



# MCPS Special Education Parent Summit

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# When ADHD Is Not ADHD:

ADHD Look-Alikes and  
Co-occurring Disorders

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# So, what is ADHD

- ◆ ADHD is a neurodevelopmental behavior disorder characterized by significant levels of inattention, and/or impulsivity and hyperactivity that are well beyond what is expected and appropriate for a given student's age.
- ◆ For example, students with ADHD have difficulty concentrating on schoolwork, frequently interrupt conversations or activities, and have difficulty remaining seated when required to do so.
- ◆ Symptoms occur in more than one environment (e.g. at school and home, and/or in the community)



# What are the facts...

- ◆ There are three subtypes of ADHD
  - Individuals who exhibit problems only with inattention and distractibility (**ADHD: Inattentive Type**);
  - Individuals who exhibit problems only with hyperactivity and impulsivity (**ADHD: Hyperactive-Impulsive Type**); and
  - Individuals who exhibit problems in both areas (**ADHD: Combined Type**).



# Characteristics: Inattentive Type

- ◆ Fails to pay close attention to details, or makes careless mistakes
- ◆ Has trouble keeping attention on tasks or play activities
- ◆ Has trouble listening when spoken to
- ◆ Has difficulty following through on directions and fails to complete schoolwork, chores, or other responsibilities
- ◆ Has difficulty organizing tasks or activities



# Characteristics: Inattentive Type

- ◆ Dislikes, avoids, or does not want to engage in activities that require sustained concentration
- ◆ Loses things required for schoolwork or other activities
- ◆ Is easily distracted from tasks
- ◆ Is typically forgetful in daily activities.

## Characteristics:

# Hyperactive-Impulsive Type

- ◆ Often squirms in seat or fidgets
- ◆ Frequently is out of seat at school or in other situations where he is expected to remain seated
- ◆ Runs about or climbs excessively when not suppose to
- ◆ Seems to have trouble working or playing quietly







# Characteristics: Hyperactive-Impulsive Type

- ◆ Can be described as “always on the go” or as “driven by a motor”
- ◆ Seems to talk excessively
- ◆ Frequently blurts out the answer to a question
- ◆ Typically has difficulty waiting for turn
- ◆ Frequently interrupts others or intrudes on others





# EXECUTIVE FUNCTIONS:

- ◆ Organizing, Prioritizing, Initiating, and Activating Work Tasks
- ◆ Focusing and Sustaining Attention
- ◆ Sustaining Alertness, Effort, and Processing Speed
- ◆ Managing Frustration and Modulating Affect
- ◆ Utilizing Working Memory and Accessing Recall
- ◆ Inhibiting and Regulating Verbal and Motoric Action



# ADHD and Co-occurring Disorders

- ◆ ADHD affects 3-7% of school-age children with high risk for co-occurrence of other psychiatric disorders.
- ◆ To maximize positive outcomes, co-occurring disorders should be diagnosed and treated.
- ◆ Co-occurring conditions are associated with greater cognitive, social, and psychological impairments that affect the classroom.



# ADHD May Impact:

- Focus of Attention and Distractibility
- Impulsivity
- Motor Activity
- Mood
- Academic Performance
- Organization/Planning
- Compliance
- Socialization



## What are the facts...

- ◆ Up to *70 percent* of children with ADHD will continue to exhibit symptoms of ADHD in adulthood.
- ◆ Long-term studies show that children who receive adequate treatment for ADHD have fewer problems with school, peers, and substance abuse. They show improved overall function, compared to those who do not receive treatment.



## What are the facts...

- ◆ Although individuals with ADHD can experience highly successful lives, without identification and proper treatment, ADHD can have serious consequences, including school failure, depression, conduct disorder, failed relationships, and substance abuse.
- ◆ Early identification of the disorder and appropriate treatment increase the likelihood of positive long-term outcomes.



# ADHD Look-Alikes

- ◆ There are many psychological and medical problems that look like ADHD, so children who present signs of ADHD need to be carefully evaluated. Look-alike ADHD children may meet the DSM-IV diagnostic criteria, but have a completely different primary problem.
- ◆ Anxiety Disorders often go undetected, but they occur in 5-10% of school children.
- ◆ Among children with ADHD, the rate of anxiety is 3 to 6 times greater.
- ◆ One of main characteristics of an anxiety disorder is “inattention”.



# ADHD Subtypes

## ◆ Internalizing

### ◆ *Inattentive Type:*

- Anxiety
- Affective Mood Disorders
- Depression
- Somatic Complaints
- Child Abuse
- Sleep Disorder

## ◆ Externalizing

### ◆ *Hyperactive-Impulsive Type:*

- Conduct Disorder
- Disruptive Behavior Disorder
- Mania
- Aggression
- Oppositional Defiant Disorder








# Most of the Time Other Disorders Accompany ADHD

- ◆ A person with ADHD is six times more likely to have another psychiatric or learning disorder than most other people.
- ◆ ADHD usually overlaps with other disorders.
- ◆ Difficulties with learning, emotional regulation, executive functioning, social functioning, or behavior.
- ◆ ADHD has extraordinarily high rates of comorbidity with all psychiatric disorders.



# A List of Common Look-Alikes

- ◆ Depression
- ◆ Stress-induced Anxiety
- ◆ Biologically Based Anxiety
- ◆ Child Abuse or Neglect
- ◆ Bipolar Disorder
- ◆ Medical Conditions: Chronic Fatigue, Thyroid dysfunction, etc.
- ◆ Tourette's Syndrome
- ◆ Autism Spectrum Disorders
- ◆ Speech and Language Impairments
- ◆ Sensory Integration Disorders
- ◆ Auditory Processing Disorders
- ◆ Other Affective Mood Disorders



Multimodal Treatment Study (MTA Cooperative Group 1999) Children Ages 7 to 9 with ADHD:  
70% were found to have at least one other psychiatric disorder:

- ◆ Oppositional Defiant Disorder 40%
- ◆ Anxiety Disorder 34%
- ◆ Conduct Disorder 14 %
- ◆ Tic Disorder 11 %
- ◆ Affective Disorder (depression) 4%
- ◆ Mania (or hypomania) 2%
- ◆ Learning Disorders: Reading, Math, and Written Expression



# Additional Research Findings in Older Children and Adults

## ◆ Ages 9 to 16:

– Depressive Symptoms 48%

<b>Adults:</b>	<u>Combined Type</u>	<u>Inattentive</u>
➤ Substance Abuse	69%	43%
➤ Major Depression	63%	63%
➤ Oppositional Defiant	40%	16%
➤ Anxiety Disorders	35%	23%
➤ Conduct Disorders	30%	20%
➤ Social Phobia	24%	31%



## Studies of Co-occurrence

- ◆ **Conduct Disorder** occurs in approximately 20% of the ADHD boys and only 8 percent of the girls in one study.
- ◆ **Oppositional Defiant Disorder** was manifested in approximately 62 percent of ADHD boys compared with 32 percent in girls in another study.



# ADHD and Depressive Disorders

- ◆ Children and adults referred for ADHD demonstrate a higher-than-chance incidence of depression and individuals referred for depression have elevated rates of ADHD.
- ◆ Because the presence of an underlying or co-occurring mood disorder may complicate the treatment of ADHD, the mood disorder must be properly diagnosed and treated.





# Depression in Youth

- ◆ Irritability, social withdrawal, school dysfunction, negativity, and somatic disorders.
- ◆ Approximately 30% of 237 youth with ADHD assessed could also be diagnosed with major depression (Beiderman).
- ◆ After four years, the rate was more than 40% compared with approximately 5% of the control group.





# ADHD and Depression

- ◆ Youth with co-occurring disorders have high rates of a variety of mental health problems, including bipolar disorder and anxiety disorder.
- ◆ Seventy percent of children referred for severe or mild depression had co-occurring ADHD. When classified by age, rates of ADHD were 84% in children up to seven, 66% in children 8-12 and 39% in children ages 13 to 18.



# Depression and ADHD

- ◆ Among 76 hospitalized children with ADHD, 36 percent had depression, 22 percent had bipolar disorder, 3 percent had dysthymia, and 8 percent had an affective disorder. Only 31 percent had no concurrent affective diagnosis.



# Family Studies

- ◆ There may be a genetic link between depression and ADHD.
- ◆ ADHD rates are significantly higher among relatives of children who had ADHD either alone or with depression, compared with rates among relatives of control group children.
- ◆ In some children, the same gene may contribute to ADHD, whereas in others to depression or the co-occurrence of both disorders.



# Treatment Options

- ◆ Options that are most effective for ADHD (e.g. stimulants) do not significantly improve depression, and treatments for mood disorders are generally not helpful for ADHD.
- ◆ When a co-occurring mood disorder exists, stimulants are less effective. Stimulant medication for a student with an anxiety disorder may increase anxious symptoms.



# Bipolar and ADHD

- ◆ A study by the Massachusetts General Hospital and the American Psychiatric Association found that 23% of children with ADHD have or will develop bipolar disorder, compared with 2% of a group without ADHD. Those children with co-morbid syndromes had more severe cases of ADHD, more violent waves of aggression and a much greater chance of developing additional psychiatric problems.



# ADHD and ODD

- ◆ Other syndromes and disabilities also confound the clear diagnosis of ADHD, including learning disabilities, Tourette's syndrome, anxiety, and Oppositional Defiant Disorder (ODD). Nearly half of all children with ADHD also have ODD. ODD begins with belligerence and constant stubbornness, and can progress to lawbreaking and more serious behavioral problems.





# Depression, Bipolar & ADHD

- ◆ In a study of children referred for psychopharmacologic treatment, 16% of those younger than 12 met criteria for mania.
- ◆ All but one of them also met the criteria for ADHD.
- ◆ The manic children had significantly higher rates of major depression, psychosis, multiple anxiety disorders, conduct disorder, and oppositional defiant disorder as well as greater impairment of psychosocial functioning.





# Bipolar Disorder or ADHD?

- ◆ Bipolar disorder is a well-known psychiatric disorder
- ◆ Recent recognition of occurrence in childhood and early adolescence
- ◆ Overlapping symptoms and lack of information cause confusion
- ◆ Not widely appreciated how similar the symptoms can be....



# Pharmacological Studies:

- ◆ ADHD and Bipolar Disorder can exist as discreet entities in many patients, but individuals with ADHD and Bipolar Disorder are often treated with stimulants first, but show little change.
- ◆ However, when treated first with a mood stabilizer, they typically show significant improvement.
- ◆ ADHD symptoms may not improve until all co-occurring conditions are treated.



# Differential Diagnosis

- ◆ Careful medical psychiatric approach to diagnosis
- ◆ Thorough developmental, family history, and mental status examination
- ◆ Childhood history of blood relatives and family members
- ◆ Comparing school versus home: bipolar worse at home



# History

- ◆ Family with history of depression or Bipolar Disorder
- ◆ Mood stabilizing medications can be much more helpful; as typical medications for ADHD like stimulants (Ritalin) often make symptoms worse and can be risky
- ◆ Manic children tend to be irritable, angry, and oppositional or aggressive, as opposed to excited or just full of energy



# ADHD rather than Bipolar

- ◆ ADHD children do not manifest severe mood disturbances or severe instability
- ◆ Bipolar children in the manic phase have significantly higher rates of depression, conduct disorder, and oppositional defiant disorder, as well as greater impairment of psychosocial functioning



# Controversy and Research

- ◆ Biederman, Faraoen, and Mick (1996) found 11% of their 140 ADHD children were diagnosed with Bipolar Disorder or Mania at baseline and an additional 12% had developed the disorder at the time of their 4-year follow-up. Many other research studies have shown no co-morbidity with Bipolar Disorder.



# ADHD and Substance Abuse

- ◆ ADHD, with or without co-occurrence, is a risk factor for substance abuse among adolescents and adults.
- ◆ When an individual presents with both substance abuse and ADHD, clinicians should first stabilize and treat the substance abuse. They should then treat the depression and then the ADHD.





# ADHD and Substance Abuse

- ◆ Successful treatment of ADHD in either childhood or adolescence appears to offer some protection against later-life substance abuse.
- ◆ In a four year study of ADHD and non-ADHD families, Biederman observed that patients whose ADHD was not treated had much higher rates of later substance abuse than either the treated ADHD patients or the controls.
- ◆ Untreated ADHD is also associated with higher rates of alcoholism use at 15 year follow-up.



# Eligibility for Special Education

- ◆ Two-tiered test
  - First a child must be eligible in one of the 13 eligibility categories
  - The child must need special education services and/or related services because of the disability.
- ◆ Students with ADHD may have another primary disability.
- ◆ They may be found eligible under Other Health Impaired or a category such as Specific Learning Disability, Emotional Disturbance, etc.
- ◆ Some states require a medical doctor's diagnosis (not MD), while other states have regulations to insure that such diagnoses are not limited to a physician's evaluation alone (MD).
- ◆ The law requires that the determination of special education eligibility be made by the Individual Education Program (IEP) Team and the student must require special education instruction.




# Eligibility for Section 504

- ◆ Students with ADHD may be eligible under Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112).
- ◆ Each school system is required to have procedures for evaluating students for Section 504 accommodations and modifications (Regulation ACG-RB).
- ◆ As in the case of determining special education needs, a team approach involving parents, teachers and support personnel should be followed in developing plans for students with ADHD.
- ◆ 504 Regulations require that the ADHD substantially limits an area.
- ◆ Adaptations (accommodations) can include but are not limited to curriculum adjustments, classroom accommodations (seating and extended time to complete assignments or when taking tests), study and organizational techniques, and positive behavior supports.



# The Key

- ◆ ADHD is frequently associated with coexisting psychiatric disorders
- ◆ The key to positive outcome is the correct and early diagnosis of all co-occurring disorders, followed by robust treatment.
- ◆ Comprehensive multidisciplinary evaluation and proper diagnosis
- ◆ Effective efficacious therapy
  - Ongoing monitoring



# Interventions: Multi-Modal Approach

- ◆ Parent Education (what we are doing today)
- ◆ Medical Intervention
- ◆ Instructional and Behavior Supports
  - Modifications of the instructional environment
  - Adjustments to workload
  - Managing Triggering Events
  - Providing reinforcement and consequences



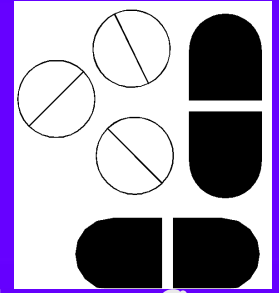
# National Institutes of Health (1998) Multi-Modal Treatment Study

- ◆ “14 months of systematic stimulant treatment was the single most beneficial treatment for ADHD” based on multiple major medical center data across U.S.
- ◆ Stimulant medications do not measurably alter academic achievement levels or rates of delinquency during long term outcome studies.





# Benefits of Medication



- ◆ In clinical trials, stimulant treatment benefits 75% or more of children and youth with ADHD
  - lessens hyperactivity
  - improves attention
  - improves classroom productivity
  - lessens conduct problems related to undue restlessness



# More Help for Parents

- ◆ Decrease sense of isolation by tapping community resources e.g.. CHADD Parent Support Groups (Google ADHD: About 63,800,000 results)
- ◆ Assess the need for parenting skills training and share need for vigilance
- ◆ Develop systems approach to treatment
- ◆ Counseling and social skills training for child: individual and group



# Points to Remember

- ◆ Children with pure ADHD do not manifest mood disturbances, thus the presence of such instability is clear evidence of a co-occurring disorder.
- ◆ Although co-occurrence complicates treatment it does not preclude successful intervention.
- ◆ The key to a positive outcome is the correct and early diagnosis of all co-occurring disorders, followed by a robust regimen built around the most efficacious therapies.

# Parent's message:



“The genuine feelings conveyed by teachers, therapists, providers, and others in the community were just as important as the content of the interventions.”

Parent Forums - Dr. Bruno J. Anthony  
1998





# Help for Parents

- ◆ Recognize and acknowledge the stress and burden of ADHD in the family
- ◆ Reduce tendency to blame the parents for their child's behavior
- ◆ Discourage labeling ADHD children as “bad” or “behavior problems”
- ◆ Develop ongoing support groups

Thank You!



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