

ADHD, DMDD, and oppositional behaviors

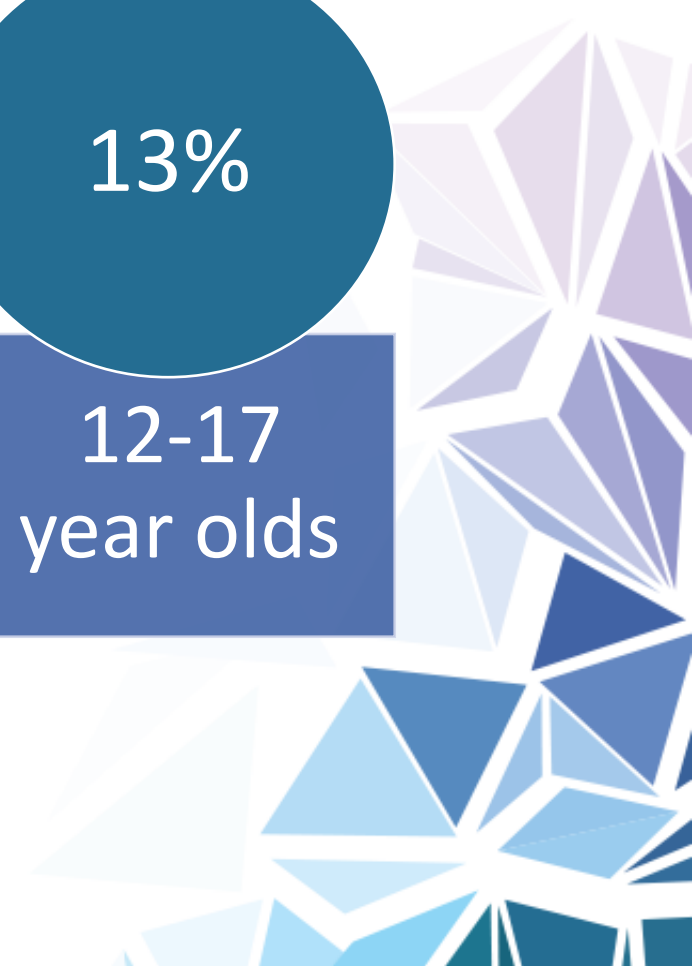
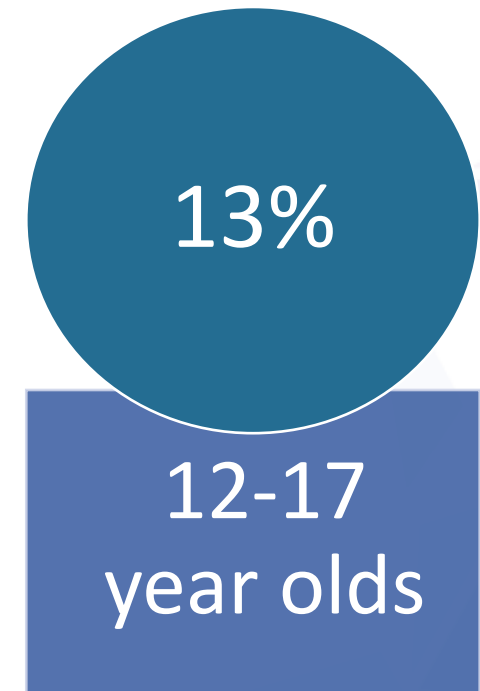
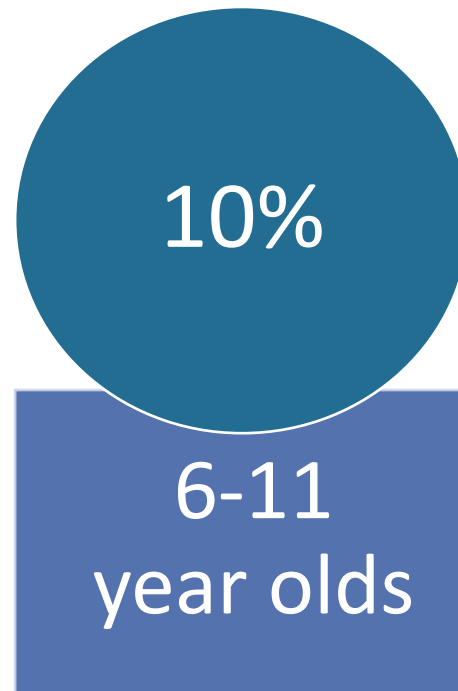
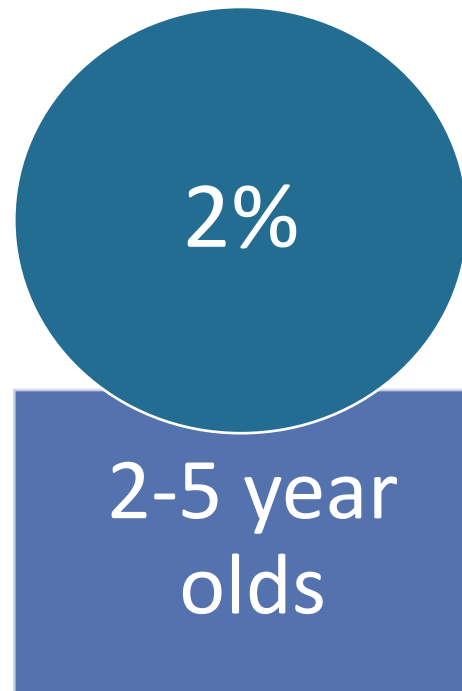


Learning objectives

- Describe ADHD, DMDD, and oppositional behaviors, and their basic treatment options.



Prevalence of ADHD in children¹



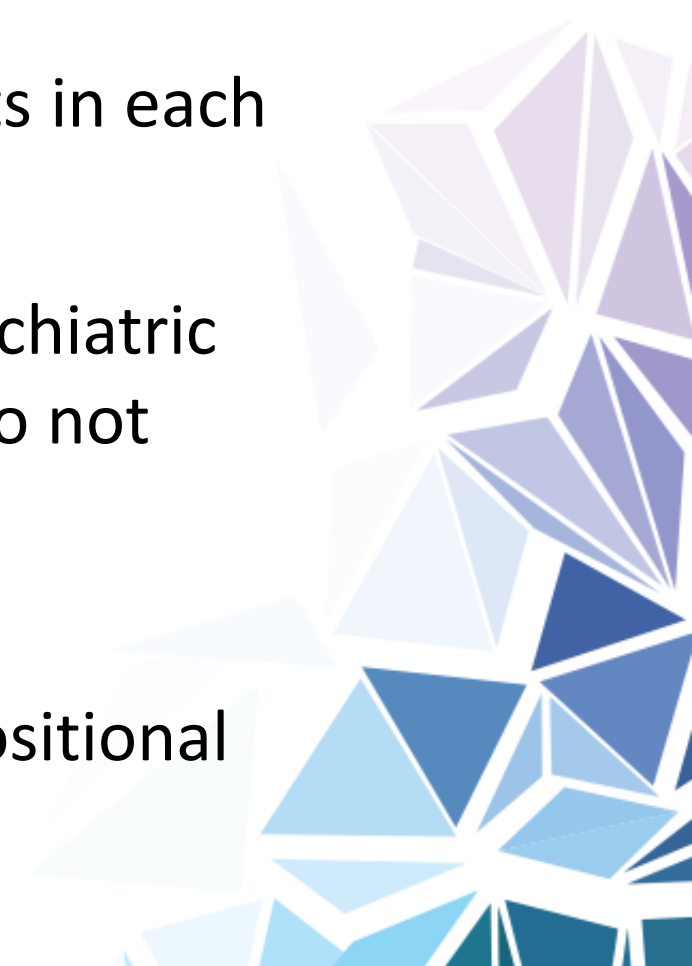
ADHD defined

- Attention-Deficit/Hyperactivity Disorder (ADHD) is a **neurodevelopmental disorder** in which patients display **pervasive pattern** of **inattention** and/or **hyperactivity-impulsivity** that **interferes with functioning** or development.
- Child's ability to attend to and control impulses is **significantly less** than that of a typically developing child.



DSM requirements for diagnosis

- Symptoms present prior to age 12 years
- 6+ symptoms for children or 5+ for adolescents/adults in each of the two symptom types
- Symptoms not better accounted for by a different psychiatric disorder (e.g., mood disorder, anxiety disorder) and do not occur exclusively during a psychotic disorder (e.g., schizophrenia)
- Symptoms are not exclusively a manifestation of oppositional behavior



DSM criteria: Hyperactive/Impulsive Type

Hyperactive Symptoms

- Squirms when seated or fidgets with feet or hands
- Marked restlessness that is difficult to control
- Appears to be driven by “a motor” or is often “on the go”
- Lacks ability to play and engage in leisure activities in a quiet manner
- Incapable of staying seated in class
- Overly talkative

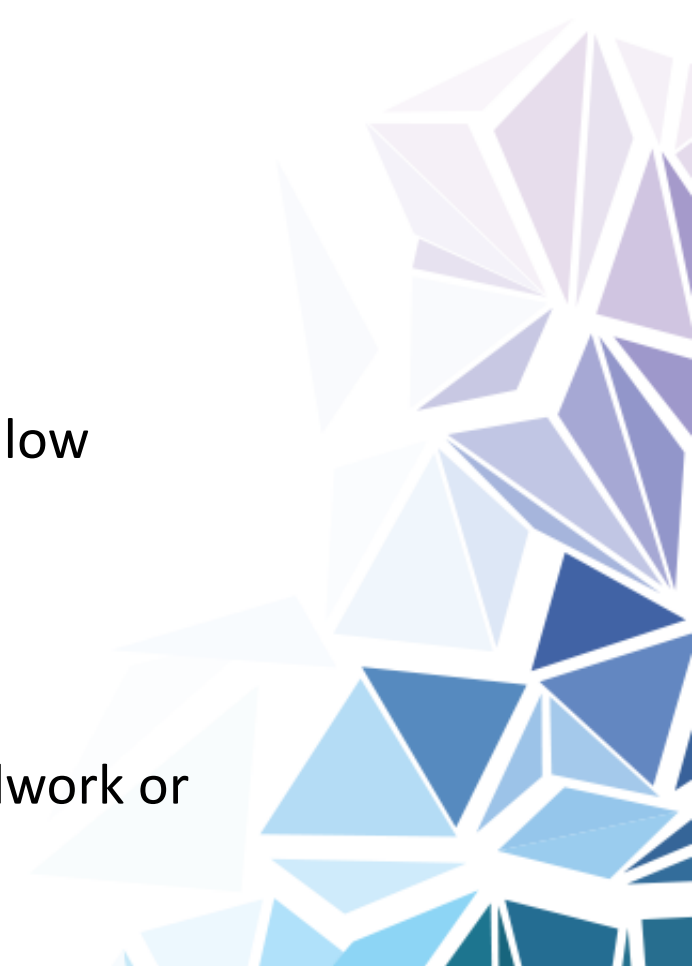
Impulsive Symptoms

- Difficulty waiting turn
- Interrupts or intrudes into conversations and activities of others
- Impulsively blurts out answers before questions completed



DSM criteria: Inattentive Type

- Displays poor listening skills
- Loses and/or misplaces items needed to complete activities or tasks
- Sidetracked by external or unimportant stimuli
- Forgets daily activities
- Diminished attention span
- Lacks ability to complete schoolwork and other assignments or to follow instructions
- Avoids or is disinclined to begin homework or activities requiring concentration
- Fails to focus on details and/or makes thoughtless mistakes in schoolwork or assignments



ADHD classifications

Combined Type

- Patient meets both inattentive and hyperactive/impulsive criteria for the past 6 months

Predominantly Inattentive Type

- Patient meets inattentive criterion, but not hyperactive/impulse criterion, for the past 6 months

Predominantly Hyperactive/Impulsive Type

- Patient meets hyperactive/impulse criterion, but not inattentive criterion, for the past 6 months
- Symptoms may be classified as mild, moderate, or severe based on symptom severity



Common ADHD comorbidities

- Nearly two thirds of children with ADHD have at least one other condition.²
 - 51.5% have behavioral or conduct problems
 - 32.7% have anxiety problems
 - 16.8% have depression
 - 13.7% have been diagnosed with autism spectrum disorder (ASD)
 - 1.2% have Tourette syndrome
 - About 45% have a learning disorder
 - Children with ADHD are 12 times more likely to have Loss of Control Eating Syndrome (LOC-ES)



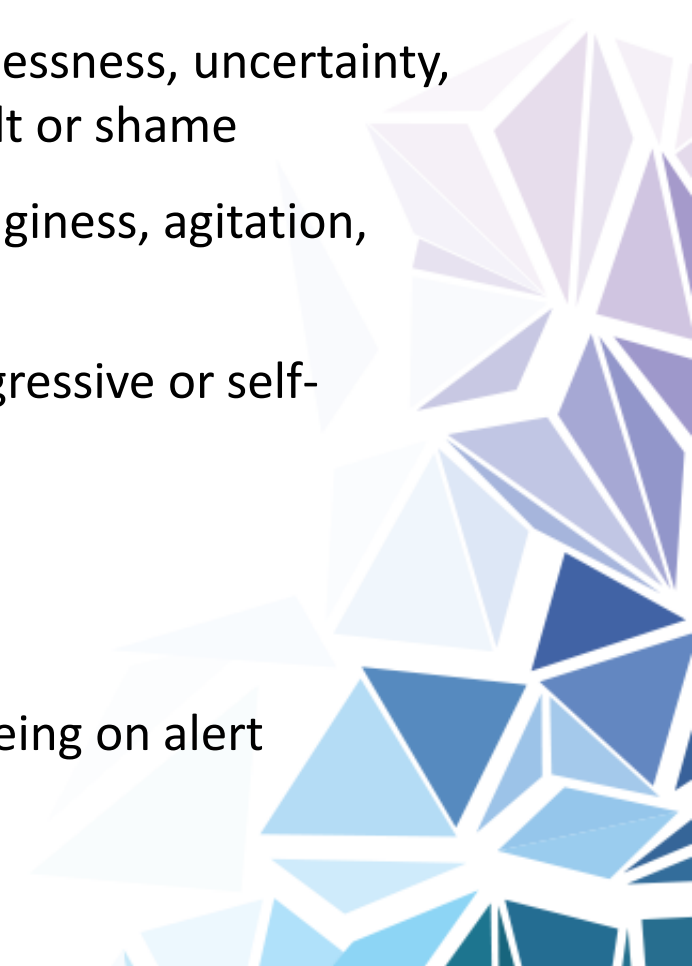
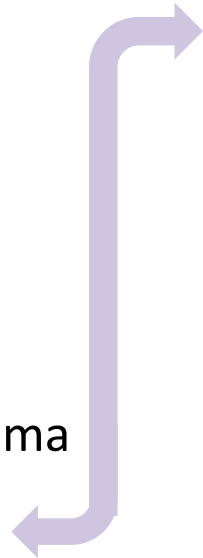
Recognizing PTSD

Areas to explore

- Onset and Duration
- Correlating events
- Family history of ADHD
- History of generational or acute trauma
- Unique symptoms of PTSD

Unique PTSD symptoms

- Feelings of fear, helplessness, uncertainty, vulnerability, and guilt or shame
- Increased arousal, edginess, agitation, irritability
- Unusual reckless, aggressive or self-destructive behavior
- Trigger avoidance
- Dissociation
- Constant feeling of being on alert



Be prepared: patients with ADHD display a wide range of symptoms



What ADHD feels like



<https://www.youtube.com/watch?v=NL483G4xKu0>

Functional consequences of ADHD^{3,4,5,6,7,8}

- Reduced school or work performance
- Social rejection
- Elevated interpersonal conflict
- Maintain unhealthy peer groups
- Increased risk of:
 - Substance use
 - Conduct disorder in adolescence
 - Traffic accidents and violations
 - Incarceration
 - Injury
 - Obesity



Assessment and monitoring of ADHD

Vanderbilt ADHD Diagnostic Parent and Teacher Scales

- Designed and validated for children 6-12 years but can be used in older patients
- Can be used to monitor treatment response

ADHD Rating Scale-5

- Designed and validated for children 5-17 years

Conners Rating Scale (CRS 4)

- Designed and validated for children 6-18 years



Pharmacological interventions for ADHD

Stimulants

- Methylphenidate (Ritalin)
- Dexamethylphenidate (Focalin)
- Amphetamine and Dex-amphetamine (Adderall)
- Lisdexamfetamine (Vyvanse)

Non-stimulants

- Alpha-2 agonists
 - Clonidine (Catapres, Kapvay)
 - Guanfacine (Tenex, Intuniv)
- Viloxazine (Qelbree)

SNRIs

- Atomoxetine (Strattera)



Non-pharmacological interventions for ADHD: psycho-emotional interventions

- Psychoeducation
- Behavioral therapy
- School supports
- Building relationship
- Appropriate expectations
- Environmental adjustments
- Behavior specific strategies



Psychosocial interventions: adjusting expectations and environment

Adjusting expectations

- Tasks and transitions will take more time
- Reminders will be necessary
- Accept ADHD

Adjusting the environment

- Stimuli balanced space as defined by the patient

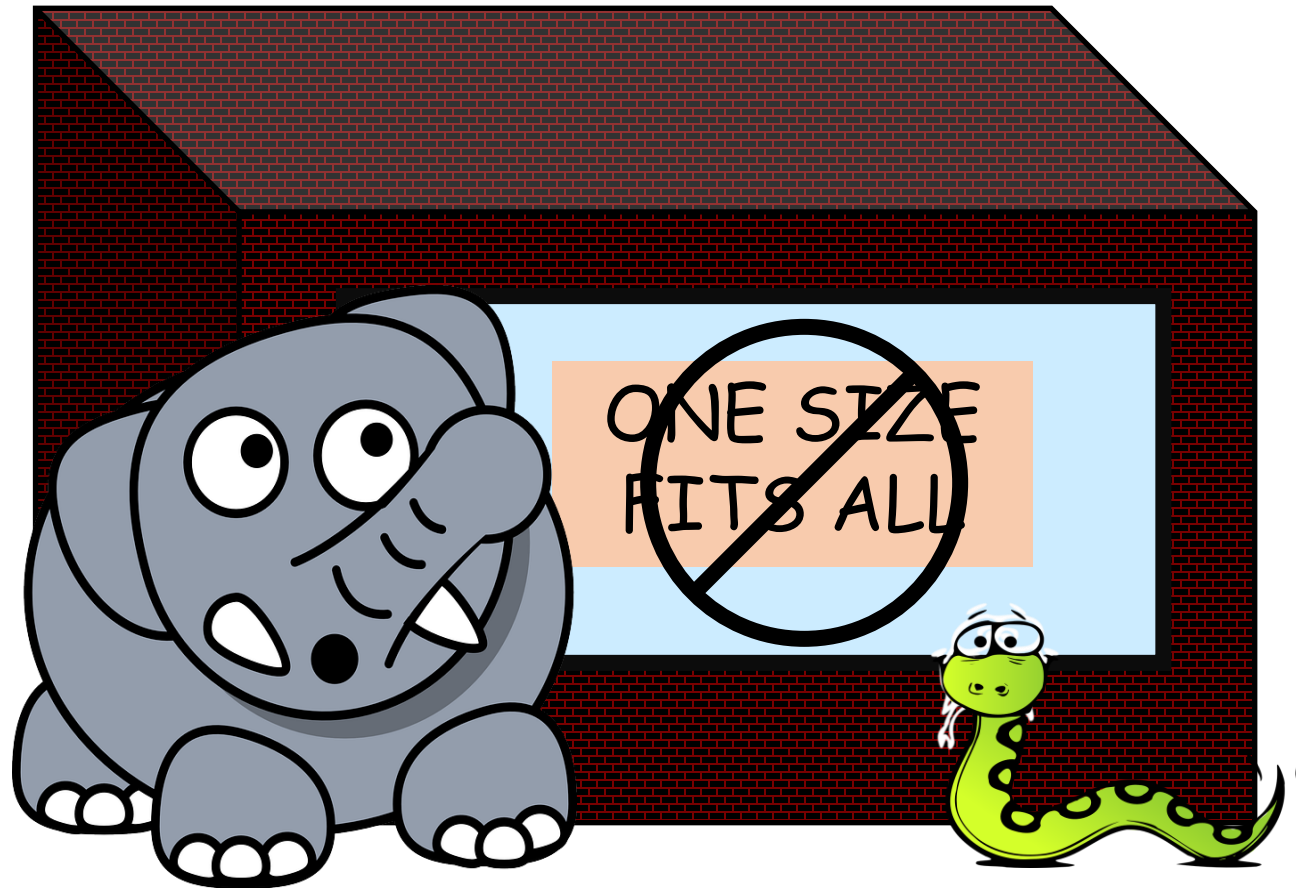


Psychosocial interventions: strategies

- Change the nature of the task
- Make tasks short and specific
- Incorporate frequent breaks
- Build in rewards and choice
- Encourage patient created routines



ADHD expression is unique



When to refer out

- Challenges identifying comorbidities
- Significant comorbidities
- Functional impacts that outstrip interventions
- Significant aggressions present
- Multiple failed medication trials



Oppositional behaviors

Normal

- Developmentally appropriate
- Periodic
- Situational response
- Does not consistently impact function or relationships

Dysfunctional

- Developmentally inappropriate
- Consistent pattern
- Not explained by other conditions or situations
- Significant negative impact on function and relationships



Definitions

Oppositional Defiant Disorder (ODD)

- A condition in which a child displays a pattern of uncooperative, defiant and angry behavior toward people in authority

Disruptive Mood Dysregulation Disorder (DMDD)

- A condition in which children or adolescents experience severe, ongoing irritability, anger, and frequent, intense temper outbursts that significantly impair their function across environments



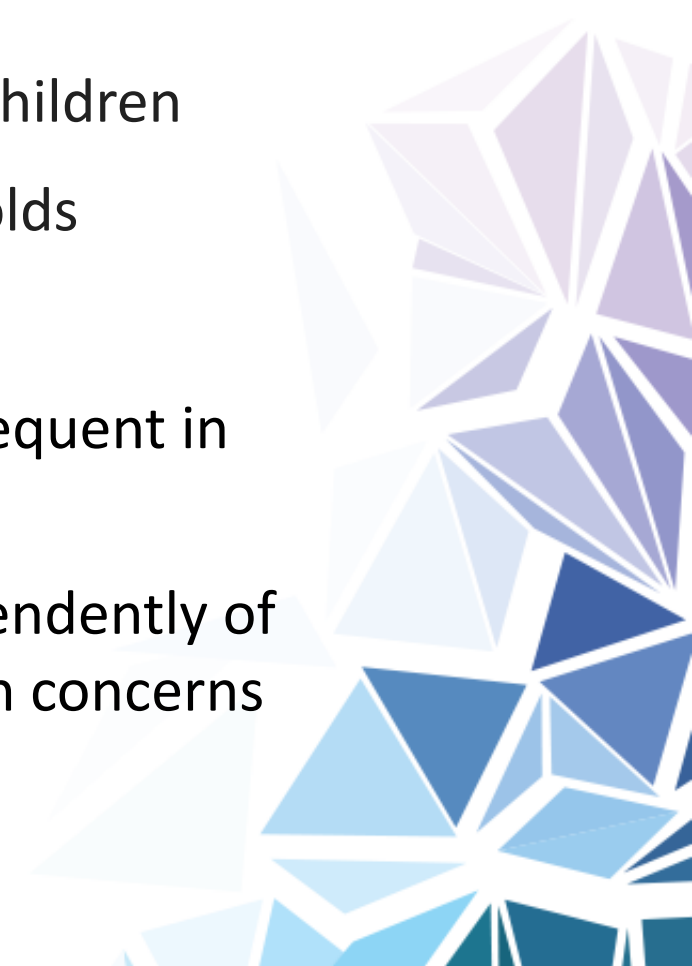
Prevalence of ODD and DMDD

Oppositional Defiant Disorder⁹

- 1-16% of all school-age children and adolescents
- Slightly higher rate in boys than girls

Disruptive Mood Dysregulation Disorder^{10,11,12}

- 2-3% in preschool children
- 1-3% in 9-12-year-olds
- 5% in adolescents
- Somewhat more frequent in boys than girls
- Rarely exists independently of other mental health concerns



Diagnostic criteria: ODD

- A. 6-month pattern with at least 4 symptoms from the following categories displayed in interactions with someone other than a sibling:
 - Angry/Irritable Mood
 - Argumentative/Defiant Behavior
 - Vindictiveness
- B. The behavior is associated with distress
- C. The behaviors are not exclusive to another mental health disorder nor meet criteria for DMDD



Diagnostic criteria: DMDD

- Behaviors described below exist for at least 12 months with no more than 3 consecutive months without symptoms:
 - Severe temper outbursts (verbal or behavioral), on average 3 or more times/week out of proportion to the situation
 - Chronically irritable or angry mood most of the day, nearly every day
 - Symptoms are present in at least 2 settings, and severe in at least 1
 - Diagnosis must be made between 6 and 18 years of age with onset of symptoms before age 10
 - Symptoms cannot be better explained by another mental disorder and cannot co-exist with bipolar disorder, intermittent explosive disorder or ODD



Tools to assist with ODD identification

- No tools specifically designed for diagnosing ODD¹³
- Questionnaires can aid in diagnosis
 - Swanson, Nolan, and Pelham-IV Rating Scale (SNAP-IV)
 - Conners' Parent Rating Scales Long Version (CPRD)
 - Child Behavior Checklist (CBCL)
 - Conduct and Oppositional Defiant Disorder Scales (CODDs)



Screening tools for DMDD

- Disruptive Mood Dysregulation Disorder Questionnaire (DMDD Questionnaire)
 - 10 questions
 - Follows DSM criteria



Pharmacological interventions for ODD/DMDD

Oppositional behaviors

- Treatment of comorbid behavioral health conditions is advised

ODD

- Medications are not recommended as first-line treatment
- Treatment of comorbid mental health conditions with medications often improves ODD symptoms

DMDD

- We are still learning since this is a new diagnosis
- Focus on treating co-morbid disorders
- While stimulants, mood stabilizers, second generation antipsychotics, and antidepressants are used, there are no FDA-approved medications



Non-pharmacological interventions for oppositional behaviors

Within Collaborative Care

- Psychoeducation and support
- Seattle Children's First Approach Skills Training (FAST) program
 - FAST- Child Behavioral Problems
 - FAST- Early Childhood

Referrals to specialty care for ODD/DMDD

- Cognitive behavioral therapy (CBT)
- Dialectical behavior therapy for children (DBT-C)
- Parent training



Resources for professionals

- [Vanderbilt ADHD Assessment Scales](#)
- [ADHD Rating Scale 5](#)
- [Conners Rating Scale \(CRS 4\)](#)
- [Disruptive Mood Dysregulation Disorder Questionnaire \(DMDD Questionnaire\)](#)
- [National Institute of Mental Health Disruptive Mood Dysregulation Disorder: The Basics](#)
- [Seattle Children's First Approach Skills Training \(FAST\) program](#)



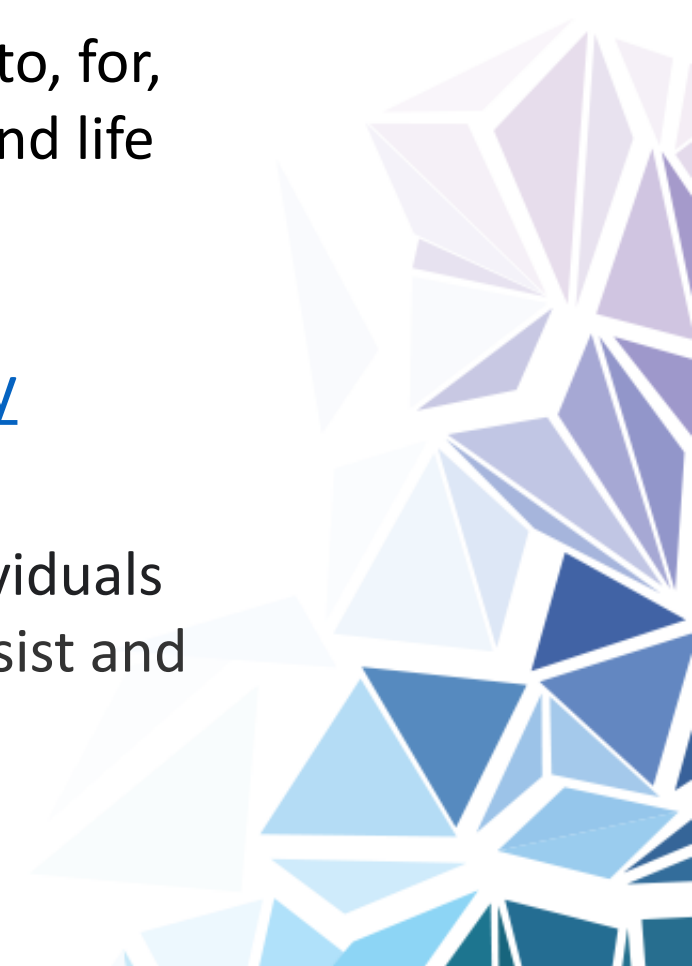
Resources for patients and parents

[ADDitude Magazine](#)

- ADDitude's website offers articles, podcasts, and webinars to, for, by, and with those with ADHD covering issues, resources, and life hacks for everyone touched by ADHD

[Children and Adults with Attention Deficit/Hyperactivity Disorder \(CHADD\)](#)

- CHADD provides education, advocacy, and support for individuals with ADHD and their families and the professionals who assist and advocates for equity, inclusion, and universal rights



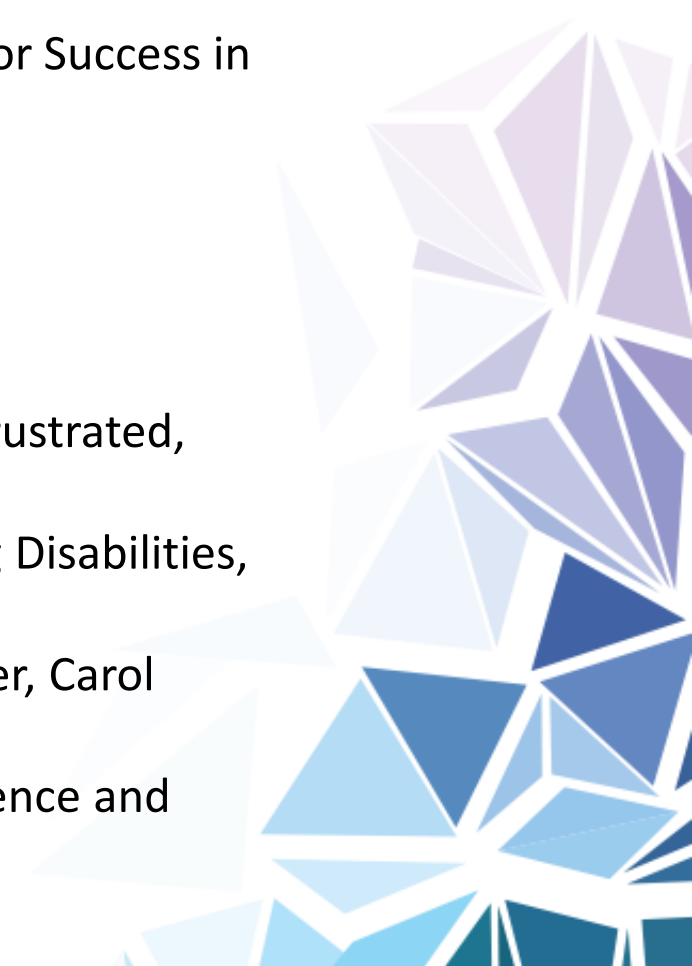
Books for parents and caregivers

For parents of kids with ADHD

- 8 Keys to Parenting Children with ADHD, Cindy Goldrich
- What Your ADHD Child Wishes You Knew: Working Together to Empower Kids for Success in School and Life, Sharon Saline & Laura Markham
- Smart but Scattered Teens, Richard Guare, Peg Dawson & Colin Guare
- A New Understanding of ADHD in Children and Adults, Thomas Brown

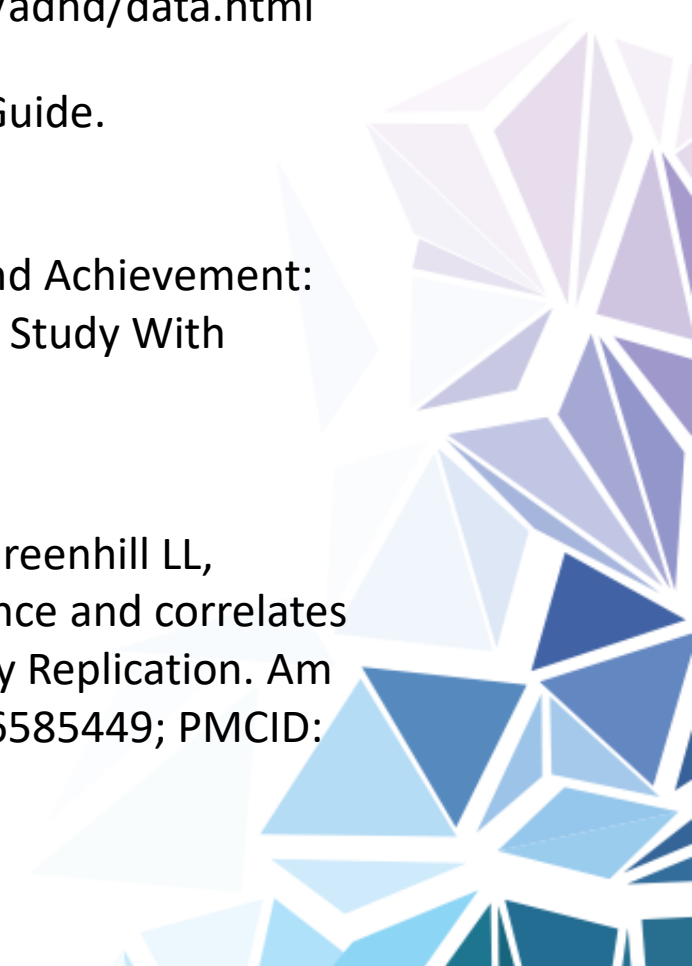
Common co-occurring issues

- The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children, Ross Greene
- The Misunderstood Child: Understanding and Coping with Your Child's Learning Disabilities, Larry Silver
- The Out-of-Sync Child: Recognizing and Coping with Sensory Processing Disorder, Carol Stock Kranowitz
- The Dyslexia Empowerment Plan: A Blueprint for Renewing Your Child's Confidence and Love of Learning, Ben Foss



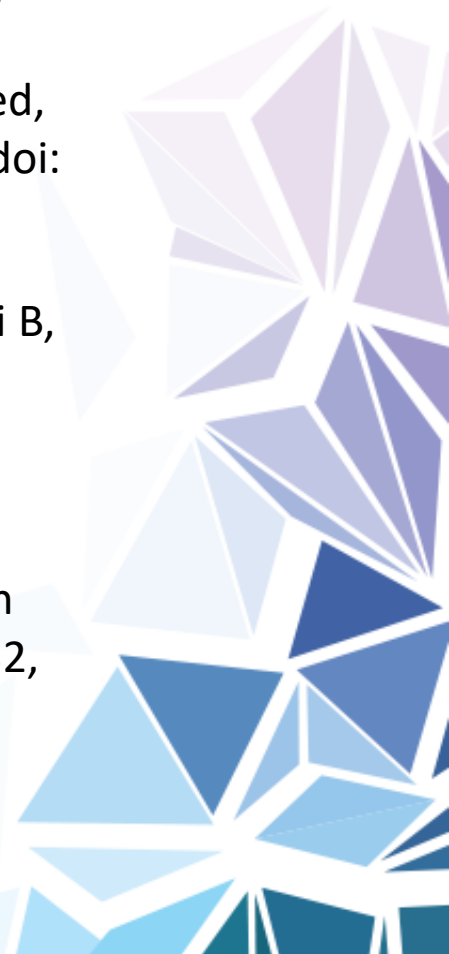
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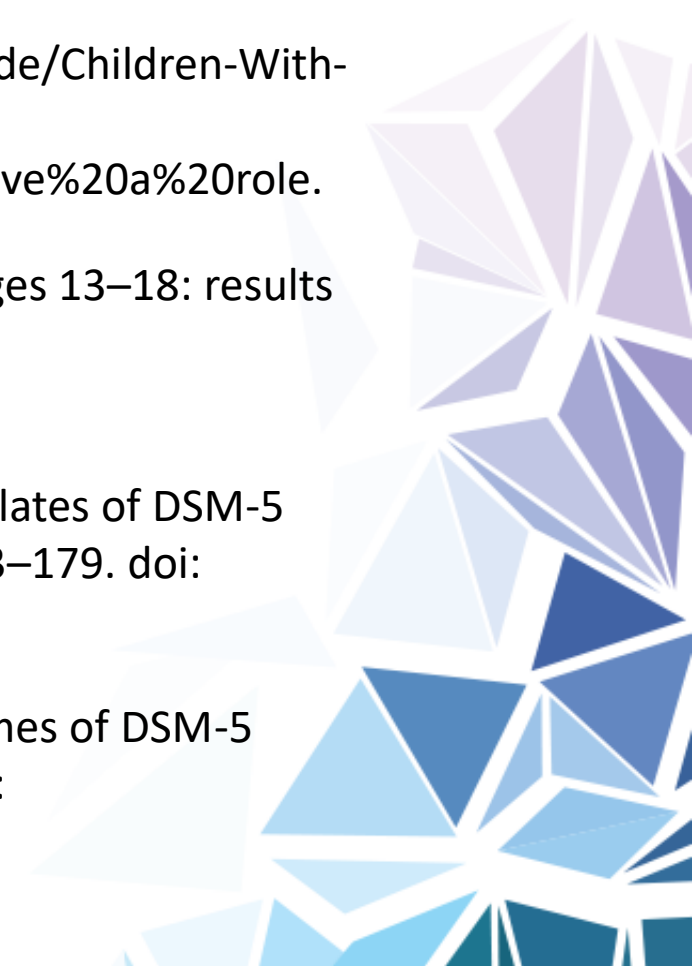
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