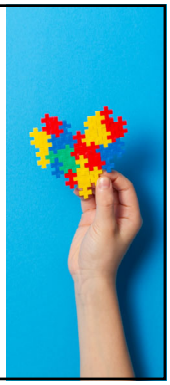
KSKidsMAP

Kansas Together for Pediatric Mental Health Care Access

How to use screening tools and make a diagnosis?

First line treatment and interventions

Monitor, follow up, and when to refer



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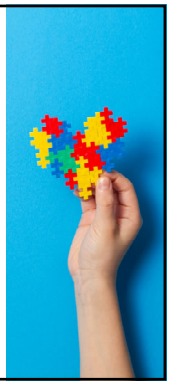
Disclosure

- **The following presenters do not have any relevant financial relationships with any proprietary entities producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on patients related to the content of their presentation:** Susanna Ciccolari Micaldi, MD; Kari Harris, MD; Nicole Klaus, PhD



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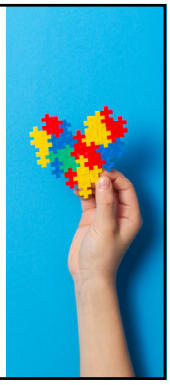
Case – Dawson 13 yo M

- CC: Behavior concerns
- HPI: Mom concerned about increasing behaviors at school and frequent calls from school for the past 6 months
  - Altercations with students
  - Stealing from cafeteria
  - Talking in class
  - Argumentative and disrespectful (home, school, church)
  - Rough with younger sibling
  - Fidgety, can't sit still, reports fidgeting calms his anxiety
  - Failing multiple classes



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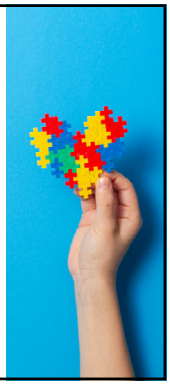
ADHD: How to use screening tools and make a diagnosis

- Attention-deficit/hyperactivity disorder (ADHD) is one of the most common neurodevelopmental disorder which affects 5%-10% of school-age children
- ADHD entails a pattern of inattention and/or hyperactivity/impulsivity that compromises the child's academic or social functioning
- Several symptoms are present before the age of 12 years
- Several symptoms are present in two or more settings



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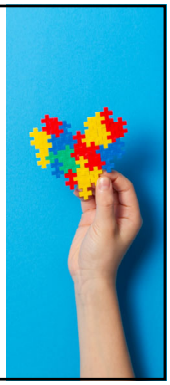
ADHD: How to use screening tools and make a diagnosis

- ADHD is frequently comorbid with other psychiatric disorders
- 54%-84% of children and adolescents with ADHD may meet criteria for oppositional defiant disorder (ODD)
- 15%-19% of patients with ADHD will develop substance use disorders
- 25%-35% of patients with ADHD will have a coexisting learning or language problem
- Up to 1/3 of patients with ADHD will suffer from an anxiety disorder



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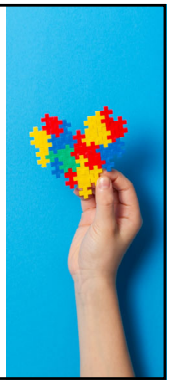
ADHD: How to use screening tools and make a diagnosis

- Screening for ADHD should be part of every patient's mental health assessment
- Clinician should screen for ADHD by specifically asking questions regarding the major symptom domains of ADHD (inattention, hyperactivity, impulsivity) and if such symptoms cause impairment



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Dawson

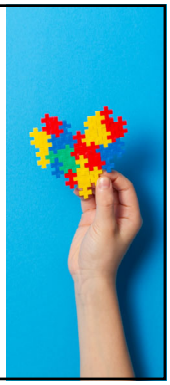
Pediatric Symptom Checklist – 17 (PSC-17)

- Total score = 10
- Attention = 6 (cut off of 7)

Please mark under the heading that best fits you:		NEVER	SOMETIMES	OFTEN
Fidgety, unable to sit still	◆	0	1	(2)
Feel sad, unhappy	❁	(0)	1	2
Daydream too much	◆	(0)	1	2
Refuse to share	❑	0	(1)	2
Do not understand other people's feelings	❑	0	(1)	2
Feel hopeless	❁	(0)	1	2
Have trouble concentrating	◆	0	(1)	2
Fight with other children	❑	(0)	1	2
Down on yourself	❁	(0)	1	2
Blame others for your troubles	❑	(0)	1	2
Seem to be having less fun	❁	(0)	1	2
Do not listen to rules	❑	0	(2)	2
Act as if driven by a motor	◆	0	(1)	2
Tease others	❑	(0)	1	2
Worry a lot	❁	0	(1)	2
Take things that do not belong to you	❑	(0)	1	2
Distract easily	◆	0	1	(2)

Attention Externalizing Internalizing

OFFICE USE ONLY
Total ◆ 6 Total ❑ 3 Total ❁ 1 Grand Total ◆+❑+❁ 10



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Dawson

PHQ9-A

- TS = 3
- +suicide attempt

	Not At All	Several Days	More Than Half the Days	Nearly Every Day
1. Feeling down, depressed, irritable, or hopeless?	✓			
2. Little interest or pleasure in doing things?	✓			
3. Trouble falling asleep, staying asleep, or sleeping too much?	✓			
4. Poor appetite, weight loss, or overeating?	✓			
5. Feeling tired, or having little energy?	✓			
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?		✓		
7. Trouble concentrating on things like school work, reading, or watching TV?	✓			
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?			✓	
9. Thoughts that you would be better off dead, or of hurting yourself in some way?	✓			

In the past year have you felt depressed or sad most days, even if you felt okay sometimes?
(x) Yes ( ) No

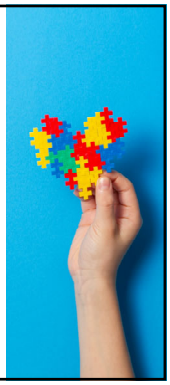
If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?
(x) Not difficult at all [ ] Somewhat difficult [ ] Very difficult [ ] Extremely difficult

Has there been a time in the past month when you have had serious thoughts about ending your life?
[ ] Yes (x) No

Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?
(x) Yes [ ] No

If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.

Office use only: Severity score: 3



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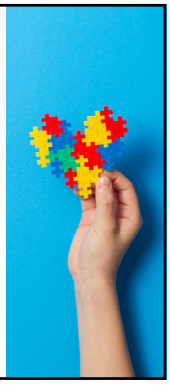
ADHD: How to use screening tools and make a diagnosis

- Evaluation of the preschooler, child, or adolescent for ADHD should consist of:
  1. Detailed clinical interviews with the parent and patient about DSM ADHD symptoms (must have at least 6 of 9 of the inattention cluster and/or at least 6 of 9 of hyperactive/impulsive criteria), duration (6 months), onset
  2. Obtaining information about the patient's school or day care functioning
  3. Evaluation of comorbid psychiatric disorders
  4. Review of the patient's medical, social, and family histories



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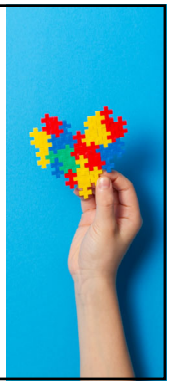
ADHD: How to use screening tools and make a diagnosis

- The parent and often the teacher should complete one of the many standardized behavior rating scales
- Rating scales can be used in the assessment of ADHD and monitoring of treatments
- Some of these scales not only measure ADHD symptoms but also tap into other common comorbid psychiatric conditions



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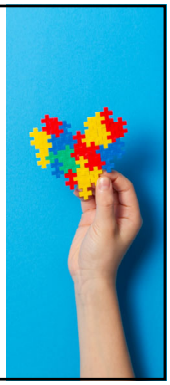
ADHD: How to use screening tools and make a diagnosis

- Scales in common use are:
  - Child Behavior Checklist (CBCL)
    - parent-completed
    - teacher-completed form
  - Conners Parent Rating Scale-Revised (CPRS-R)
  - Conners Teacher Rating Scale-Revised (CTRS-R)
  - Swanson, Nolan, and Pelham (SNAP-IV) which also screens for other DSM diagnoses
  - Vanderbilt ADHD Diagnostic Parent and Teacher Scales which also screens for comorbid conditions



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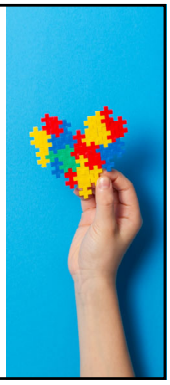
Dawson

- Vanderbilts



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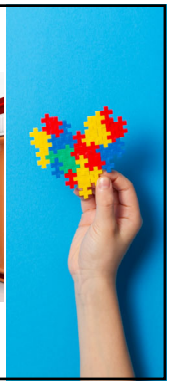
ADHD: First line treatment and interventions

- **Studies consistently support the superiority of stimulant over the nondrug treatment (e.g., MTA study)**
- Behavior therapy (e.g., behavioral parent training) may be recommended as an initial treatment if
  - Mild symptoms, minimal impairment
  - Child is younger than 6
  - diagnosis is uncertain
  - parents reject medication treatment



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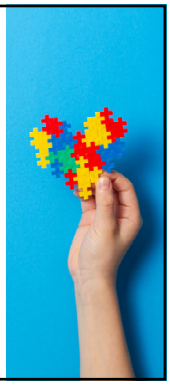
ADHD: First line treatment and interventions

- Stimulants are highly efficacious in the treatment of ADHD
- The effect size of stimulant treatment relative to placebo averages 1.0 which is one of the largest effects for any psychotropic medication
- Two families of stimulant medications: methylphenidate (MPH) and amphetamine (AMPH) which are equally efficacious in the treatment of ADHD
- It is recommended to start a MPH product in children and adolescents since better tolerated than AMPH
- Stimulants enhance dopaminergic and noradrenergic neurotransmission in the central nervous system and peripherally



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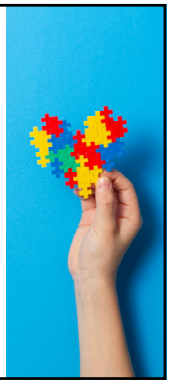
ADHD: First line treatment and interventions

- Immediate-release and long-acting formulations of MPH and amphetamine (employ delivery systems to allow a reduced number of doses per day)
- Physicians may use long-acting forms as initial treatment (single daily dosing is associated with greater convenience, compliance, and confidentiality)
- Short-acting stimulants are often used as initial treatment in small children (<16 kg in weight) for whom there are no long-acting forms in a sufficiently low dose



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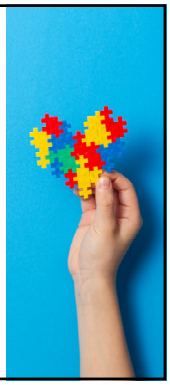
Short-acting Stimulant Compounds

Immediate-release Stimulants	Daily Dosage (mg/kg)	Daily Dosage Schedule
Dextroamphetamine (Dexedrine)	0.3 – 1.0	2 or 3 times
Mixed salts of levo and dextro amphetamine (Adderall)	0.5 – 1.5	1 or 2 times
Methylphenidate (e.g., Ritalin, Methylin)	1.0 – 2.0	2 or 3 times
Dexmethylphenidate (Focalin)	0.5 – 1.0	2 times

	FDA-approved total daily doses
Methylphenidate	60 mg
Dexmethylphenidate	20 mg
Mixed amphetamine salts	30 mg



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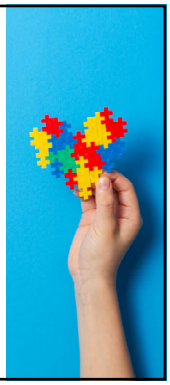
Long-acting Stimulant Compounds

Medication	Daily dosage (mg/kg)	Daily dose schedule	Duration of behavioral effect	Comments
Methylphenidate (**Concerta**)	1 - 2	Once or twice	10 – 12 hr	• Ascending profile • OROS technology • Capsules w/ IR & DR beads [22:78 ratio (IR:DR)]
Ritalin LA			8 – 9 hr	50:50 ratio (IR:DR)
Metadate CD			6 – 8 hr	30:70 ratio (IR:DR)
Focalin XR			10 – 12 hr	50:50 ratio (IR:DR)
Daytrana			12 hr (with 9 hr wear time)	Patch with variable wear time (skin redness or itching are common)



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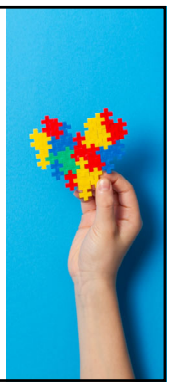
Long-acting Stimulant Compounds

Medication	Daily dosage (mg/kg)	Daily dose schedule	Duration of behavioral effect	Comments
Quillivant XR			10 – 12 hr	• Extended-release oral susp. • [20:80 ratio (IR/DR)]
Mixed salts of levoamphetamine and Dextroampthetamine (**Adderall XR**)	0.5 – 1.5	Once or twice	10 – 12 hr	• Capsules w/ IR & DR beads [50:50 ratio (IR/DR)]
Lisdexamphetamine (**Vyvanse**)	0.5 – 1.5	Once	12 hr	• Prodrug • Continuous conversion of non-active prodrug into active d-amphetamine



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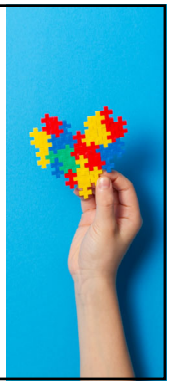
Non-Stimulants

At least 30% of individuals affected by ADHD do not adequately respond or cannot tolerate stimulant medication

Medication	Daily dosage (mg/kg)	Daily dose schedule	Main indications	Mechanism of action
Atomoxetine	0.5 – 1.4	Once or twice	ADHD ADHD + Tic disorder ADHD + anxiety disorder	• Noradrenergic-specific reuptake inhibitor

Common Adverse Effects / Comments

- Mild/moderate appetite decrease
- Gastrointestinal symptoms
- Mild initial weight loss
- Cardiovascular effects (mild increase in blood pressure, pulse)
- Not abusable
- Rare serious hepatotoxicity
- Full therapeutic effect may not be seen until after a month of starting treatment.
- Less appetite suppression
- Less insomnia
- Rare serious hepatotoxicity
- Possible increase in suicidal ideation



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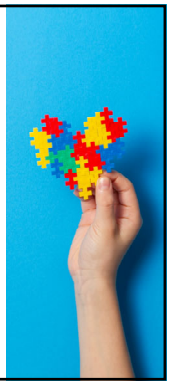
Alpha-2 Agonists (immediate-acting)

Medication	Daily dosage (mg/kg)	Daily dose schedule	Main indications
Clonidine (**Catapres**)	0.003 – 0.010	TID or QID	ADHD and/or Tourette's disorder Aggression / Sever agitation Opioid withdrawal syndrome
Common Adverse Effects			
• Sedation (very frequent) • Hypotension (rare) • Dry mouth • Confusion (with high doses)		• Depression • Rebound hypertension • Localized irritation with transdermal preparation	
Guanfacine (**Tenex**)	0.015 – 0.05	BID or TID	Same as Clonidine
Common Adverse Effects			
• Same as clonidine	• Less sedation, hypotension		



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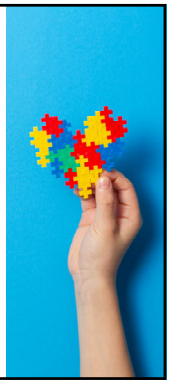
Alpha-2 Agonists (long-acting)

Medication	Daily dosage (mg/kg)	Daily dose schedule	Main indications
Clonidine extended release (**Kapvay**)	0.1 – 0.4	BID Divided doses	ADHD and/or Tourette's disorder Aggression / Sever agitation Withdrawal syndromes
Common Adverse Effects			
• Sedation (very frequent) • Hypotension (rare) • Dry mouth		• Confusion (with high doses) • Depression • Rebound hypertension	
Guanfacine extended-release (**Intuniv**)	1 – 4	Once (morning or evening	Same as clonidine
Common Adverse Effects			
• Same as clonidine	• Less sedation, hypotension		



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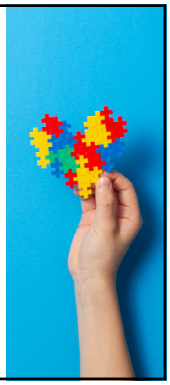
Management of ADHD is chronic disease management

- Lifestyle management – exercise, sleep, emotional health, substance use
- Medication compliance – patient and family education
- Involvement of patient in review of the 'numbers'; consider using Vanderbilt scales, review school grades regularly



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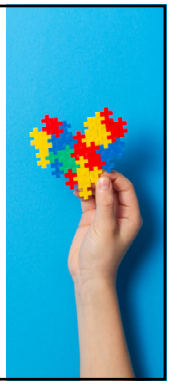
Medication management considerations

- Regular follow up appointments are critical
  - in stable patients - three monthly minimum
  - when titrating up or down - monthly
- Include review of symptom control at home and school
- Review of side effects
- Compliance, consent, and assent
- Patient and parent information



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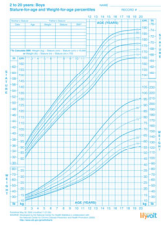
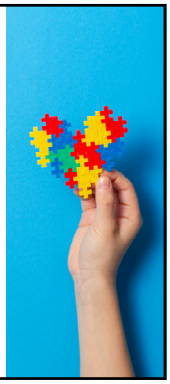
Common side effects

- Appetite and weight
  - Final height and weight may be impacted
  - Consider change in formulation/drug 'holidays' to allow catch up
- Initial insomnia
  - Dose timing
- Emotional lability as medication wears off
  - Manage by lifestyle changes





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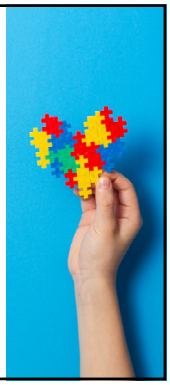
When to refer

- Deterioration in clinical presentation without adequate explanation
- Polypharmacy (three or more psychotropic medications may need additional evaluation by child psychiatry)
- Need for urgent evaluation/inpatient or intensive outpatient care



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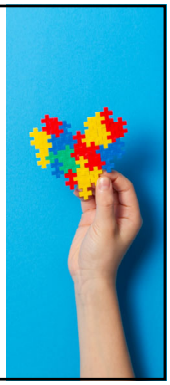
Dawson

- Parents hesitant to treat pharmacologically
- H/o SUD in parent
- H/o syncope and heart murmur (functional)
- Are there other treatment options?



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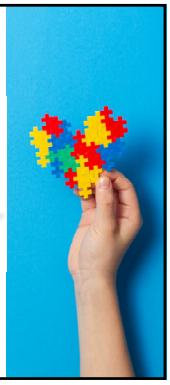
ABC of Behavior Management

- Antecedent
- Behavior
- Consequence
- Goal- teach caregivers skills to change antecedents and consequences to ↑ positive and ↓ negative behaviors
  - Support parenting self-efficacy



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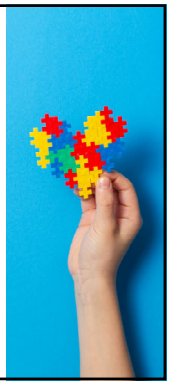
Does it work?

- Well validated for aggression, conduct problems, and ADHD
- Most effective for improving compliance and decreasing defiance/ aggression rather than treating core sxs of ADHD
- Medium to large effect sizes (.5-.7)



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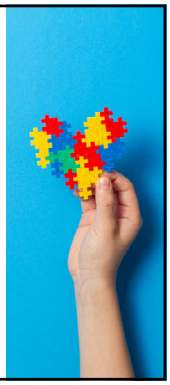
Build Warmth

- Special Time: brief one-on-one time daily to build warmth in parent-child relationship
  - Describe, imitate, use active listening
  - Do not ask questions or give commands
- Praise
  - Specific and labeled
  - Immediate
  - Genuine
- Use praise and positive attention to increase positive behavior
  - Aim to replace negative behaviors with positive behaviors



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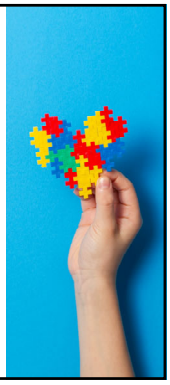
Giving Effective Commands

- Children comply with direct commands 65% of the time
- Children comply with indirect commands 24% of the time
- Mean time to compliance = 1.5 seconds
  - 1 standard deviation = 5 seconds
- Direct commands are:
  - Not a question or suggestion (avoid lets, can you, will you)
  - Clear, specific, developmentally appropriate
  - Polite and calmly stated



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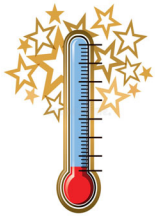
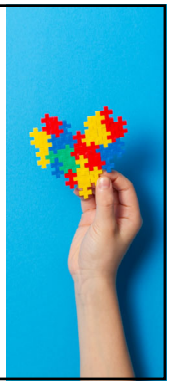
Rewards

- Use rewards to increase specific behaviors
  - Non-monetary when possible, focus on privileges and attention
- If praise and rewards aren't working, increase frequency and make it more concrete
- Token Economy
- Home-School Daily Report Cards





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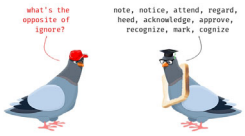
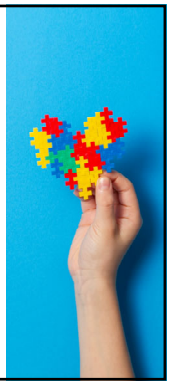
Active Ignoring

- Use in conjunction with attending to a positive opposite behavior
- Have a plan, explain in advance, and stick with it
- Expect an extinction burst





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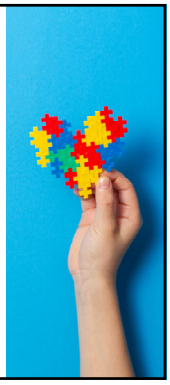
Other Consequences

- Brief and meaningful removal of privileges or attention
  - Timeout
  - Grounding
- Consistency and follow-through



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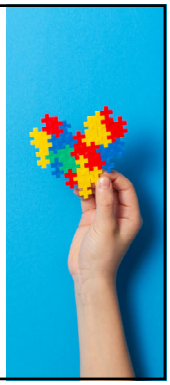
Dawson

- Ongoing therapy
- 504 plan for school
- Regular exercise
- Non-rx stimulants – coffee
- Herbal supplements



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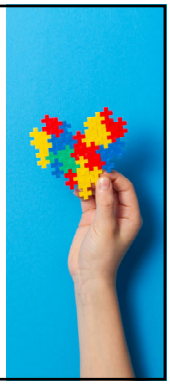
Dawson - update

- Continued therapy/504/IEP/herbal supplements
- Frequent follow up with PCP
- Continued concerns regarding impulsivity
- Drug use
- Multiple sexual partners
- Car accident
- Considered dropping out of school



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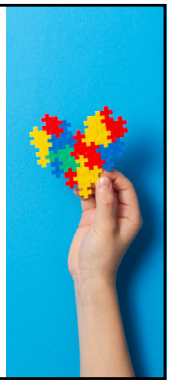
Questions?



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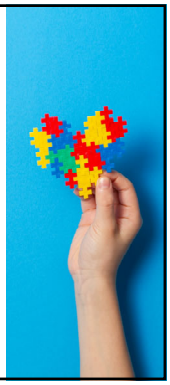
Reference

- AACAP Official Action: Practice parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder. J Am. Acad. Child Adolesc. Psychiatry, 46:7, July 2007



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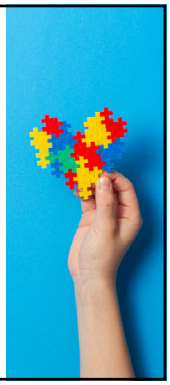
KSKidsMAP hopes you have found this information to be useful to your practice. Remember, this information is best utilized with ongoing support through KSKidsMAP. Call 1-800-332-6262 or email KSKidsMAP at KSKidsMAP@kumc.edu to join the Network. Once enrolled, you can utilize the clinical consultation line, obtain wellness resources, and participate in our ongoing Virtual TeleECHO Clinic for additional support, mentorship and training by the KSKidsMAP Pediatric Mental Health Team.



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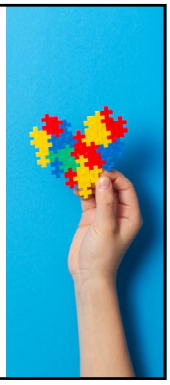

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