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Master Class for Neuroscience Professional Development

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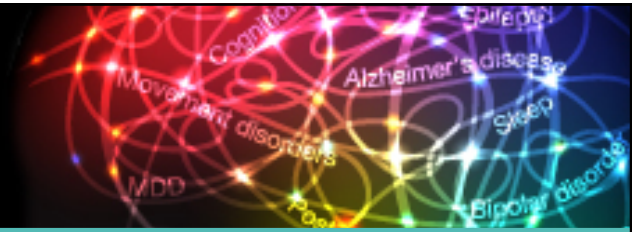
Managing ADHD Across the Lifespan

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Disclosures



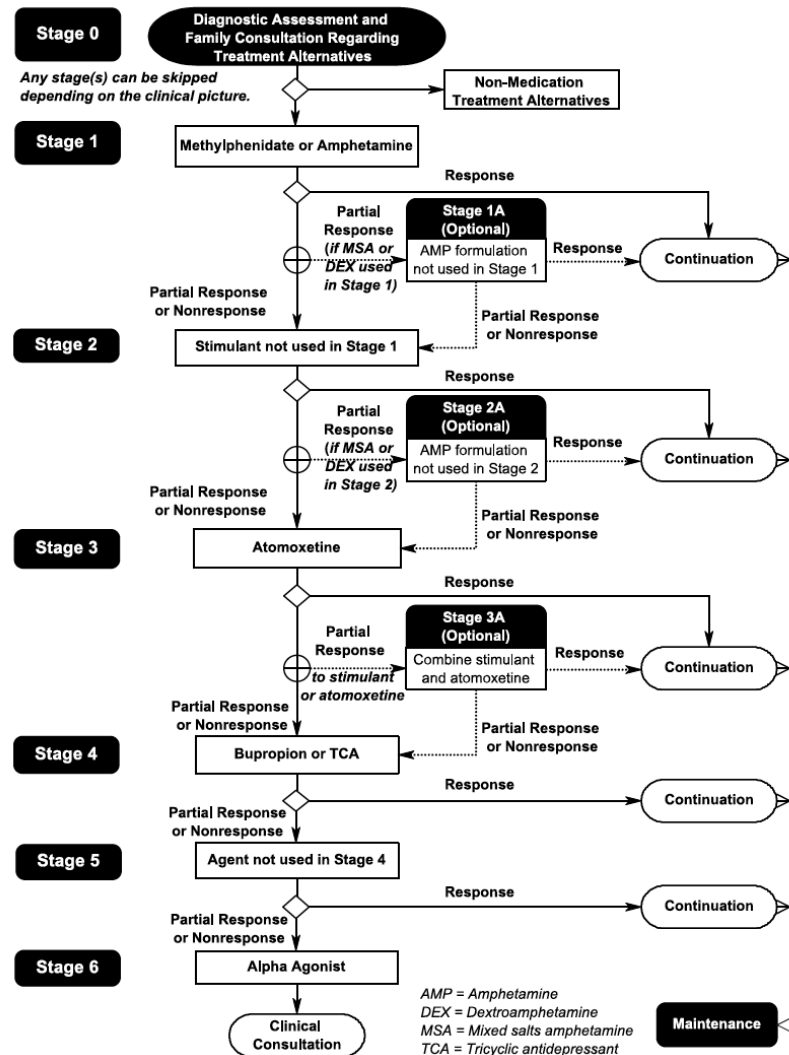
- **Research/Grants:** National Institutes of Health (NIH); Akili Interactive Labs.; KemPharm, Inc.; Medgenics, Inc.; Rhodes Pharmaceuticals L.P.; Shire; Sunovion Pharmaceuticals Inc.
- **Consultant:** Akili Interactive Labs.; Alcobra Pharma; Jazz Pharmaceuticals Inc.; KemPharm, Inc.; Medgenics, Inc.; Otsuka America Pharmaceutical, Inc.; Rhodes Pharmaceuticals L.P.; Shire; Sunovion Pharmaceuticals Inc.

Learning Objective 1

Integrate evidence-based practice strategies to optimize daily and long-term functioning in patients with ADHD across the lifespan.

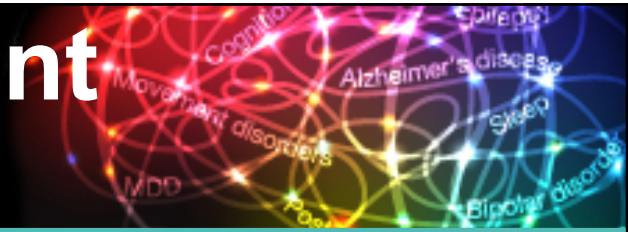


Algorithm for ADHD Pharmacotherapy



Pliszka, et al. *J Am Acad Child Adolesc Psychiatry.* 2006;45:642-657.

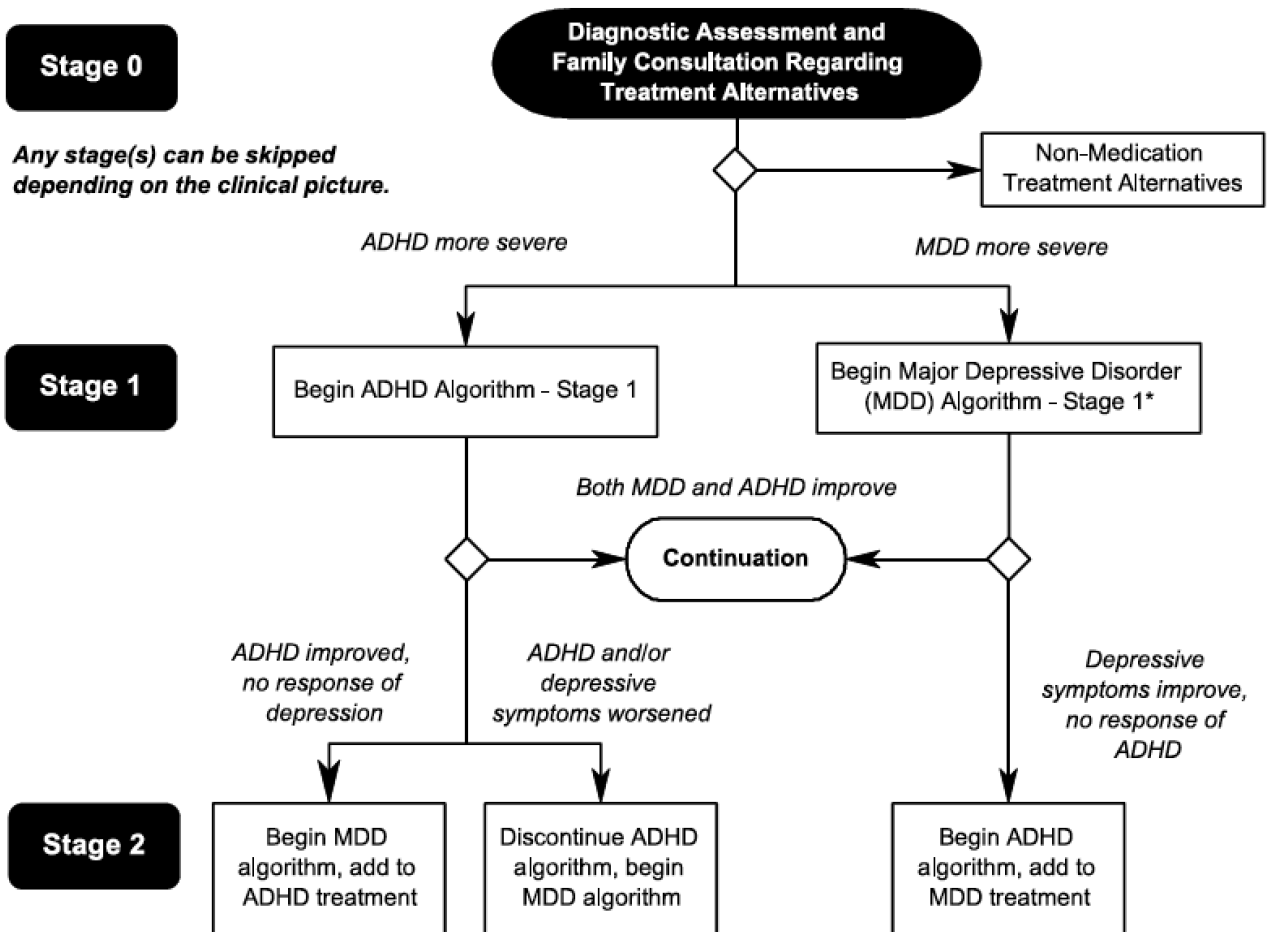
Treatment Plan Development for ADHD



- Evidence-based treatment algorithms exist for management of uncomplicated ADHD
- Similar algorithms not yet established in adults
- These guidelines pre-date approval of alpha-agonists
- Little to no evidence for efficacy/safety of polypharmacy for treatment of ADHD

Pliszka SR, et al. *J Am Acad Child Adolesc Psychiatry*. 2006;45:642-657.

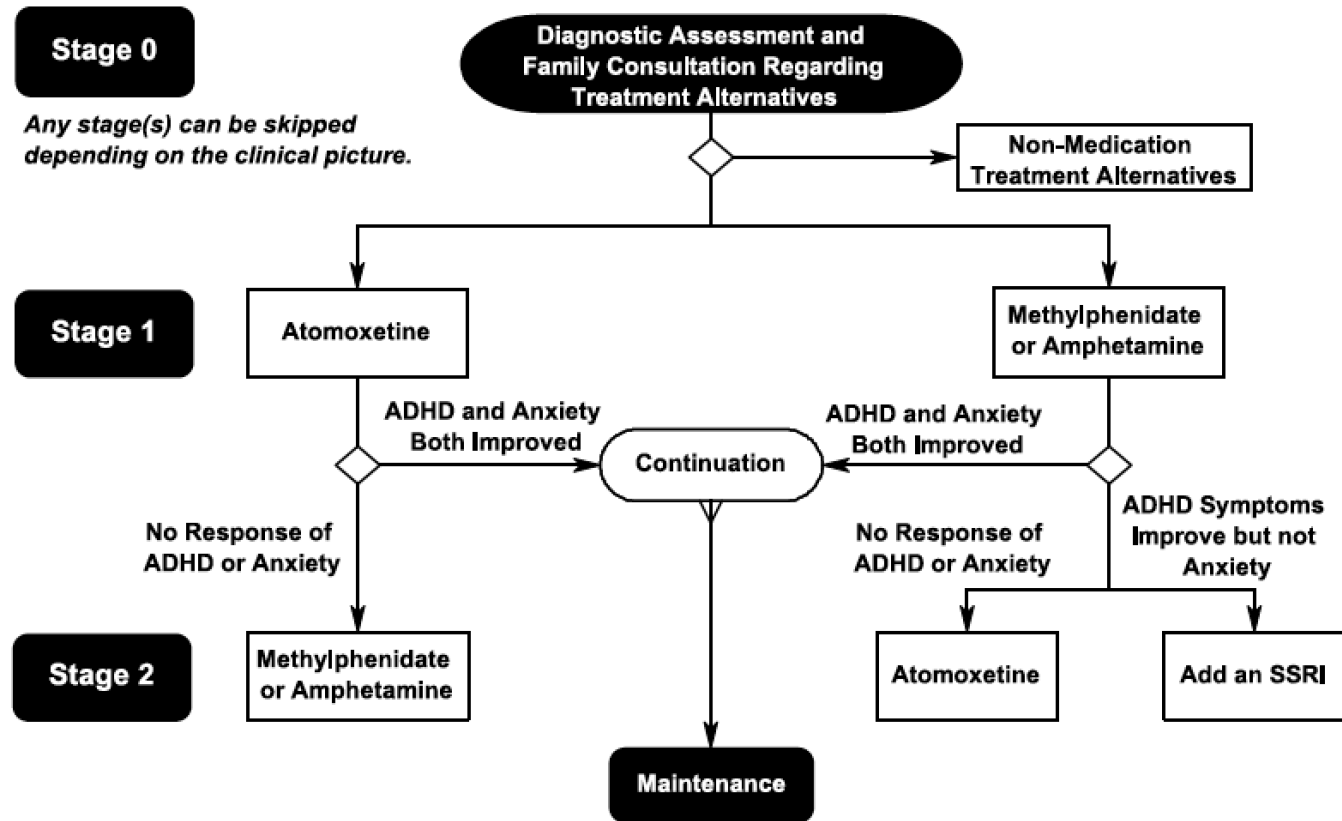
Treatment Plan for ADHD with Comorbid MDD



Adapted algorithms for the management of ADHD in context of comorbid conditions

Pliszka SR, et al. *J Am Acad Child Adolesc Psychiatry*. 2006;45:642-657.

Treatment Plan for ADHD with Comorbid Anxiety Disorders

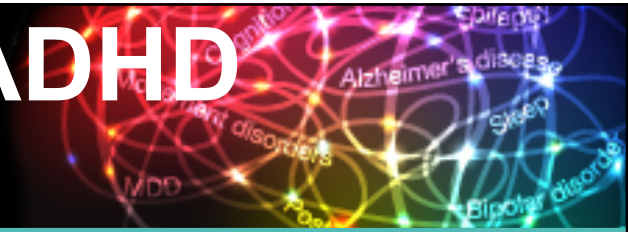


ADHD = Attention Deficit Hyperactivity Disorder
 SSRI = Selective serotonin reuptake inhibitor

Adapted algorithms for the management of ADHD in context of comorbid conditions

Pliszka SR, et al. *J Am Acad Child Adolesc Psychiatry*. 2006;45:642-657.

Managing Comorbidity in ADHD Patients



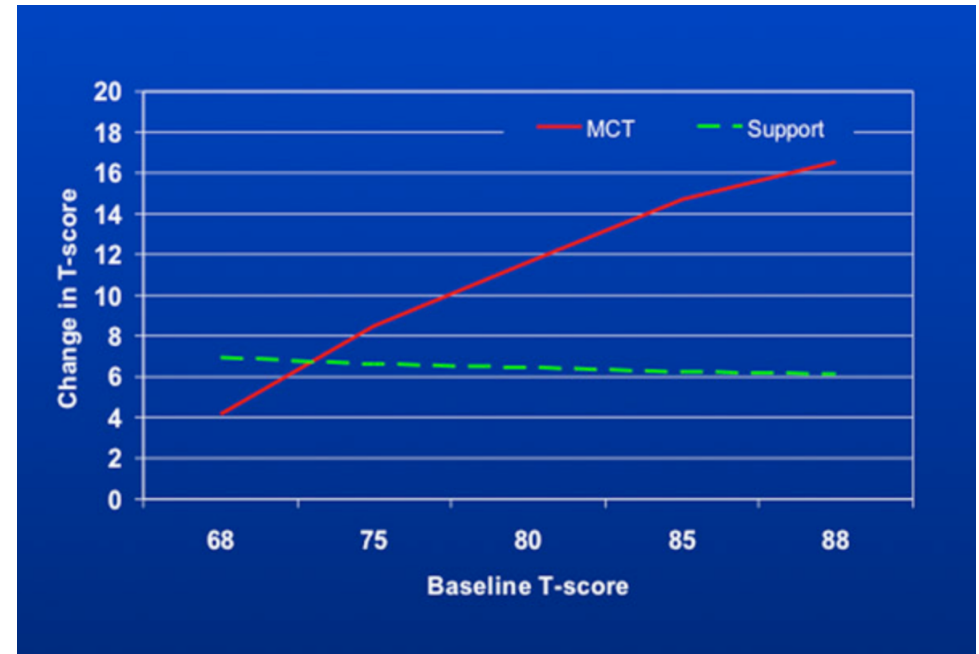
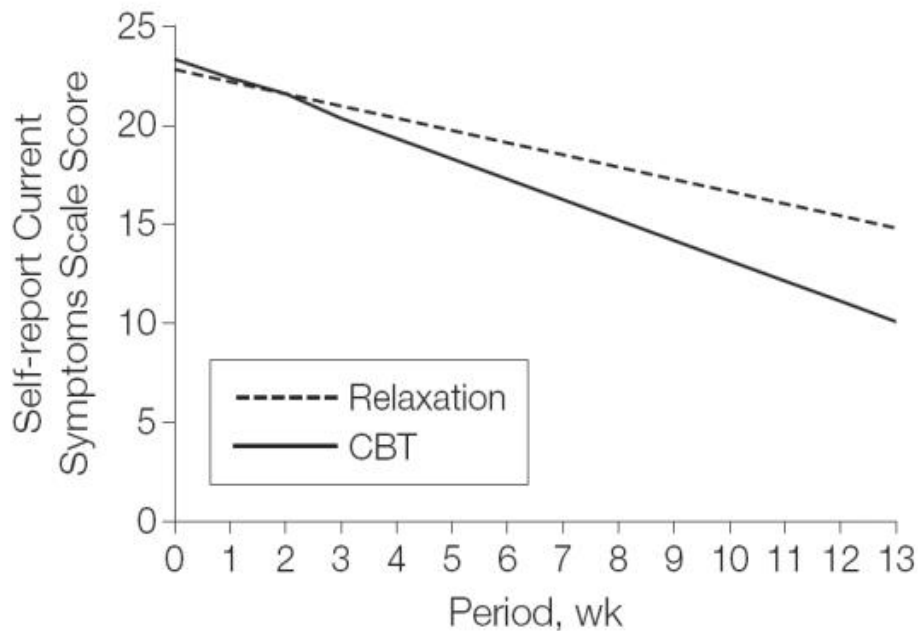
- **Broad Considerations**

- Safety/Severity
- Extent to which comorbidity is associated with ADHD
- Timing

- **Disorder-Specific Considerations**

- Substance use disorders
- Mood disorders
- Anxiety disorders
- Other medical issues

Benefits of Cognitive Behavioral Therapy for Adult ADHD



MCT, meta-cognitive therapy

Safren SA, et al. *JAMA*. 2010;304:875-880; Solanto MV, et al. *Am J Psychiatry*. 2010;167:958-968.

Treatment Monitoring Over Time



Clinical Judgment

- Easy, intuitive, cheap
- Less objective, prone to recency bias

myADHDportal.com

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- Dr. Phil J. Scherowitz, MD
PHYSICIAN

HEAR FROM OTHER DOCTORS

PLAY THE VIDEO

How can this improve my ADHD care? | Download Our Informational Brochure | Watch the Demonstration Video | FAQ

Estroff, J.N., Langberg, J.M., Lichtenstein, P.K., Gibb, R., Altman, M., & Simon, J.D. (2011). Use of a web portal to improve community-based pediatric ADHD care: A randomized controlled trial. Pediatrics, 128, e1207-e1208.

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Rating Scales

- Easy, more objective
- Many options
- Might overemphasize symptoms over functional impairments

Integrated Systems

- Automated and evidence-based
- Convenient
- Not universally available
- May have costs or accessibility issues for patients
- May become more efficient as technology develops

Emerging Therapies for ADHD: HDL200



- HDL200-delayed release and extended-release methylphenidate
 - Intended to be taken before bed to alleviate morning symptoms of ADHD
- Phase 3 trial in 163 children with ADHD, age 6 to 12 with a prior response to methylphenidate
 - After 3 weeks of treatment, HDL200-ER demonstrated a statistically significant improvement versus placebo in mean ADHD-RS-IV scores 24.1 vs. 31.2, $p = .002$
 - Significant improvements in ADHD-RS-IV total scores were also evident after 1 ($p < .001$) and 2 weeks of treatment ($p = .002$) with HDL200 versus placebo
- Commonly reported TEAEs ($\geq 10\%$) were insomnia and decreased appetite.

TEAEs = treatment emergent adverse events.

Pliszka SR, et al. J Child Adolesc Psychopharmacol. 2017;27(6):474-482.

Emerging Therapies for ADHD: Non-Stimulants: Dasotraline

- Dasotraline
 - Dopamine and norepinephrine reuptake inhibitor (DNRI) for children, adolescents, and adults
 - Half life 47 to 77 hours
- Phase 2/3 trial in 336 children between age 6 and 12
 - ADHD-RS-IV HV total score improved significantly from baseline to week 6 with dasotraline 4 mg/d vs placebo ($p < .001$).
 - Both the inattentive and hyperactivity/impulsivity subscale scores were significantly improved with 4mg/d vs placebo at week 6 ($p = 0.001$ and $p = 0.003$, respectively)
 - Most common adverse events were insomnia and decreased appetite

Goldman R, et al. APSARD 2017. Abstract S23.

Questions & Answers



Don't forget to fill out your evaluations to collect your credit.

