

# Update on ADHD

Presented by  
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# Treaty Land Acknowledgment

We acknowledge that Manitoba is on the original lands of the Dakota, Anishinaabeg, Cree, Oji-Cree, Dene, Inuit and Metis Nation.

We acknowledge that the Manitoba Adolescent Treatment Centre (MATC) is located on Treaty One territory.

We respect the Treaties that were made on these territories and we acknowledge the harms and mistakes of the past. We dedicate ourselves to moving forward in partnership with First Nations, Metis and Inuit communities in a spirit of reconciliation and collaboration.

# Effects of COVID on ADHD

# Guide 1

## GUIDE TO ADHD PSYCHOEDUCATION

### What is ADHD?

**Attention Deficit Hyperactivity Disorder** is a neurodevelopmental condition with symptoms existing along a continuum from mild to severe. It occurs across the life span.

### How is ADHD Treated?

Treatment should be **multimodal**. Incorporating different interventions, such as education, medication, and behavioral modifications/motivational interviewing/psychotherapy, produces a better outcome.

**Treatment must be collaborative among the physician, the patient, and the family. It should be targeted to each individual's needs and goals, which may change over time.**

Two important components of a multimodal approach:

### PSYCHOEDUCATION

**Psychoeducation should be the first intervention.** Educating the family/patient about ADHD (symptoms, functional impairment, possible comorbidities and treatment) will ensure a more successful outcome.

### PSYCHOSOCIAL INTERVENTIONS

Psychosocial interventions can reduce impairments associated with ADHD symptoms and improve overall quality of life. Interventions can be **cognitive** or **behavioral**.

## PSYCHOEDUCATION

### Discover

- ◆ What does the individual/family know about ADHD?

### Demystify

- ◆ Myths about ADHD
- ◆ Diagnosis and assessment processes

### Instill Hope

- ◆ Evidence-based treatments and interventions do exist and will promote a positive outcome

### Educate

- ◆ Importance of combining pharmacological and psychosocial interventions
- ◆ Risks and benefits

### Empathize

- ◆ Acknowledge feelings of discouragement, grief, and frustration.

### Encourage

- ◆ A strength-based approach
- ◆ Make more positive than negative comments
- ◆ Discourage criticisms

### Recognize

- ◆ Appropriate behavior, whether observed or reported
- ◆ Goals achieved

### Be Sensitive

- ◆ Ethnic, cultural and gender issues may shape the perception and beliefs about ADHD and its treatment

### Motivate

- ◆ Nurture strengths and talents
- ◆ Encourage skills

### Promote

- ◆ Regular exercise
- ◆ Consistent sleep hygiene
- ◆ Healthy nutrition routine

### Humour



Humour can defuse awkward, tense situations and avoid or reduce conflict

### Give Resources

- ◆ Websites
- ◆ Local community resources
- ◆ Book lists

# Guide 2

## GUIDE TO ADHD PSYCHOSOCIAL INTERVENTIONS

### At Home

#### Instructional

- ♦ Make eye and/or gentle physical contact before giving one or two clear instructions. Have instructions repeated back, or confirm they were understood, before proceeding

#### Behavioral

- ♦ Use a positive approach and calm tone of voice. Teach calming techniques to de-escalate conflict
- ♦ Use praise, catch them being good (playing nicely)
- ♦ Set clear attainable goals and limits (homework and bedtime routines, chores) and connect them to earning privileges, special outings etc.
- ♦ Use positive incentives and natural consequences: *When you..., then you may...*
- ♦ Empathy statements can be useful, such as *I understand*
- ♦ Adults should model emotional self-regulation and a balanced lifestyle (good eating and sleep habits, exercise and hobbies)
- ♦ Choices should be limited to two or three options

#### Environmental

- ♦ Structure and routine are essential. Parents/partners must be united, consistent, firm, fair and follow through
- ♦ Encourage prioritizing instead of procrastination
- ♦ Post visual reminders (rules, lists, sticky notes, calendars) in prominent locations
- ♦ Use timers/apps for reminders (homework, chores, limiting electronics, paying bills)
- ♦ Keep labeled, different coloured folders or containers in prominent locations for items (keys, electronics).
- ♦ Find the work area best suited to the individual (dining table, quiet area)
- ♦ Break down tasks
- ♦ Allow movement breaks
- ♦ Allow white noise (fan, background music) during homework or at bedtime

### At School

#### Instructional

- ♦ Keep directions clear and precise
- ♦ Get student's attention before giving instructions
- ♦ Check understanding and provide clarification as needed
- ♦ Actively engage the student by providing work at the appropriate academic level

#### Behavioral

- ♦ Provide immediate and frequent feedback
- ♦ Use direct requests – *when...then*
- ♦ Visual cues for transitions
- ♦ Allow for acceptable opportunities for movement- "walking passes"

#### Environmental

- ♦ Preferential seating
- ♦ Quiet place for calming down

#### Accommodations

- ♦ Chunk and break down steps to initiate tasks
- ♦ Provide visual supports to instruction
- ♦ Reduce the amount of work required to show knowledge
- ♦ Allow extended time on tests and exams
- ♦ Provide note taker or access to assistive technology
- ♦ Supports can include the CADDRA psychoeducational and accommodations template
- ♦ Request school support services

### At Work

#### Accommodations

- ♦ Identify accommodation needs
- ♦ Provide CADDRA workplace accommodations template

#### Counsel

- ♦ Suggest regular and frequent meetings with manager and support collaborative approach
- ♦ Set goals, learn to prioritize, review progress regularly
- ♦ Identify time management techniques that work for the client, e.g. using a planner, apps
- ♦ Declutter and create a work-friendly environment

#### Tools

- ♦ Organizational apps and/or productivity websites [caddra.ca/medical-resources/psychosocial-information](http://caddra.ca/medical-resources/psychosocial-information)

### Relationships

- ♦ Understand the impact ADHD can have on relationships with partners, family, friends, teachers, peers and co-workers.
- ♦ Recognize and accept ADHD can cause unintended friction and frustration between parent and child as well as between partners (e.g. difficulties with self-regulation, time management difficulties)
- ♦ Learn how to listen and communicate effectively
- ♦ Organize frequent time to communicate (don't just talk) to discuss goals and plans (what works, what doesn't) within home, educational and work environments
- ♦ Schedule regular fun with family, partner, friends
- ♦ Practice relaxation and mindfulness techniques [caddra.ca/medical-resources/psychosocial-information](http://caddra.ca/medical-resources/psychosocial-information)
- ♦ Stay calm, be positive, recognize/validate and celebrate strengths!










#### Other referrals may be needed:

- ♦ Psychologist
- ♦ Tutor, Family Therapist
- ♦ Parenting Programs
- ♦ Social Skills Program
- ♦ Organizational Skill Course
- ♦ Occupational Therapist
- ♦ Speech and Language
- ♦ Audiologist
- ♦ Learning Strategist
- ♦ ADHD Coach
- ♦ Vocational Coach

# Medication Chart

## French version

### GUIDE CADDRA POUR LES TRAITEMENTS PHARMACOLOGIQUES DU TDAH AU CANADA — FÉVRIER 2020










Type de molécules et illustration		Mode de libération	Durée d'action <sup>1</sup>	Posologie de départ <sup>2</sup>	Mode de libération immédiate/prolongée (%)	Augmentation de la dose selon la monographie de produit <sup>3</sup>
<b>PSYCHOSTIMULANTS À BASE D'AMPHÉTAMINES</b>						
Première intention	Adderall XR* Capsules 5, 10, 15, 20, 25, 30 mg 	Granules saupoudrables	~12 h	5-10 mg die a.m.	50/50	▲5-10 mg par palier de 7 j Dose max/j: Enfant = 30 mg Adolescent et adulte = 20-30 mg
Première intention	Vyvanse* Gélules 10, 20, 30, 40, 50, 60, 70 <sup>4</sup> mg Comprimés à croquer 10, 20, 30, 40, 50, 60 mg 	Contenu des gélules peut être dissout dans un liquide ou saupoudré Les comprimés à croquer doivent être croqués complètement	~13-14 h	20 - 30 mg die a.m.	Sans objet (promédicament)	▲10-20 mg selon discrétion du md par palier de 7 j Dose max/j: Tous âges = 60 mg
Deuxième intention	Dexedrine* Comprimés 5 mg Spansules 10, 15 mg 	Comprimé sécable Formulation à granules	~4 h ~6-8 h	Comprimé = 2,5-5 mg b.i.d. Spansule = 10 mg die a.m.	100/0 50/50	▲5 mg par palier de 7 j Dose max/j: (die ou b.i.d.) Enfant et adolescent = 20-30 mg Adulte = 50 mg
<b>PSYCHOSTIMULANTS À BASE DE MÉTHYLPHÉNIDATE</b>						
Première intention	Biphentin* Capsules 10, 15, 20, 30, 40, 50, 60, 80 mg 	Granules saupoudrables	~10-12 h	10 - 20 mg die a.m.	40/60	▲10 mg par palier de 7 j Dose max/j: Enfant et adolescent = 60 mg Adulte = 80 mg
Première intention	Concerta* Comprimés à libération prolongée 18, 27, 36, 54 mg 	Mode de libération contrôlée par la pression osmotique (OROS*)	~12 h	18 mg die a.m.	22/78	▲18 mg par palier de 7 j Dose max/j: Enfant et adolescent = 54 mg Adulte = 72 mg
Première intention	Foquest* Capsules 25, 35, 45, 55, 70, 85, 100 mg 	Granules saupoudrables	~16 h	25 mg die a.m.	20/80	▲10-15 mg par palier d'au moins 5 j Dose max/j: Enfant et adolescent = 70 mg Adulte = 100 mg
Deuxième intention	Méthylphénidate courte action Comprimés 5 mg (générique) 10, 20 mg (Ritalin*) Ritalin* SR Comprimés 20 mg 	Comprimé sécable Matrice à base de cire	~3-4 h ~8 h	5 mg b.i.d. à t.i.d. Adulte - envisager q.i.d. 20 mg	100/0 100/0	▲5mg par palier de 7 j Dose max/j: Tous âges = 60 mg
<b>NON PSYCHOSTIMULANT — INHIBITEUR SÉLECTIF DU RECAPTAGE DE LA NORADRÉNALINE</b>						
Deuxième intention	Strattera* (atomoxétine) Capsules 10, 18, 25, 40, 60, 80, 100 mg 	Capsule doit être avalée entière pour réduire les effets secondaires GI	Jusqu'à 24 h	Enfant et adolescent: 0,5 mg/kg/j Adulte = 40 mg die x 7 à 14 j	Sans objet	Maintenir dose au moins 7-14 j avant d'ajuster: Enfant = 0,8 puis 1,2 mg/kg/j 70 kg ou adulte = 60 puis 80 mg/j Dose max/j: 1,4 mg/kg/j ou 100 mg
<b>NON PSYCHOSTIMULANT — AGONISTE SÉLECTIF DES RÉCEPTEURS ALPHA-2A ADRENERGIQUES</b>						
Deuxième intention	Intuniv XR* (guanfacine XR) Comprimés à libération prolongée 1, 2, 3, 4 mg 	Comprimé doit être avalé entier pour conserver le mécanisme de libération intact	Jusqu'à 24 h	1 mg die (matin ou en soirée)	Sans objet	Maintenir dose pour au moins 7 j avant d'ajuster par palier ne dépassant pas 1 mg/semaine Dose max/j: Monothérapie: 6-12 ans = 4 mg 13-17 ans = 7 mg En traitement d'appoint avec un psychostimulant : 6-17 ans = 4 mg

La taille réelle des comprimés et capsules n'est pas celle illustrée. Les stimulants à longue durée d'action ont tendance à avoir un potentiel d'abus inférieur à celui des formulations à courte durée d'action. Les non-stimulants n'ont pas de potentiel d'abus. <sup>1</sup>Les réponses pharmacocinétiques et pharmacodynamiques varient d'un individu à l'autre. Le clinicien doit utiliser son jugement clinique quant à la durée de l'efficacité et non seulement aux valeurs de courbes pharmacocinétiques et de durée de l'effet rapportées. <sup>2</sup>Les doses de départ sont tirées des monographies de produit. La CADDRA recommande de débiter en général avec la plus petite posologie disponible. <sup>3</sup>Pour les informations spécifiques concernant l'instauration, l'ajustement et le changement de médicament pour le TDAH, les cliniciens sont invités à consulter les lignes directrices canadiennes sur le TDAH ([www.caddra.ca](http://www.caddra.ca)). <sup>4</sup>Vyvanse 70 mg est un dosage hors indication pour le traitement du TDAH au Canada. La version originale de ce tableau fut développée par Annick Vincent M.D. en collaboration avec la Direction des communications et de la philanthropie de l'Université Laval. Consultez l'information sur les formulaires provinciaux et fédéraux au [tinyurl.com/uf3mxtl](http://tinyurl.com/uf3mxtl)

# Medication Chart

## English version

### CADDRA GUIDE TO ADHD PHARMACOLOGICAL TREATMENTS IN CANADA - FEBRUARY 2020

Medications & Illustrations		Delivery	Duration of action <sup>1</sup>	Starting dose <sup>2</sup>	Release mode Immediate/ Delayed (%)	Dose titration per product monograph <sup>3</sup>
<b>AMPHETAMINE-BASED PSYCHOSTIMULANTS</b>						
First Line	Adderall XR* Capsules 5, 10, 15, 20, 25, 30 mg 	Granules can be sprinkled	~12 h	5-10 mg q.d. a.m.	50/50	▲5-10 mg at weekly intervals Max. dose/day: Children = 30 mg Adolescents & Adults = 20-30 mg
First Line	Vyvanse* Capsules 10, 20, 30, 40, 50, 60, 70 <sup>4</sup> mg Chewable Tablets 10, 20, 30, 40, 50, 60 mg 	Capsule content can be diluted in liquid or sprinkled Chewable tablets should be chewed thoroughly	~13-14 h	20-30 mg q.d. a.m.	Not Applicable (Prodrug)	▲10-20 mg by clinical discretion at weekly intervals Max. dose/day: All ages = 60 mg
Second Line	Dexedrine* Tablets 5 mg Spansules 10, 15 mg 	Scored Tablet Beaded Formulation	~4 h ~6-8 h	Tablets = 2.5 to 5 mg b.i.d. Spansules = 10 mg q.d. a.m.	100/0 50/50	▲5 mg at weekly intervals Max. dose/day: (q.d. or b.i.d.) Children & Adolescents = 20-30 mg Adults = 50 mg
<b>METHYLPHENIDATE-BASED PSYCHOSTIMULANTS</b>						
First Line	Biphentin* Capsules 10, 15, 20, 30, 40, 50, 60, 80 mg 	Granules can be sprinkled	~10-12 h	10-20 mg q.d. a.m.	40/60	▲10 mg at weekly intervals Max. dose/day: Children & Adolescents = 60 mg Adults = 80 mg
First Line	Concerta* Extended Release Tablets 18, 27, 36, 54 mg 	Osmotic-Controlled Release Oral Delivery System (OROS) <sup>5</sup>	~12 h	18 mg q.d. a.m.	22/78	▲18 mg at weekly intervals Max. dose/day: Children & Adolescents = 54 mg Adults = 72 mg
First Line	Foquest* Capsules 25, 35, 45, 55, 70, 85, 100 mg 	Granules can be sprinkled	~16 h	25 mg q.d. a.m.	20/80	▲10-15 mg in intervals of no less than 5 days Max. dose/day: Children & Adolescents = 70 mg Adults = 100 mg
Second Line	Methylphenidate short-acting Tablets 5 mg (generic) 10, 20 mg (Ritalin*) Ritalin* SR Tablets 20 mg 	Scored Tablet Wax Matrix Preparation	~3-4 h ~8 h	5 mg b.i.d. to t.i.d. Adult = consider q.i.d. 20 mg	100/0 100/0	▲5-10 mg at weekly intervals Max. dose/day: All ages = 60 mg
<b>NON-PSYCHOSTIMULANT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR</b>						
Second Line	Strattera* (Atomoxetine) Capsules 10, 18, 25, 40, 60, 80, 100 mg 	Capsule needs to be swallowed whole to reduce GI side effects	Up to 24 h	Children & Adolescents: 0.5 mg/kg/day Adults = 40 mg q.d. for 7-14 days	Not Applicable	Maintain dose for a minimum of 7-14 days before adjusting: Children = 0.8 then 1.2 mg/kg/day 70 kg or Adults = 60 then 80 mg/day Max. dose/day: 1.4 mg/kg/day or 100 mg
<b>NON-PSYCHOSTIMULANT - SELECTIVE ALPHA-2A ADRENERGIC RECEPTOR AGONIST</b>						
Second Line	Intuniv XR* (Guanfacine XR) Extended Release Tablets 1, 2, 3, 4 mg 	Pills need to be swallowed whole to keep delivery mechanism intact	Up to 24 h	1 mg q.d. (morning or evening)	Not Applicable	Maintain dose for a minimum of 7 days before adjusting by no more than 1 mg increment weekly Max. dose/day: Monotherapy: 6-12 years = 4 mg 13-17 years = 7 mg As adjunctive therapy to psychostimulants 6-17 years = 4 mg

Illustrations do not reflect actual size of pills/capsules. Longer-acting stimulants tend to have lower abuse potential than shorter-acting formulations. Non-stimulant formulations have no abuse potential.

<sup>1</sup>Pharmacokinetic and pharmacodynamic responses vary from individual to individual. The clinician must use clinical judgment as to the duration of efficacy and not solely rely on reported values for PK-PD and duration of effect. <sup>2</sup>Starting doses in table are taken from product monographs. CADDRA recommends usually starting with the lowest dose available. <sup>3</sup>For specific details on how to start, adjust and switch ADHD medications, clinicians should refer to the Canadian ADHD Practice Guidelines ([www.caddra.ca](http://www.caddra.ca)). <sup>4</sup>Vyvanse 70 mg is an off-label dosage for ADHD treatment in Canada. Original version of this sheet developed by Dr. Annick Vincent in collaboration with Direction des communications et de la philanthropie, Laval University. Access provincial and federal formulary information at [tinyurl.com/uf3mxxl](http://tinyurl.com/uf3mxxl)



# Questions

