

A few notes about today's Webinar

- We will begin at 12:15
- Please enable your webcam throughout today's session
- All 'Spokes' are highly encouraged to participate during the case presentation and discussion portion of the session
- This session will be recorded and made available to Spokes along with all presentation materials

Our Regional Partners - Ensuring Mental and Behavioral Health Access for Pediatric Patients in the DMV



DC MAP ECHO Team



Jeff Bostic MD, EdD



Kathy Katz PhD



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Samantha Hamburger

No conflicts to disclose:

- No financial or business interest, arrangement or affiliation that could be perceived as a real or apparent conflict of interest in the subject (content) of their presentation.
- No unapproved or investigational use of any drugs, commercial products or devices.

Managing ADHD, Anxiety, and Depression: A PHN ECHO



DC MAP Clinicians: Jeff Bostic, MD, EdD; Sean Pustilnik, MD; Kathy Katz, PhD ; Laura Willing, MD; Kelly Register-Brown, MD; Melissa Long, MD; Leandra Godoy, PhD

Assessment of ADHD

Objectives

The Primary Care Pediatrician will:

1. Diagnose ADHD, ruling out disorders in differential diagnosis
2. Initiate **basic treatment** strategies for ADHD
3. Recognize and manage patients with **comorbid** symptoms or diagnoses to ADHD

Ask the Audience

How many of you:



- Feel it will be my *responsibility* to manage/treat patients with ADHD?
- Feel comfortable *initiating evaluation* for ADHD in a child?
- Feel comfortable *diagnosing* ADHD?
- Feel comfortable *assessing for comorbid* emotional issues to ADHD?
- Feel comfortable talking to parents *about initiating a stimulant* prescription?
- Feel comfortable knowing when to *refer*?
- Have used **DCMAP/BHIPP/VMAP??**

AAP Goals and Objectives for Primary Care ADHD Management*

1. The primary care clinician should **initiate an evaluation for ADHD** for any child 4 through 18 years of age who presents with academic or behavioral problems and symptoms of inattention, hyperactivity, or impulsivity (quality of evidence B/strong recommendation).
2. To **make a diagnosis of ADHD**, the primary care clinician should determine that Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition criteria have been met (including documentation of impairment in more than 1 major setting); information should be obtained primarily from reports from parents or guardians, teachers, and other school and mental health clinicians involved in the child's care. The primary care clinician should also rule out any alternative cause (quality of evidence B/strong recommendation).
3. In the evaluation of a child for ADHD, the primary care clinician should **include assessment for other conditions that might coexist with ADHD**, including emotional or behavioral (eg, anxiety, depressive, oppositional defiant, and conduct disorders), developmental (eg, learning and language disorders or other neurodevelopmental disorders), and physical (eg, tics, sleep apnea) conditions (quality of evidence B/strong recommendation).

Subcommittee on Attention-Deficit/Hyperactivity Disorder, Steering Committee on Quality Improvement And Management. (2011).

ADHD: Clinical practice guideline for the diagnosis, evaluation, and treatment of attention-Deficit/Hyperactivity disorder in children and adolescents. Pediatrics

AAP Goals and Objectives for Primary Care ADHD Management*

4. The primary care clinician should recognize ADHD as a chronic condition and, therefore, **consider children and adolescents with ADHD as children and youth with special health care needs**. Management of children and youth with special health care needs should follow the principles of the chronic care model and the medical home (quality of evidence B/strong recommendation).
5. Know the recommendations for **treatment** of children and youth with ADHD vary depending on the patient's age (**4-5, 6-12, 13-28**)
6. The primary care clinician should **titrate doses of medication** for ADHD to achieve maximum benefit with minimum adverse effects (quality of evidence B/strong recommendation).

Subcommittee on Attention-Deficit/Hyperactivity Disorder, Steering Committee on Quality Improvement And Management. (2011).

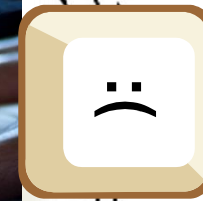
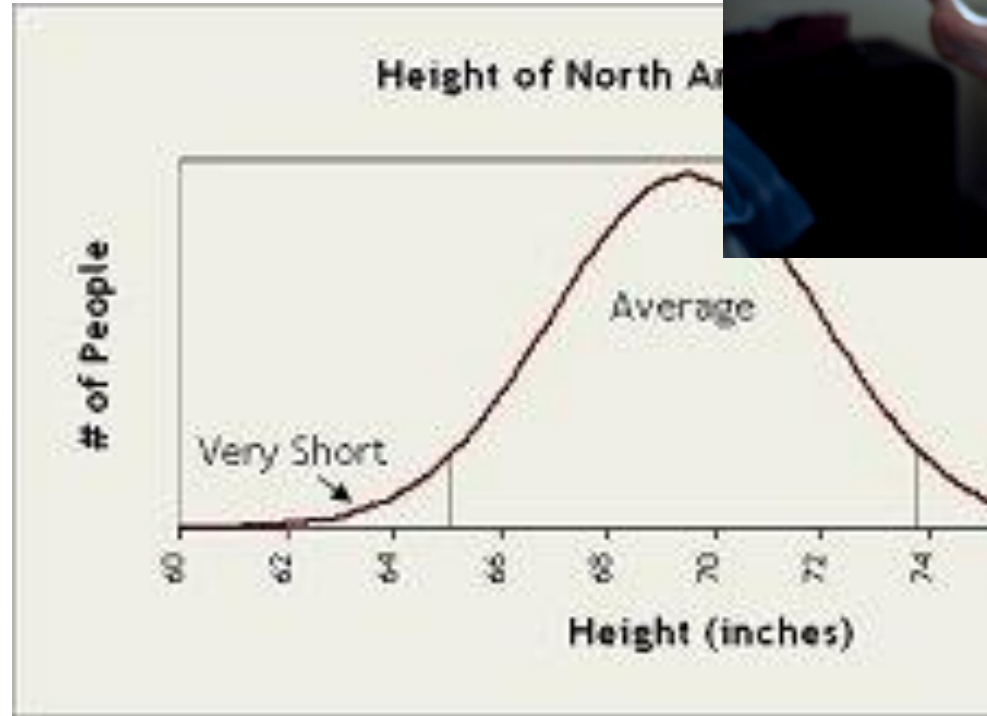
ADHD: Clinical practice guideline for the diagnosis, evaluation, and treatment of attention-Deficit/Hyperactivity disorder in children and adolescents. Pediatrics

What is ADHD?

A persistent pattern of increased inattention and/or hyperactivity that interferes with functioning

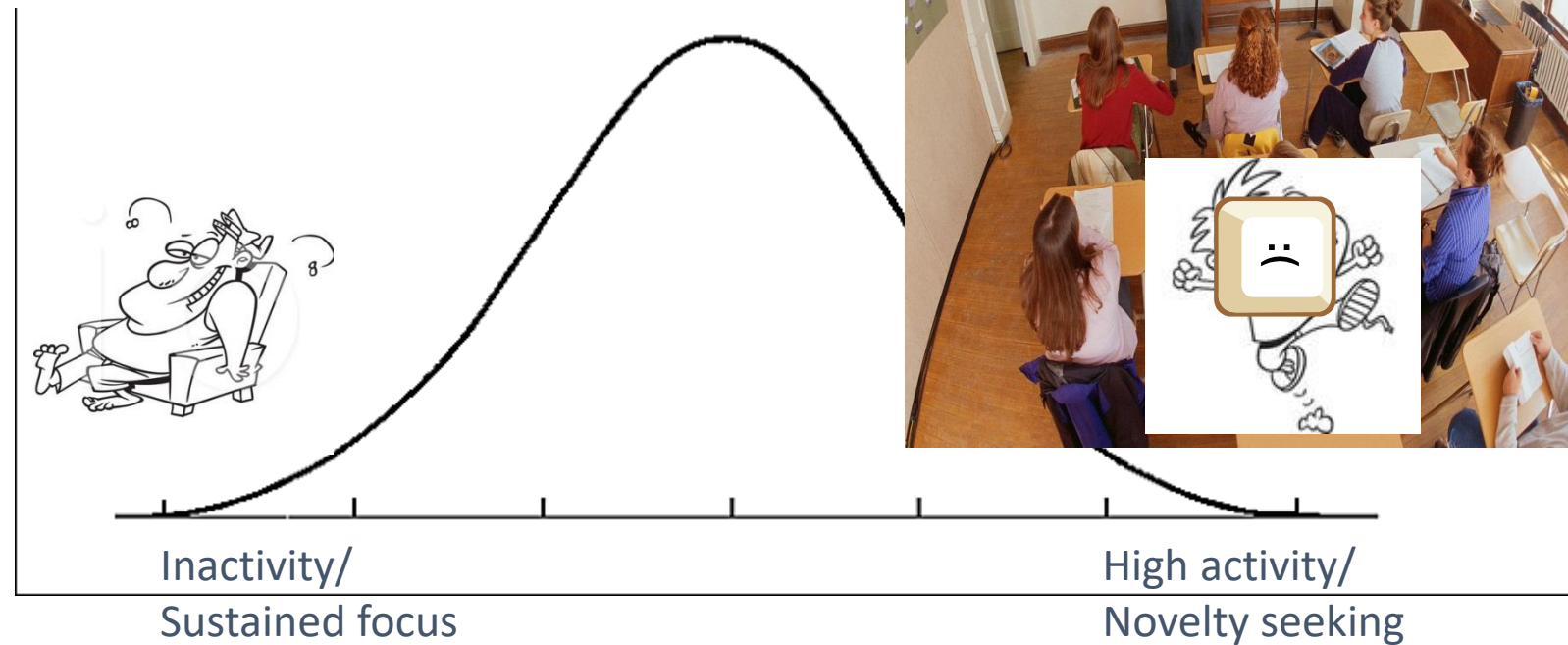
What is ADHD?

A persistent pattern of increased inattention ± hyperactivity that *interferes with functioning*



What is ADHD?

A persistent pattern of increased inattention \pm hyperactivity that interferes with functioning



DSM-IV Criteria (now DSM 5)

- Onset < 7 years old (now several sx <12 years)
- Impairment in ≥ 2 settings
- Significant impairment in social, academic, or occupational functioning
- Not exclusively part of ~~PDD~~, schizophrenia, or psychotic disorder, nor better accounted for by another mental disorder
- Inattentive and / or hyperactive symptoms

Inattention Criteria

≥ 6 symptoms; ≥ 6 months

DSM 5: can be ≥ 5 sx for adolescents

- Careless Errors
- Poor Sustained Attention
- Poor Listener
- Doesn't Follow Instructions or Complete Work/Chores
- Disorganized
- Loses things
- Easily Distracted
- Forgetful
- Avoids Activities that Require Sustained Attention

Hyperactive-Impulsive Criteria:

≥ 6 symptoms; ≥ 6 months

DSM 5: can be ≥ 5 sx for adolescents

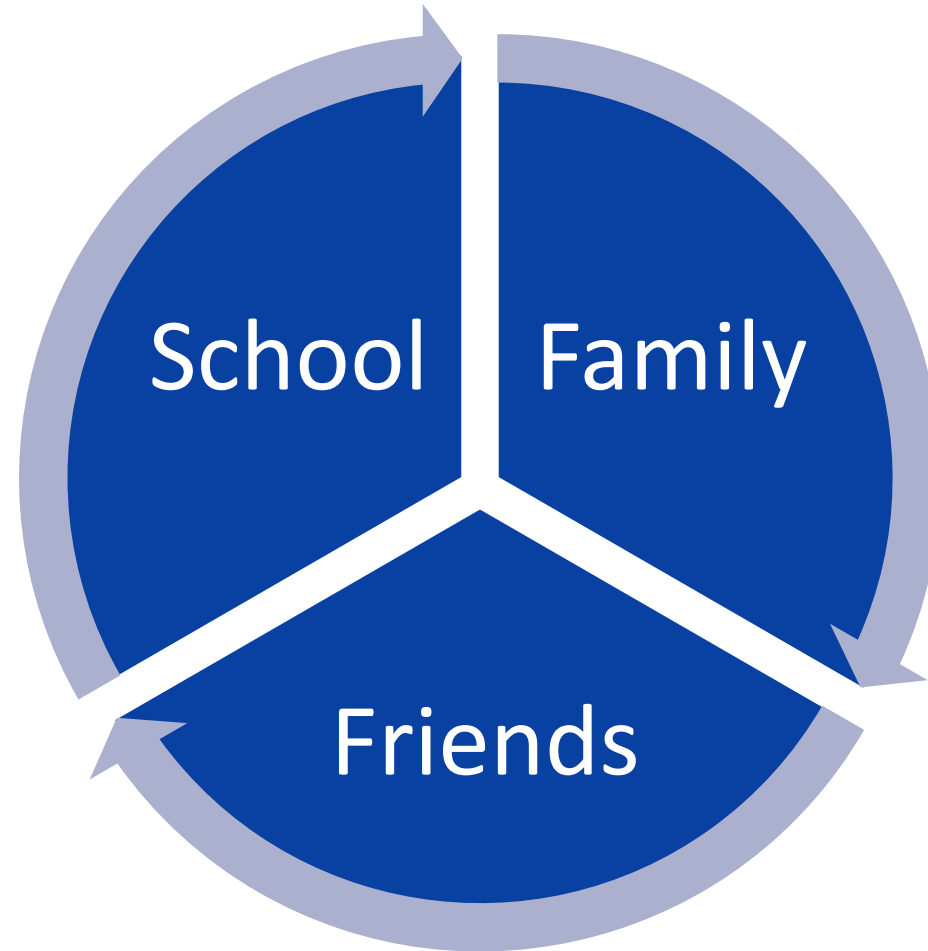
Hyperactivity

- Fidgety
- Leaves seat, wanders
- Climbs excessively
- Unable to play quietly
- “Driven by a motor”
- Talks excessively

Impulsivity

- Blurts out answers
- Trouble waiting for a turn
- Interrupts or intrudes others

Impairment in Functioning



Subtypes for Attentional Disorders

- ADHD Predominantly Inattentive Type
- ADHD Predominantly Hyperactive-Impulsive Type
- ADHD Combined Type
 - Meets criteria of both types simultaneously
- ADHD ~~NOS~~ Other Specified
 - Prominent symptoms but not to full criteria (**say why**)
- ADHD Unspecified
 - (**don't say why**)

Epidemiology of DSM ADHD diagnoses

Prevalence

- 3-5% of school- age children
 - (likely inattentive subtype missed)
- Up to 8-12% of adolescents
 - 1-2 kids in every class in U.S.

Usually identified in early elementary school years

4:1 to 9:1 male:female

~70% remit prior to adulthood

Rating Scales for ADHD in Children and Adolescents

- Academic Performance Rating Scale
- ADHD-Rating Scale (Parent and Teacher versions)
- Barkley Home and School Situations Questionnaires
- Brown ADD Rating Scales for Child, Adolescents and Adults
- Child Behavior Checklist (CBCL) Parent, Teacher and Self (if >13 years old) Report Forms
- Conners Parent, Teacher Rating Scales-Revised (CPRS-R, CTRS-R)

SNAP-IV. Available at: <http://www.adhd.net/>. ADHD Rating Scale-IV. Available at: http://www.addwarehouse.com/shopsite_sc/store/html/adhd-rating-scale-iv.html. Barkley Home and School Situations Questionnaires. Barkley's Current Symptoms Scale. In: Barkley. *Attention-Deficit/Hyperactivity Disorder: A Clinical Workbook*. 3rd ed. New York, NY: Guilford Press; 2006.

Rating Scales for ADHD in Children and Adolescents

- Conners Wells Adolescent Self-Report Scale
- Inattention/Overactivity With Aggression (IOWA) Conners Teacher Rating Scale
- SNAP-IV (Parent and Teacher versions)
- SKAMP (Parent and Teacher versions)
- **Vanderbilt ADHD Rating Scale (Parent and Teacher versions)**

SNAP-IV. Available at: <http://www.adhd.net/>. ADHD Rating Scale-IV. Available at: http://www.addwarehouse.com/shopsite_sc/store/html/adhd-rating-scale-iv.html. Barkley Home and School Situations Questionnaires. Barkley's Current Symptoms Scale. In: Barkley. *Attention-Deficit/Hyperactivity Disorder: A Clinical Workbook*. 3rd ed. New York, NY: Guilford Press; 2006.

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____
 Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child.
 When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child ☐ was on medication ☐ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Widreich, MD.

Revised - 1102

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National Initiative for Children's Healthcare Quality



NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____
 Parent's Name: _____ Parent's Phone Number: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments:

For Office Use Only

Total number of questions scored 2 or 3 in questions 1-9: _____
 Total number of questions scored 2 or 3 in questions 10-18: _____
 Total Symptom Score for questions 1-18: _____
 Total number of questions scored 2 or 3 in questions 19-26: _____
 Total number of questions scored 2 or 3 in questions 27-40: _____
 Total number of questions scored 2 or 3 in questions 41-47: _____
 Total number of questions scored 4 or 5 in questions 48-55: _____
 Average Performance Score: _____

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NICHQ Vanderbilt Assessment Scale—PARENT Informant

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Directions: Each rating should be considered in the context of what is appropriate for the age of your child.
 When completing _____

Is this evaluation based on a _____

Inattention Criteria:

- ≥ 6 symptoms
- ≥ 6 months
- DSM-5: can be ≥ 5 for adolescents

Hyperactive-Impulsive Criteria:

- ≥ 6 symptoms
- ≥ 6 months
- DSM-5: can be ≥ 5 for adolescents

Hyperactivity

- Fidgety
- Leaves seat, wanders
- Climbs excessively
- Unable to play quietly
- "Driven by a motor"
- Talks excessively

Impulsivity

- Blurts out answers
- Trouble waiting for a turn
- Interrupts or intrudes on others

ODD

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 Revised - 1102

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NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____
 Parent's Name: _____ Parent's Phone Number: _____

Symptoms (continued)

	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feelings	0	1	2	3
45. Feels lonely, unwanted, or unloved	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance

	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

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Conduct

Depression/Anxiety

Functioning

Assessment

- Life history (with information from family members and teachers, if available, including old childhood report cards for adults)
- Self report for adults
- Mental status exam
- Rating scales—measuring core and broad features
- Medical history review; cardiac and neurologic status, blood pressure/pulse
- If medical history is unremarkable, laboratory or neurological testing is not indicated
- Assess for comorbidity

Pliszka; AACAP Work Group on Quality Issues. *J Am Acad Child Adolesc Psychiatry*. 2007;46(7):894-921.

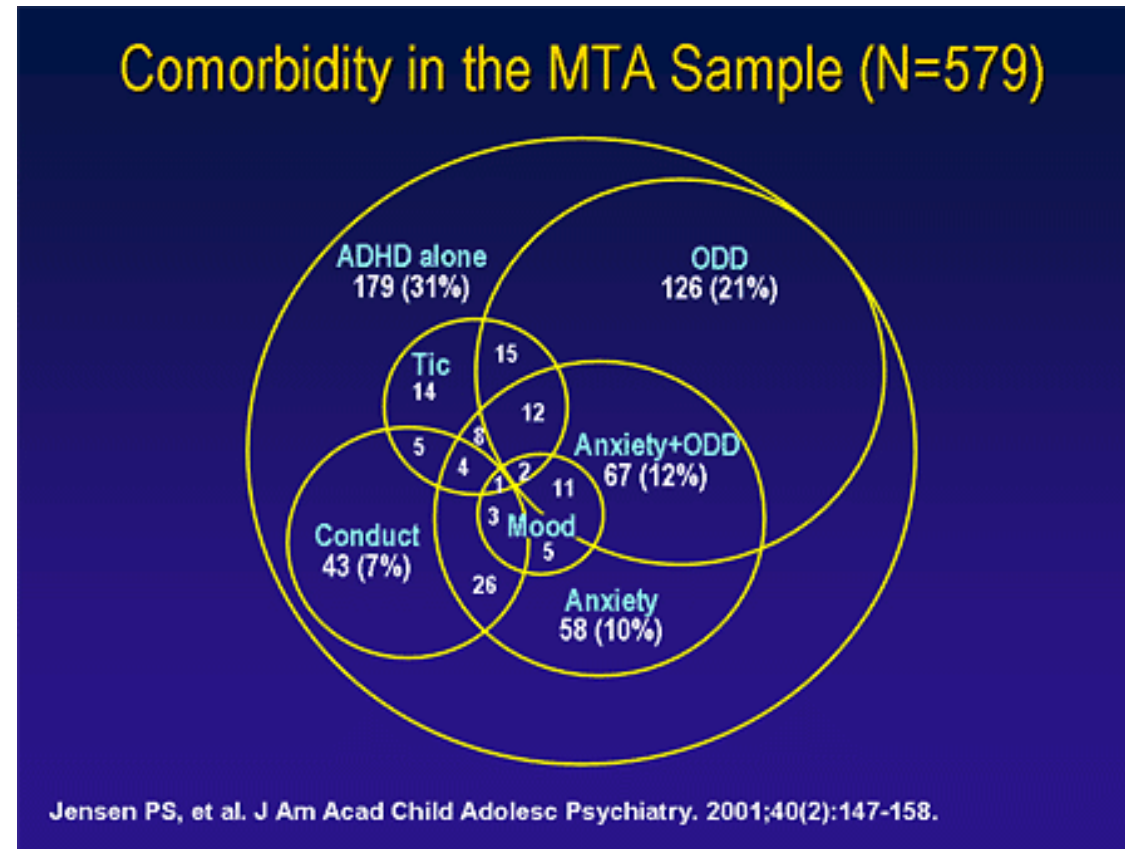
American Academy of Child and Adolescent Psychiatry. Practice Parameter for the Assessment and Treatment of Children and Adolescents With Attention-Deficit/Hyperactivity Disorder. http://www.aacap.org/galleries/PracticeParameters/JAACAP_ADHD_2007.pdf.

Pediatric Health Network



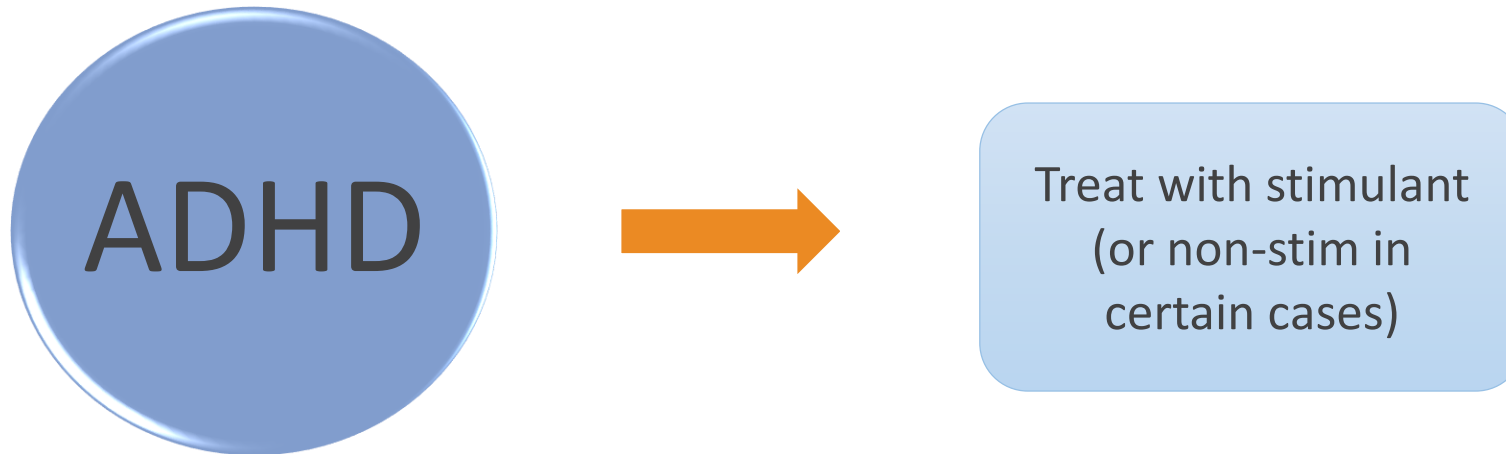
Comorbidity

Comorbidity is the rule rather than exception with up to 70% having at least one additional behavioral, learning, or emotional disorder



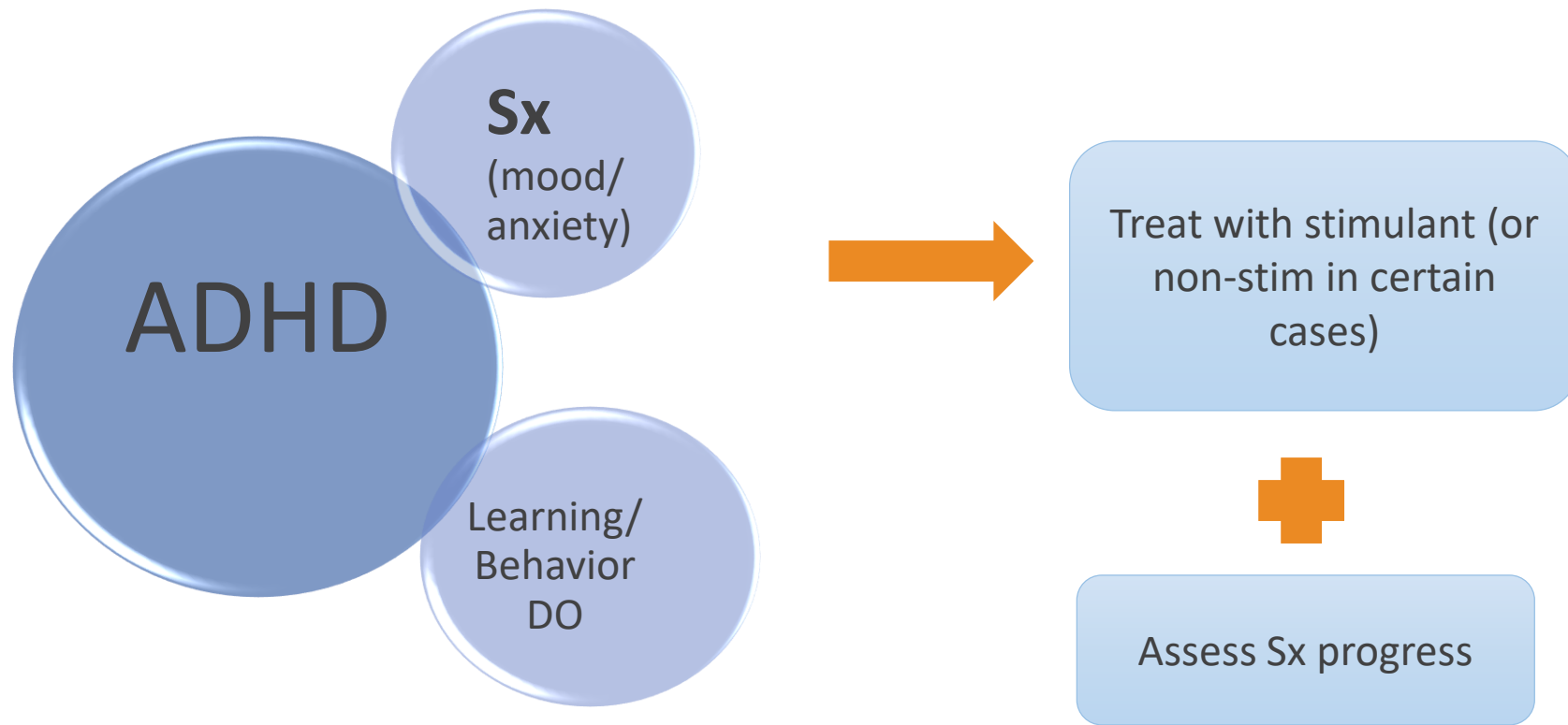
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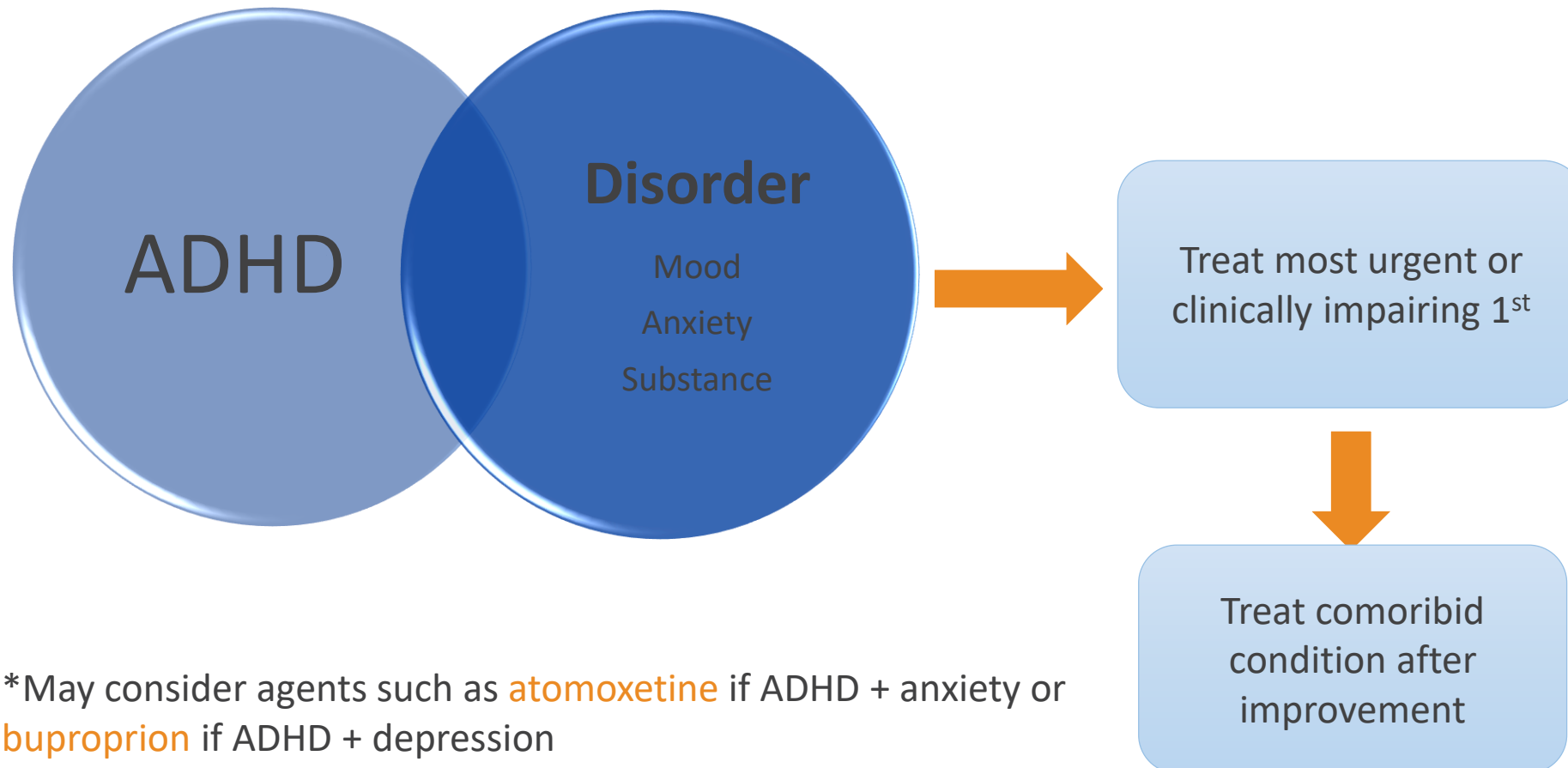
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Comorbidity

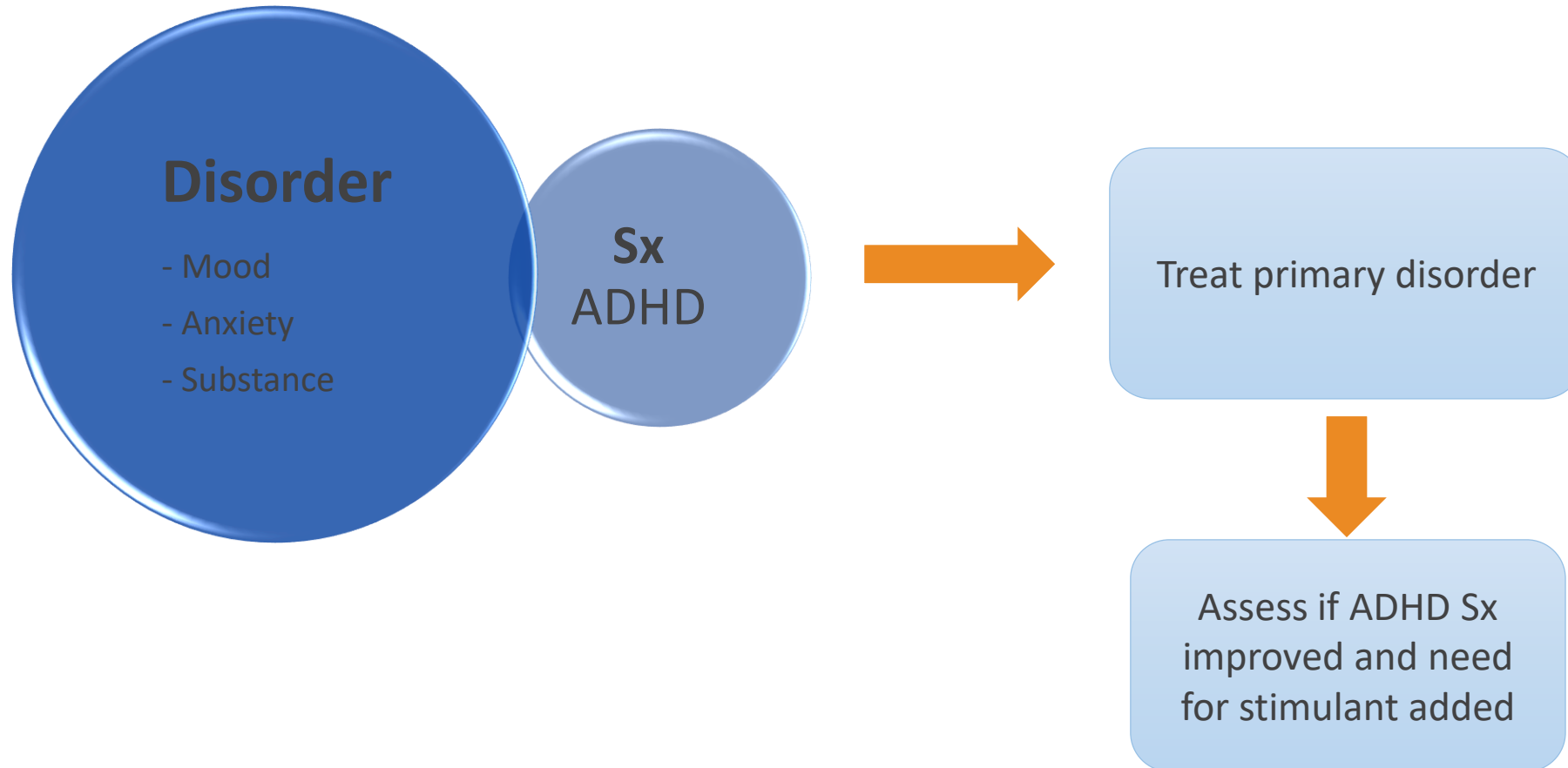
Comorbidity is the rule rather than exception with up to 70% having at least one additional behavioral, learning, or emotional disorder



*May consider agents such as **atomoxetine** if ADHD + anxiety or **bupropion** if ADHD + depression

Comorbidity

Comorbidity is the rule rather than exception with up to 70% having at least one additional behavioral, learning, or emotional disorder



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Project Next Steps



Please Submit your Case Form!

All participants are asked to submit 1 case form

- You must submit a case form to receive MOC Credit

Email Completed Case form to: Gminor@childrensnational.org

Upcoming Due Dates

All Participants

- ECHO session #3: December 16, 2020 @ 12:15p

MOC Activities

- *Complete and submit* internal **Team Meeting report** in Glasscubes: December 18, 2020
- **Chart Audit Data Entry #2**: December 18, 2020

Schedule of Remaining ECHO Sessions

Session	Date	Topic	Speaker
4	December 16, 2020	ADHD	Sean Pustilnik, MD & Kathy Katz, PhD
5	January 20, 2020	Anxiety	Kelly Register-Brown, MD, MSc & Kathy Katz, PhD
6	February 17, 2020	Anxiety	Kelly Register-Brown, MD, MSc & Kathy Katz, PhD

CME

6 easy steps

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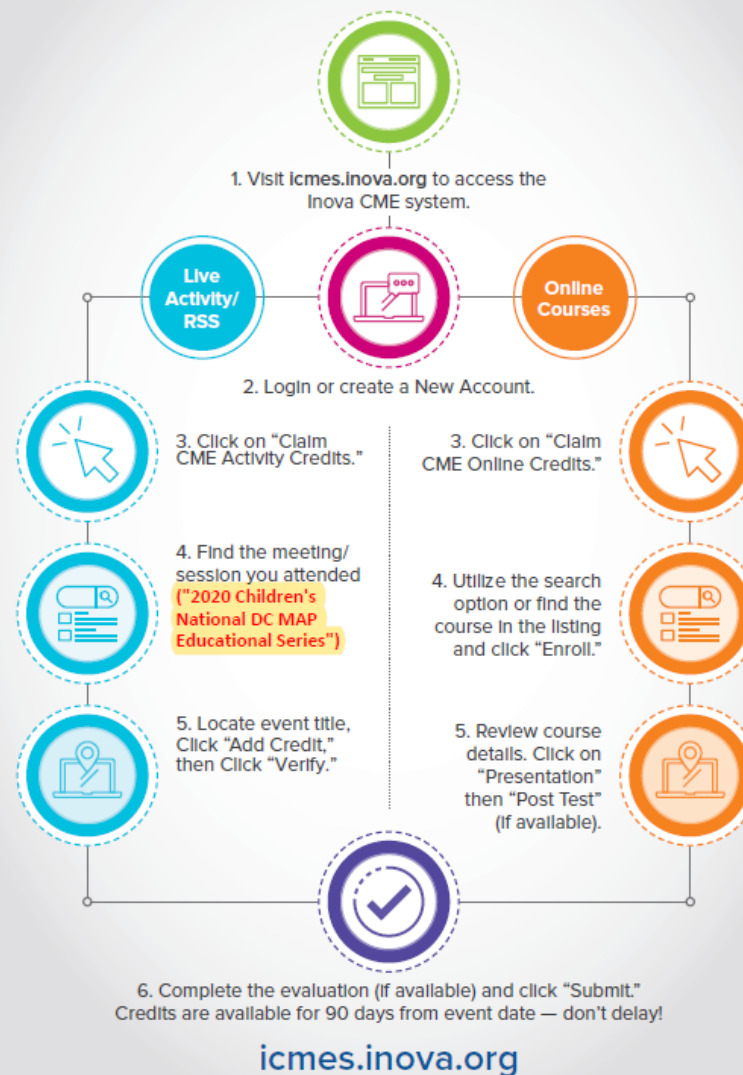


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Thank you