transdermal (ATS)	DAT/NET Reuptake Inhibitor (RI)	Noven
Dasotraline	SND RI	Sunovion
EB-1020	SND RI	Neurovance
HLD-200	DAT/NET RI	Ironshore
HLD-100	DAT/NET RI	Ironshore
ORADUR MPH SR	DAT/NET RI	DURECT

Adapted from James McGough, M.D.

Non-stimulants in ADHD Pipeline

Drug	Mechanism of Action	Company
AR-08	Adrenergic receptor agonist	Arbor
Edivoxetine	NE reuptake inhibitor	Eli Lilly
Eltoprazine	5HT1A/1B partial agonist	Amarantus Bioscience
Metadoxine ER	5HT2B selective agonist/GABA modulator	Alcobra
SPN-810 (Molindone)	D2 receptor selective antagonist	Supernus
SPN-812	NE reuptake inhibitor	Supernus

Adapted from James McGough, M.D.

Starting Treatment

Stage 1

1) Choose a long-acting stimulant

1) Two-week trial
    a) 3 escalating doses
    b) “Rewind” or discontinue if needed

Stage 2

1) Optimize dose

2)OR add afternoon dose

3)OR switch

a)Stick with same sub-family (MPH or AMP) initially

1)THEN switch again :(

a)Then consider non-stimulant

Medication Initiation: Skinny kids

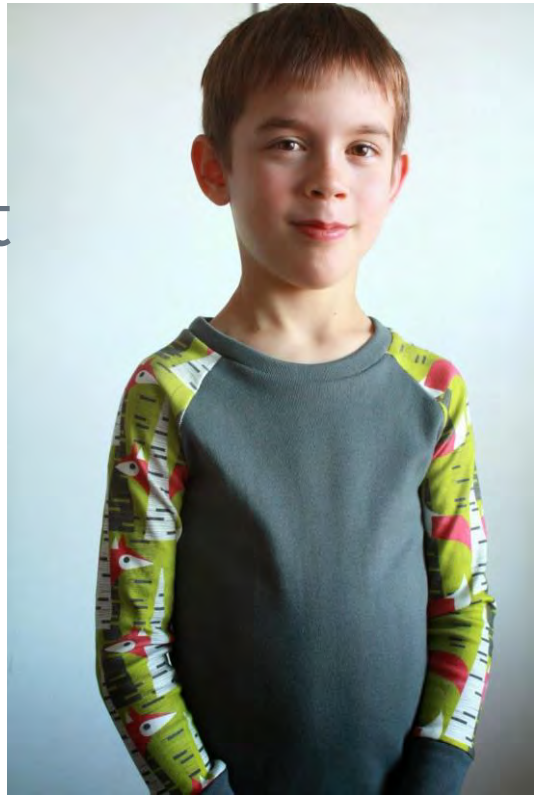
1) Choose a long-acting stimulant
2) Monitor weight

    a) Confirm that parents are maximizing caloric intake

1) Reduce dose/limit days of use

2) Switch to non-stimulant

    a) Consider supplementing with

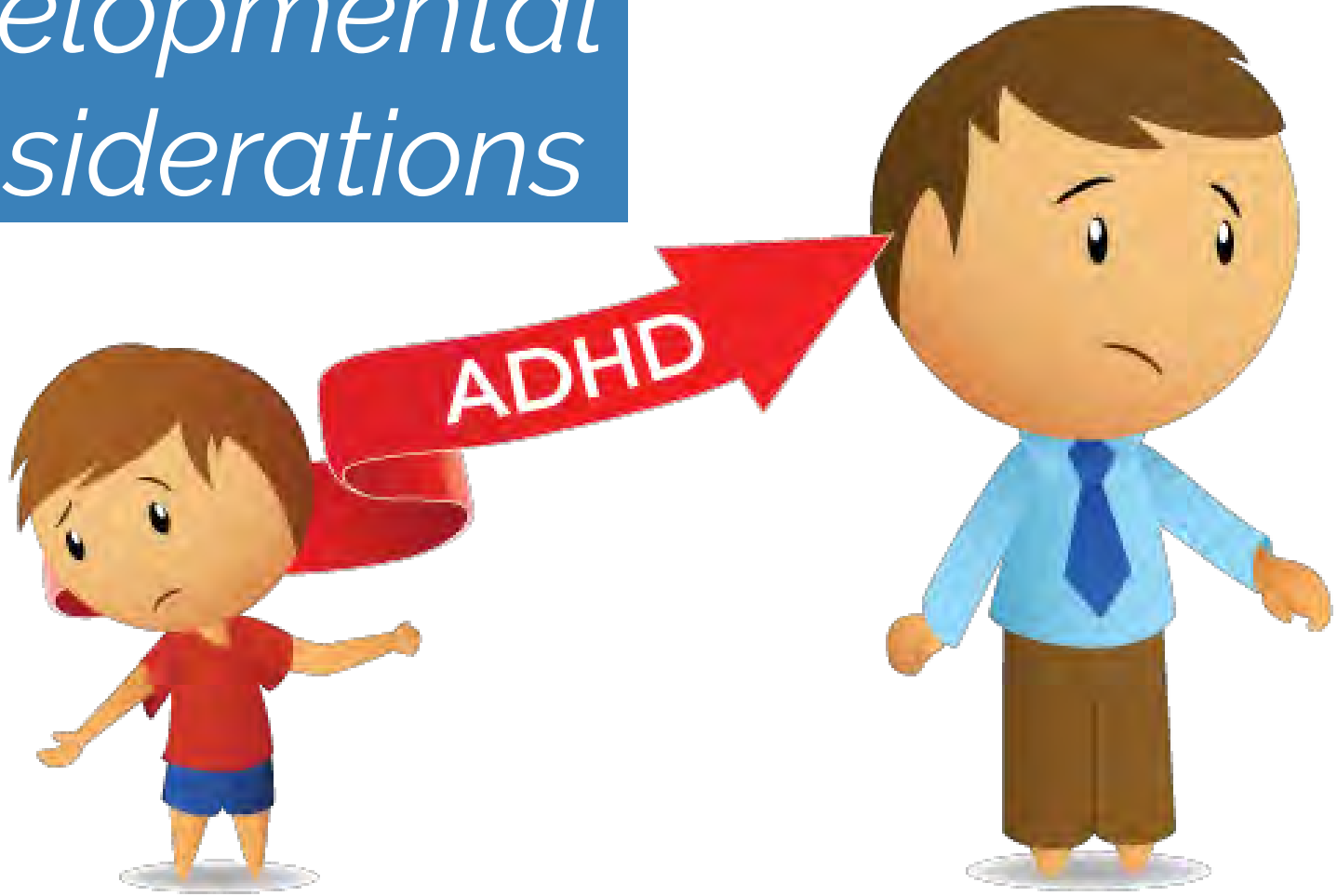


Treatment Maintenance

- Three-month visits once stable
- Regular contact promotes adherence and ability to solve problems
- Track: improvement, residual symptoms, non-med interventions, comorbidity

Adapted from James McGough, M.D.

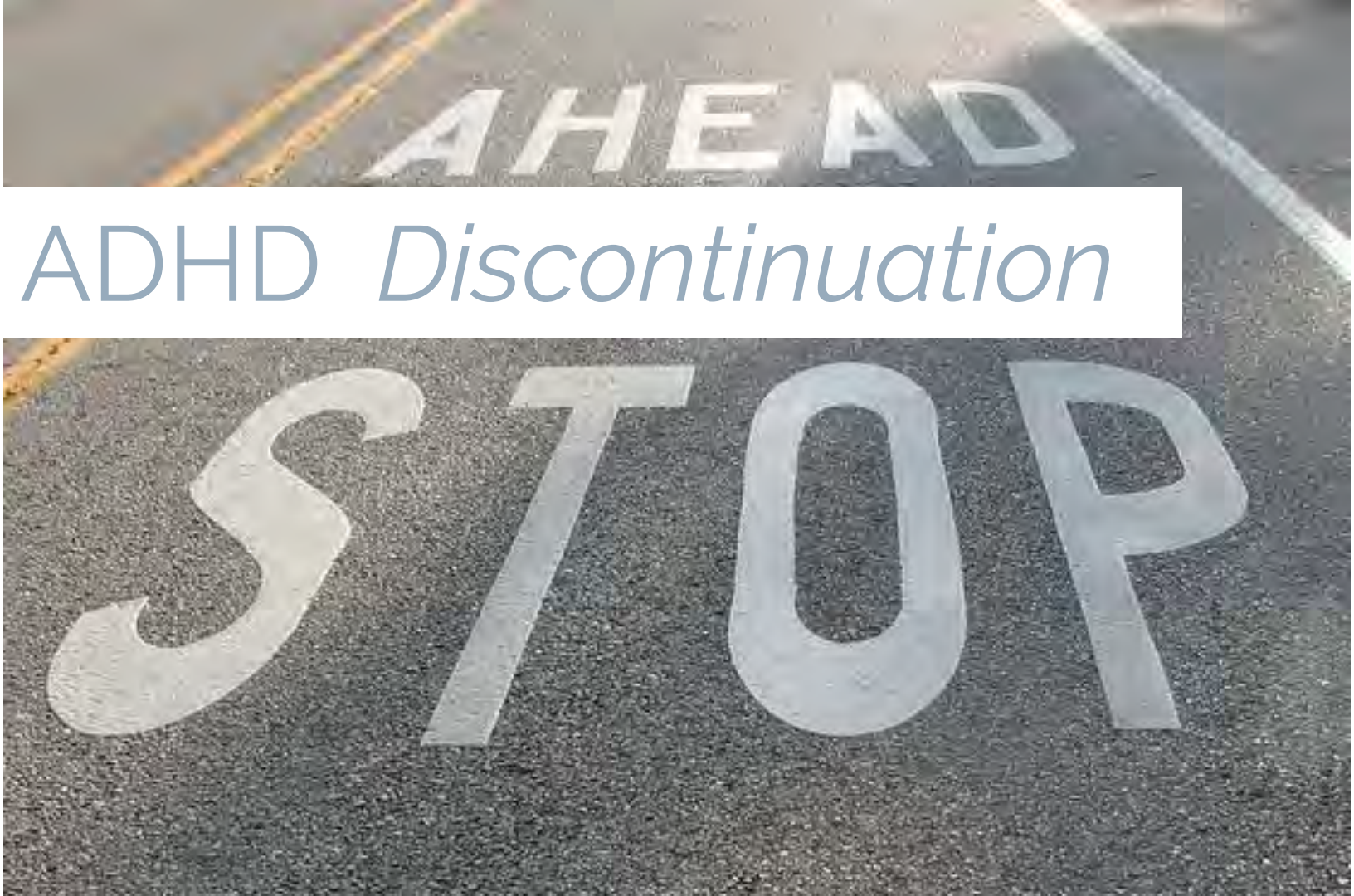
Developmental Considerations



Adolescents & Young Adults

- Developmental Issues
  - Duration: multiple daily and IR dosing
  - Risky behaviors
  - Co-occurring psychoactive use
  - Stimulant misuse
  - Malingering (CURES)

Adapted from James McGough, M.D.



ADHD *Discontinuation*

Discontinuation

- Natural course is for self-discontinuation
- Potentially 50% will have symptoms that continue into adulthood
  - Periodic med "holiday" to assess ongoing need for treatment
- Continue med as long as indicated to address impairment
  - Minimize dose and duration
    - European recommended limit of 1.5mg/kg MPH equivalent (Hinshaw)

Adapted from James McGough, M.D.

Attachment

Attachment

- Respond
- Regulate
- Reflect

Attachment and ADHD

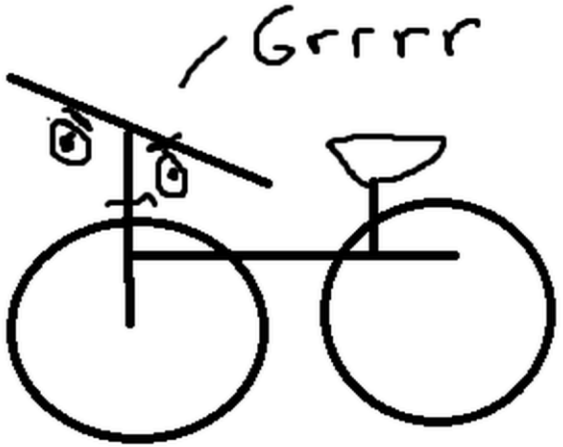
Parenting

Parenting is tough

- Parenting a child with ADHD is even tougher!
  - Blame, misattribution of intent, punishment, lack of reward
  - Parents come to see child as “lazy”, “unmotivated”, “rewards don’t work”, “troublemaker”

Food for thought

- Challenges
  - Blame of child
  - Inflexible, information processing weakness
  - Self-esteem
  - Marital discord about response to symptoms



A VICIOUS CYCLE

ADHD Non-medication Support

- Parent training ("Super-parenting")
  - Reduces family discord
  - Mediates social skill improvements (Hinshaw et al., 2015)

Attachment and ADHD

Mentalizing

What is mentalizing?

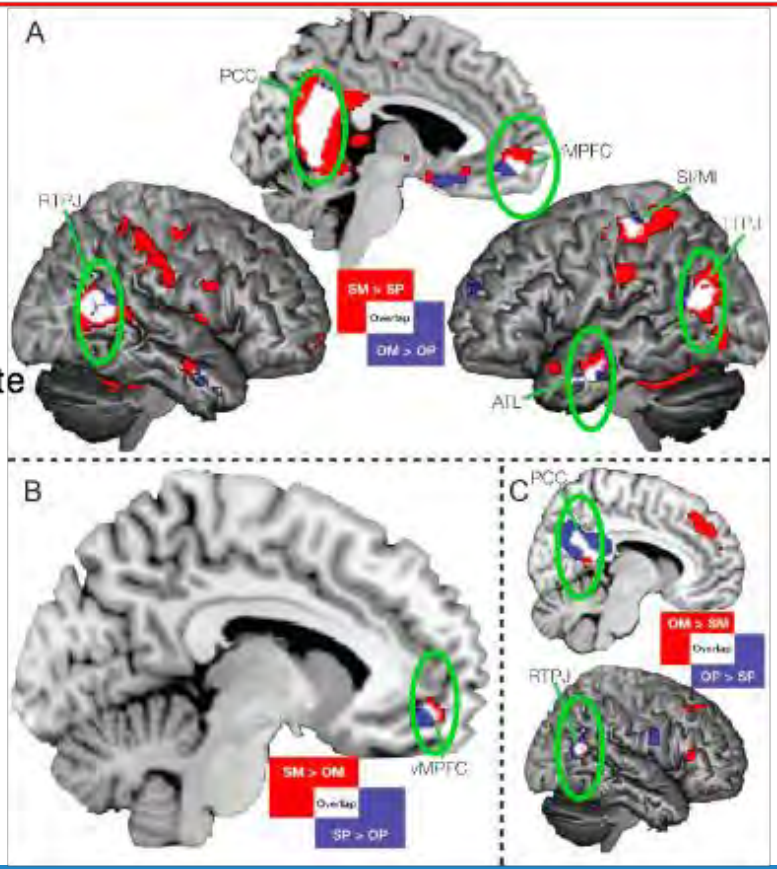
- Understand misunderstanding
- Similar to a combination of mindfulness (self-directed) and empathy (other directed)

Shared neural circuits for mentalizing about the self and others (Lombardo et al., 2009; J. Cog. Neurosc.)

Self mental state

Other mental state

Overlapping for Self and Other



Adapted from Fonagy and Bateman

Two-person system

SELF

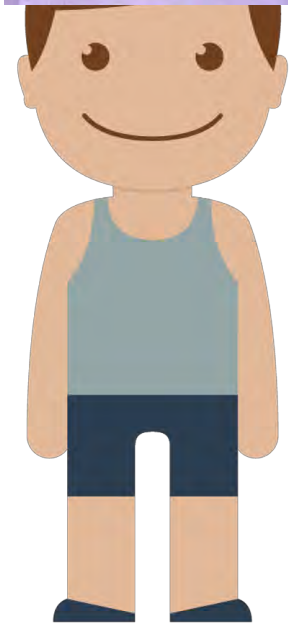
Feelings
Thoughts
Motives
Intentions
Beliefs
Desires
Needs

Internal- External

Imagination
Interaction

OTHER

Feelings
Thoughts
Motives
Intentions
Beliefs
Desires
Needs



Adapted from Choi-Kain

Mentalizing and attachment

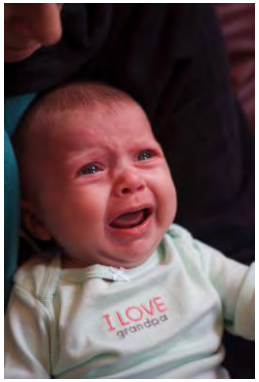
- Secure attachment: parents and infants “in sync” ~30% of the time (Gianino and Tronick, 1988)

Mentalizing and attachment

- What about the other 70%?
  - Moments of “misunderstanding” or “mismatch” were followed by efforts to REPAIR and REBUILD positive bond

Triggers for loss of mentalizing

- Emotional arousal, intense moods
- Attachment trigger (Nolte 2013):
  - Not being listened to
    - No answer
    - Disobey parent / not follow instructions
  - Disagreement with partner/spouse



Adapted from Unruh

Attachment

- Respond
- Regulate
- Reflect

More mentalizing, fewer problems?

- Lower/manage arousal
- Take own “temperature”
- Preserve curiosity

What can be done?

- Change our understanding - Airplane rule
  - lazy/not motivated vs confused, hard to organize, hard to keep in mind
  - defiant/oppositional vs overwhelmed
  - Inadequate (or harsh) parenting vs strategies you weren't expected to know and were never taught

Mentalizing Top Tips

Encouraged:

- Stay curious
- Regain your mind when necessary
- Work with teammates

Minimize:

- Certainty
- Parenting under the influence (of emotion)

Summary

1.Rigorous diagnosis

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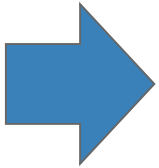
2.Medication works

1. Rigorous diagnosis
2. Medication works

3.Non-medication supports are important

1. Rigorous diagnosis
2. Medication works
3. Non-medication treatments are important

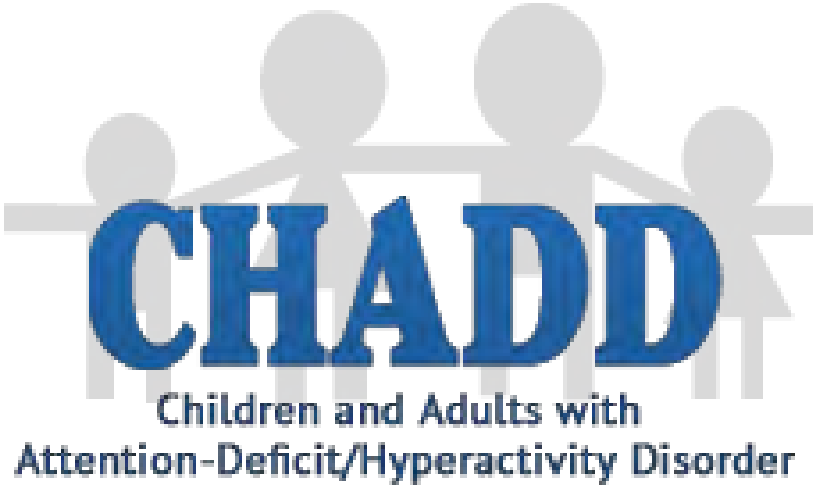
4.Attachment  trust

1. Rigorous diagnosis
2. Medication works
3. Non-medication treatments are important
4. Attachment

5. Trust → trust → new perspective

1. Rigorous diagnosis
2. Medication works
3. Non-medication treatments are important
4. Attachment → trust
5. Trust → new perspective
6. New perspective → new approach

Resources


CHADD
Children and Adults with
Attention-Deficit/Hyperactivity Disorder


ADHD
In Adults

Thank you!

Any questions?

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