

Navigating Complex ADHD in Children and Teens In Uncertain Times



Theresa R. Cerulli, M.D. Neuropsychiatrist Clinical Instructor, Harvard Medical School
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Intro

In my 20-plus years in the field of psychiatry, I've had the opportunity to treat a wide variety of attention deficit hyperactivity disorder (ADHD) patients. I have seen firsthand that there's more to ADHD than hyperactivity, impulsivity and inattentiveness and the path to diagnosis and proper treatment regimens is often not straightforward. In more recent years, the American Academy of Pediatrics (AAP) and Society for Developmental and Behavioral Pediatrics have formalized this phenomenon by issuing guidelines addressing a new categorization of ADHD called complex ADHD,¹ which can be particularly challenging to address, especially in younger populations. Over my tenure as a psychiatrist and mother of a child with ADHD, I have taken note of trends around this condition which are ever evolving. There have been further changes with the COVID-19 pandemic, which has revealed new challenges for these patients.

Overview of Complex ADHD

In our practice, we've learned there are many conditions that can coexist with ADHD such as learning disabilities, anxiety, sleep disorders and depression, which have subsequently fallen into the category of complex ADHD – ADHD co-occurring with one or more learning, neurodevelopmental or psychiatric disorder.²

We also know now that treating complex ADHD is more the rule of thumb than the exception,³⁻⁵ and in fact, approximately two-thirds of child patients in the U.S. with ADHD have comorbidities including emotional, behavioral, developmental and physical conditions.⁶ The recently updated AAP clinical guidelines recommend assessing for the presence of comorbid conditions in all patients with ADHD,¹ as growing evidence supports a new paradigm that underscores the need for effective and proactive management of the disorder in childhood.

Concerns of Under/Over Diagnosis

There is a tendency to jump to conclusions quickly to diagnose inattention or behavioral dysregulation as ADHD, leading to potential overdiagnosis of the condition. There is also the reverse issue, where ADHD can be overlooked, as often occurs in the predominately inattentive subtype. Therefore, there is an issue of both under and over diagnosis in the field, particularly in children and adolescents where the difference between what is and isn't ADHD can be subtle. I have found that it's best to receive input from parents, teachers, coaches and loved ones who are involved in the child's daily life to capture a complete view of a child's life and behaviors in multiple settings, which is essential for proper diagnosis.

Managing Parental Expectations

ADHD affects quality of life for the patients and their families alike. Psychiatrists should be prepared to collaborate with their ADHD families around non-pharmacologic and pharmacologic treatment options. In my clinical experience, psychoeducation is an essential component of the treatment. Understanding ADHD as a common neurodevelopmental highly genetic, and highly treatable, condition helps to allay parental fears and enhance compliance with recommended treatment. Parents may be more likely to consider medication intervention when presented in conjunction with other supportive behavioral interventions for the most successful outcomes.

The Impact of COVID in Treatment Regimen/Routines

The impact of COVID-19 can prompt a range of emotional reactions in all individuals,⁷ but in children and teens who live with ADHD, it may further worsen symptoms of depression, anxiety and uncertainty.⁸ Along with the disruption of social interactions and activities, virtual learning challenges, and for some, the stress of transitioning back to school, ADHD symptoms can be significantly exacerbated.

Many healthcare providers are offering telehealth resources to avoid delays in treatment, but on the diagnostic end, telemedicine appointments can be

challenging, especially for an initial visit. There can be difficulties with performing diagnostic tests, and it can be difficult for younger children to stay seated and remain attentive during a call. When I am seeing patients virtually, I do my best to collect feedback not only from the child or teen perspective, but also from their parents, other caregivers, teachers and extracurricular coaches. I also encourage parents to pair their child's ADHD telehealth medical appointments with a subsequent fun activity, such as playing a sport their child enjoys or watching a favorite television show to help balance when they need to focus with breaks to decompress.

Underscoring the Need for Advancements in Pharmacologic Treatment Options

Treatment for complex ADHD can be more complicated as the approach needs to address core symptoms consisting of inattention, hyperactivity and hyper-impulsivity, as well as the comorbidities that may otherwise go unrecognized and are not optimally treated.³ I believe in categorizing the type of ADHD to help facilitate the best treatment approach. Depending on the patient, I may prescribe a stimulant, non-stimulant or a combination of both. Stimulants are controlled substances due to their abuse potential and can exacerbate comorbidities such as anxiety or insomnia, so patients need to be monitored closely. Furthermore, some patients are not candidates for stimulant treatment due to underlying medical conditions such as seizures, tic disorders, migraines or cardiovascular risk factors.⁹ Adverse events with stimulants may include insomnia, appetite suppression, agitation, elevations in blood pressure or heart rate and wear-off effects.¹⁰ Alternatively, there are only three non-stimulant medications currently FDA approved for treating ADHD, and to date, non-stimulants have not matched stimulants in terms for efficacy in treating the core features of inattention, hyperactivity and impulsivity.¹¹

Beyond Medicine – ADHD Management Techniques

Long-term data supports combining nonpharmacologic with pharmacologic treatment options, as this can be more effective in improving outcomes for children compared to utilizing just one treatment alone.¹² Treatment should be an individualized, collaborative process with families so they understand ADHD and what care options may work for them. Medication often plays a role in treatment, but behavioral and educational approaches should also be incorporated into the new routine. I envision a treatment table with four sturdy legs of support: cognitive behavioral therapy, family counseling, ADD/executive coaching and exercise/diet, with a healthy dose of psychoeducation and structure built into every leg.

Children with ADHD may struggle with executive function and time management, so it's important to build structure into their daily lives. Beyond my clinical work, I understand from my personal experience how developing routines can benefit children with ADHD, as my 15-year old daughter has been diagnosed. Since many of the outlets for structured activities have been lost due to pandemic restrictions, our family has become creative. For example, we've now set up an ice hockey shooting range in our garage for my daughter to have an outlet during study breaks. It helps motivate ADHD kids to get through challenging tasks when they know there is a reward immediately following. Making sure clinicians provide examples for a supportive behavioral approach can help patients and their loved ones effectively address and manage this condition.

For more information about treating, educating and managing ADHD, please visit www.team-adhd.com.

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