

Child ADHD: Exploring Complexities of Care, Part 3

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FACULTY INFORMATION

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Grizenko N, Paci M, Joober R. Is the inattentive subtype of ADHD different from the combined/hyperactive subtype? *J Atten Disord* 2009 Sept 22;[Epub ahead of print].

MODERATOR

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Universal Activity Number: 376-000-09-031-H01-P
Activity type: Knowledge-based

Post-tests, credit request forms, and activity evaluations can be completed online at www.neuroscienceCME.com (click on the Testing/Certification link under the Activities tab—requires free account activation), and participants can print their certificate or statement of credit immediately (80% pass rate required). This website supports all browsers except Internet Explorer for Mac. For complete technical requirements and privacy policy, visit www.neuroscienceCME.com/technical.asp. CE credit expires December 14, 2010.

This continuing education activity is provided by



Release Date: December 14, 2009
Credit Expiration Date: December 14, 2010
Archive Offered Until: December 14, 2010
Note: No LIVE CE credit is being offered for this activity.

This activity offers CE credit for:
• Physicians (CME) • Psychologists (CEP)
• Nurses (CNE) • Pharmacists (CPE)
All other clinicians will either receive a CME Attendance Certificate or may choose any of the types of CE credit being offered.

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STATEMENT OF NEED

Attention-deficit hyperactivity disorder (ADHD) affects 8% of school age children. It presents with symptoms of inattention, hyperactivity/impulsivity or both. Currently, three subtypes of ADHD are defined: ADHD inattentive (ADHD/I), ADHD hyperactive/impulsive (ADHD/H) and ADHD combined (ADHD/C). However, in the last decade heated debate has emerged that questions how this disorder should be conceptualized, defined, and categorized. Key questions have been: Is it a category or a continuum? and How do comorbidities relate to currently defined subtypes?

In this interactive, evidence-based neuroscienceCME Journal Club activity, the faculty will explore new data that may re-focus how we view ADHD subtypes. Such exploration will allow clinicians' to anticipate how developers of the DSM-V might revise ADHD diagnostic criteria. As a result, clinicians will be in a position of opportunity to achieve better individualization of therapy.

Faraone SV, et al. *J Am Acad Child Adolesc Psychiatry* 2000;39:300-307.

Thapar A, et al. *J Am Acad Child Adolesc Psychiatry* 2009;48:1051-1052.

ACTIVITY GOAL

To translate new evidence in the literature into improved diagnosis of ADHD in children and adolescents.

LEARNING OBJECTIVES

At the end of each CE activity, participants should be able to:

- Interpret data supporting the likelihood that ADHD/Inattentive subtype is a separate disorder from, rather than of subtype of, ADHD.
- Identify clinical implications associated with evidence that the ADHD/Inattentive subtype differs from the ADHD/Combined-Hyperactive subtype in terms of comorbidity, treatment response, and possible etiological genetic and environmental factors.

The following learning objectives pertain only to those requesting CNE credit:

- Review data supporting the likelihood that ADHD/Inattentive subtype is a separate disorder from, rather than a subtype of ADHD.
- Identify clinical implications associated with the evidence that ADHD/Inattentive subtype differs from the ADHD/Combined-Hyperactive subtype in terms of comorbidity, treatment response, and possible genetic and environmental etiologic factors.

TARGET AUDIENCE

Physicians, physician assistants, nurse practitioners, nurses, psychologists, pharmacists, and other healthcare professionals interested in diagnosis and management of ADHD in children and adolescents.

FINANCIAL SUPPORT

This educational activity is supported by an independent medical educational grant from Shire.

FAX completed form to **240.243.1033**

YES! Register me for this ARCHIVE evidence-based neuroscienceCME Journal Club activity:

Site Name: _____ # Participants: _____

Individual Name: _____ Degree: _____

Address: _____

City/State/ZIP: _____

Practice Setting: Community Mental Health State Mental Health Primary Care
 Private Practice Other: _____ Phone: _____

Fax: _____ Email (required): _____