



MAILING ADDRESS GOES IN THIS AREA...

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SDBP Guideline Support Articles

The recent *J Dev Behav Pediatr* issue containing the SDBP guideline updates also contained important supporting articles. These additional insights provided context with regard to the resources and unmet needs related to managing ADHD with coexisting conditions.

Psychosocial Interventions for Attention-Deficit/Hyperactivity Disorder: Systematic Review With Evidence and Gap Maps

—Schatz NK, et al.

This review aims to describe the extent of the evidence for psychosocial interventions for children and adolescents with attention-deficit/hyperactivity disorder, with particular attention to specific types of interventions, targets of outcome assessment, and risk for bias. A comprehensive search of relevant databases was conducted, and detailed information was extracted by trained coders. Evidence and gap maps were created to summarize evidence within types of treatments and targets of outcome assessment. Behavioral parent training and cognitive training (COG) were the most commonly studied stand-alone interventions. Treatment vs control comparisons for stand-alone interventions were less common than for complex interventions involving combinations of psychosocial interventions. Combinations of behavioral and child training (eg, COG, organizational training) interventions were the most frequently studied.

Combined Treatment for Children With Attention-Deficit/Hyperactivity Disorder: Brief History, the Multimodal Treatment for Attention-Deficit/Hyperactivity Disorder Study, and the Past 20 Years of Research

—Pelham WE Jr, Altszuler AR.

Decades of research support 3 interventions for youth with attention-deficit/hyperactivity disorder (ADHD): behavioral intervention, stimulant medication, and a combination of both. The accompanying Society of Developmental and Behavioral Pediatrics guidelines for complex ADHD provide a framework for initiating treatment with behavioral intervention and adding stimulant medication as necessary, resulting in combined/multimodal treatment for many, if not most, children. In this special article, the extant literature on combined treatment is reviewed, with special emphasis on the past 15 years of research that have led to the recommendation for this approach. Specifically, the article reviews the literature on dosing and sequencing of multimodal treatment for youth with ADHD and the impact of multimodal interventions on areas of functional impairment. The extant research provides clear support for a psychosocial-first approach in treating youth with complex ADHD.

Team ADHD Faculty Featured In This Issue:



Frank A. Lopez, MD

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Frank A. Lopez, MD, is director of the Children's Developmental Center in Winter Park, Florida, where he is in private practice. He is a member of the Society for Developmental and Behavioral Pediatrics and the American Professional Society for ADHD and Related Disorders. Dr. Lopez has participated in numerous clinical research studies exploring the efficacy and safety of medications for ADHD in children. His studies have appeared in *Pediatrics*, the *Journal of the American Academy of Child and Adolescent Psychiatry*, and the *Journal of Clinical Psychiatry*, among others.

SDBP Guideline Support Articles

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HIGHLIGHTS FROM RECENT SDBP GUIDELINE UPDATES BY DR. FRANK A. LOPEZ

The 2020 Society for Developmental and Behavioral Pediatrics (SDBP) Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents with Complex Attention-Deficit/Hyperactivity Disorder (ADHD) focuses on addressing functional impairments to improve long-term outcomes across settings. ADHD is often accompanied by coexisting disorders and other complicating factors. Coexisting disorders that increase functional impairment place children with ADHD at greater risk for adverse long-term outcomes. The SDBP guideline introduces a series of Key Concepts and Definitions related to the identification or treatment of complex ADHD.

- Coexisting conditions
 - The term *comorbidity* is frequently used to describe conditions that often are associated with ADHD. The SDBP guideline provides a broader perspective on conditions that define complex ADHD, including neurodevelopmental disorders, mental health disorders, and socioeconomic factors. The guideline committee therefore uses the term *coexisting conditions* to refer to these disorders and factors associated with ADHD
- Life course perspective
 - ADHD is a chronic neurodevelopmental disorder that
 - Often is accompanied by complex coexisting conditions
 - Is associated with impairment in multiple domains
 - Typically persists into late adolescence and often into adulthood
 - May lead to adverse, long-term outcomes including mental health disorders, educational failure, vocational underachievement, substance use disorders (SUDs), poor relationships with family and other adults, legal problems, and increased risk for early death
- Shared decision making (SDM) is critical to the success of all interventions
 - SDM involves parents/guardians, child/adolescent, and clinicians, informed by the clinical judgment of expert clinicians and other professionals (educators)
- Psychosocial treatment is foundational for treatment of complex ADHD
 - Complex ADHD is most often associated with other neurodevelopmental and mental health conditions that compound the effects of ADHD on function in multiple domains



To learn more about complex ADHD
please visit TEAM-ADHD.com/Updates6

Hot Topics in ADHD



This issue's Hot Topics were provided by Theresa Cerulli, M.D. Clinical Instructor, Harvard Medical School, Faculty member for NEI, Neuroscience Education Institute, President and Medical Director, Cerulli and Associates.

KEY MESSAGES

- ADHD can have many effects, both positive and negative, on athletes and sports participation
- Unique risks exist for those athletes who take ADHD stimulant medications, such as the potential deleterious effect of increased thermogenic activity resulting in heat injury
- Athletic organizations (WADA, NCAA, IOC, MLB) have banned the use of stimulants with sympathomimetic actions due to the potential performance advantages in athletes during training and competition
- Careful screening and diagnostic evaluations are recommended to differentiate those athletes needing treatment for ADHD vs. those who are seeking stimulant medications for performance enhancement

Considerations in the Care of Athletes with Attention Deficit Hyperactivity Disorder

Pujalte, G., et al.

BACKGROUND The primary purpose of this review is to discover how ADHD impacts athletes and how ADHD symptoms are affected by sports and athletic activities. Medications used to treat ADHD are known to have potential side effects that may negatively affect athletes. Stimulant ADHD medications can also be perceived as having the unfair advantage of enhancing athletic performance. Abuse of stimulants for recreational use and performance improvement is a growing concern. This literature review examines the information that sports regulatory commissions such as the NCAA (National Collegiate Athletic Association) have utilized to make decisions around prohibiting stimulant ADHD medications.

METHODS Literature Review

FINDINGS It is possible that the prevalence of ADHD may be higher among collegiate and professional athletes. An accurate diagnosis is important to differentiate those athletes who truly need treatment and screen out those seeking performance enhancement from stimulant medications. Concussions in sports are common and can be a confounding variable in accurately diagnosing and treating ADHD in athletes. Nonpharmacologic treatment options should be considered. Stimulant medications can cause thermogenic side effects resulting in heat injury in athletes, and possibly cardiac arrhythmias. Increased aggressiveness, improved pain tolerance, and a decreased sense of fatigue with stimulant use may impart some advantage to athletes, which has led to organizational regulations on the use of ADHD medications by the NCAA (National Collegiate Athletic Association), IOC (International Olympic Committee), and the MLB (Major League Baseball). Some organizations have instituted detailed TUE (Therapeutic Use Exemption) evaluations to allow athletes to potentially be prescribed a banned substance if they meet clinical criteria for medical necessity. WADA (the World Anti-Doping Agency) requires stringent evaluation, documentation, and yearly reviews in order for an athlete to take stimulant medications.

CONCLUSION Athletes with ADHD should be followed by clinicians who have a solid understanding of the medications and their influence of the athlete's overall health and athletic performance, as well as the regulatory guidelines for each athlete's particular sport and organization. Stimulant medications may provide advantages and/or unique side effects in athletes, requiring close monitoring. Accurate diagnosis, by careful history and screening, is key to differentiating athletes needing treatment from those seeking performance enhancement

KEY MESSAGES

- Evidence suggests the incidence of ADHD in athletes may be higher than in the general population
- Stimulants are considered first line treatment for ADHD, but present unique concerns in athletes, including the risk of performance enhancement and side effects such as heat illness
- Concussions are common in athletes and have overlapping symptom presentation with ADHD. Therefore, ADHD can be a confounding variable in concussion evaluations as well as the course of recovery for athletes
- Clinicians treating collegiate and professional athletes need to be aware of the national and international regulations regarding the use of stimulant medications in this population

Attention Deficit Hyperactivity Disorder: Unique Considerations in Athletes

Stewman CG, et al.

CONTEXT ADHD is a common psychiatric condition in the general population, with evidence suggesting that it may be more common among athletes.

STUDY DESIGN Clinical review

RESULTS ADHD exists among athletes at all levels of play, and symptomatology overlaps significantly with that of concussions. Treatment with stimulants has cardiovascular effects and may not be permitted by the athlete's governing body. An athlete's level of competition and individual cardiovascular risk factors may therefore affect medication choices.

CONCLUSION ADHD diagnosis and treatment are paramount to optimal quality of life and functioning in affected individuals. Pharmacologic treatment options should not specifically be avoided in athletes; however, stimulant use is an independent risk factor for heat illness. Concussion, a common athletic injury, may have an altered course in those affected by ADHD, specifically with regard to neurocognitive testing and recovery.

? COVID 19 did you know

The European ADHD Guidelines Group recently published a guide for managing ADHD during the COVID-19 pandemic. Noting the impact of physical distancing on care, the group endorsed patient contact by phone or telepsychiatry approaches. The guide also provides helpful tips for parents on avoiding conflicts and promoting better behavior in a time of crisis.

References

- Cortese S, Asherson P, Sonuga-Barke E, et al.; European ADHD Guidelines Group. ADHD management during the COVID-19 pandemic: guidance from the European ADHD Guidelines Group. *Lancet Child Adolesc Health*. 2020. pii: S2352-4642(20)30110-3
- Barbareis WJ, Campbell L, Diekroger EA, et al. Society for Developmental and Behavioral Pediatrics clinical practice guideline for the assessment and treatment of children and adolescents with complex attention-deficit/hyperactivity disorder. *J Dev Behav Pediatr*. 2020;41(suppl 2S):S35-S57
- Barbareis WJ, Campbell L, Diekroger EA, et al. The Society for Developmental and Behavioral Pediatrics clinical practice guideline for the assessment and treatment of children and adolescents with complex attention-deficit/hyperactivity disorder: process of care algorithms. *J Dev Behav Pediatr*. 2020;41(suppl 2S):S74
- Pelham WE Jr, Altszuler AR. Combined treatment for children with attention-deficit/hyperactivity disorder: brief history, the multimodal treatment for attention-deficit/hyperactivity disorder study, and the past 20 years of research. *J Dev Behav Pediatr*. 2020;41(suppl 2S): S88-S98
- Schatz NK, Aloe AM, Fabiano GA, et al. Psychosocial interventions for attention-deficit/hyperactivity disorder: systematic review with evidence and gap maps. *J Dev Behav Pediatr*. 2020;41:(suppl 2S): S77-S87
- Pujalte, G., Maynard, J., Thurston, M., Taylor, W., & Chauhan, M. (2019). Considerations in the Care of Athletes With Attention Deficit Hyperactivity Disorder. *Clin J Sport Med*, 29(3), 245-256
- Stewman CG, Liebman C, Fink L, Sandella B. Attention Deficit Hyperactivity Disorder: Unique Considerations in Athletes. *Sports Health*. 2018;10(1):40-46. doi:10.1177/1941738117742906