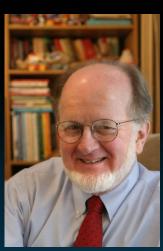


Understanding the True Costs of ADHD: An Examination of the Whole-Life Impact

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Learning Objective

Identify the extensive burden imposed by ADHD, including brain morphology, cognitive and psychosocial functioning, and psychiatric and medical comorbidities.

What is the Essential Problem in ADHD?

Old understanding: behavior problems and not listening

New understanding: developmental impairment of the brain's management system

ADHD

- 1. Aspects of brain's EF don't come online in usual time frame
- 2. And they don't work consistently



ADHD: Comorbidities and Risks





Brown's Model of Executive Functions Impaired in ADHD

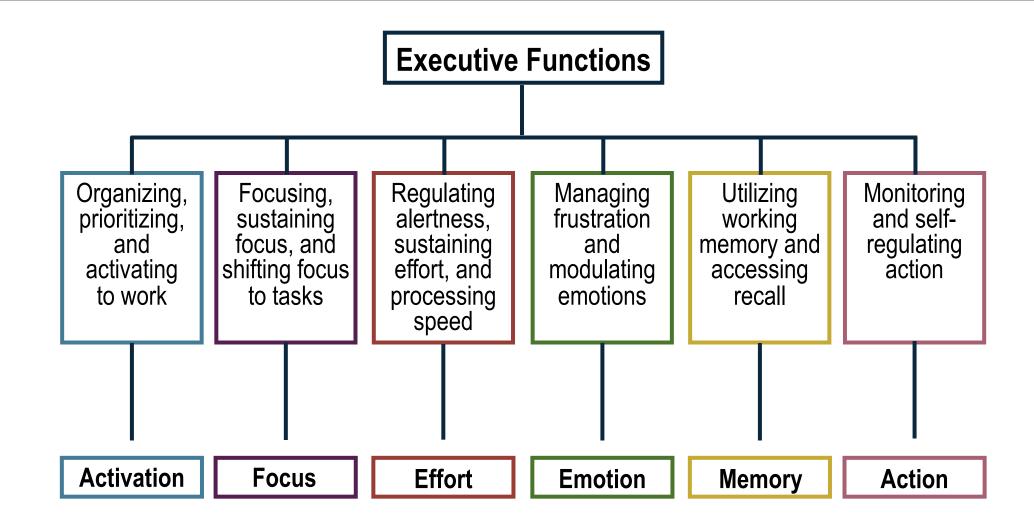
Executive Functions

- Wide range of central control processes of the brain
- Connect, prioritize, and integrate cognitive functions—moment by moment
 - Like conductor of a symphony orchestra
 - Dimensional, not "all-or-nothing"
 - Everyone sometimes has some impairments in these functions
 - In ADHD, it is a chronic, severe impairment
- Situational variability: "If I'm interested"
 - Most persons with ADHD have a few activities where ADHD impairments are absent

While it may look like it, ADHD is *not* a willpower problem

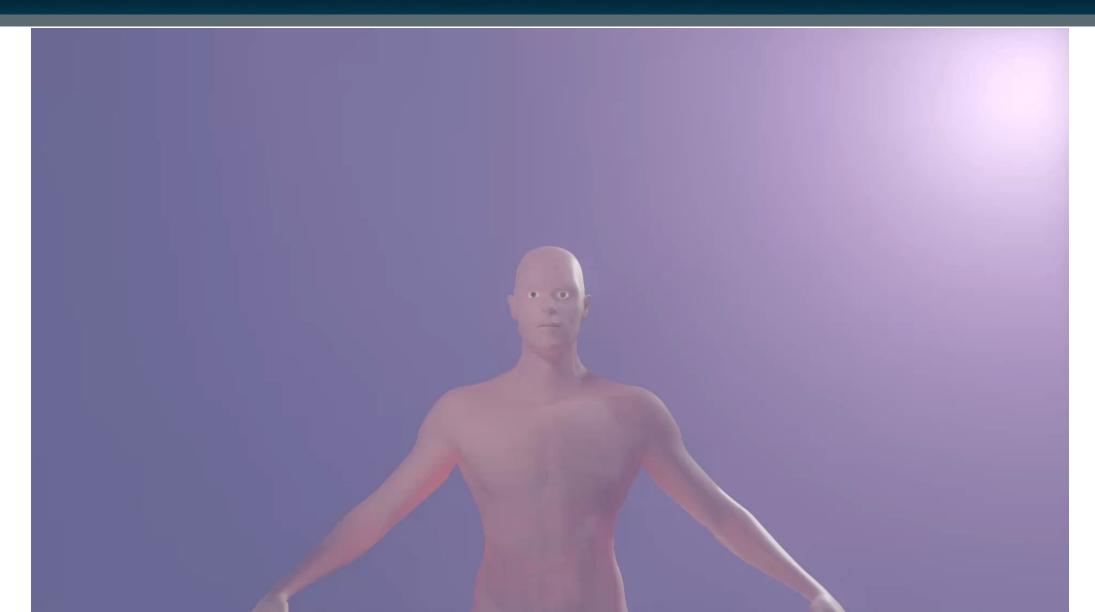


Brown's Model of Executive Functions Impaired in ADHD



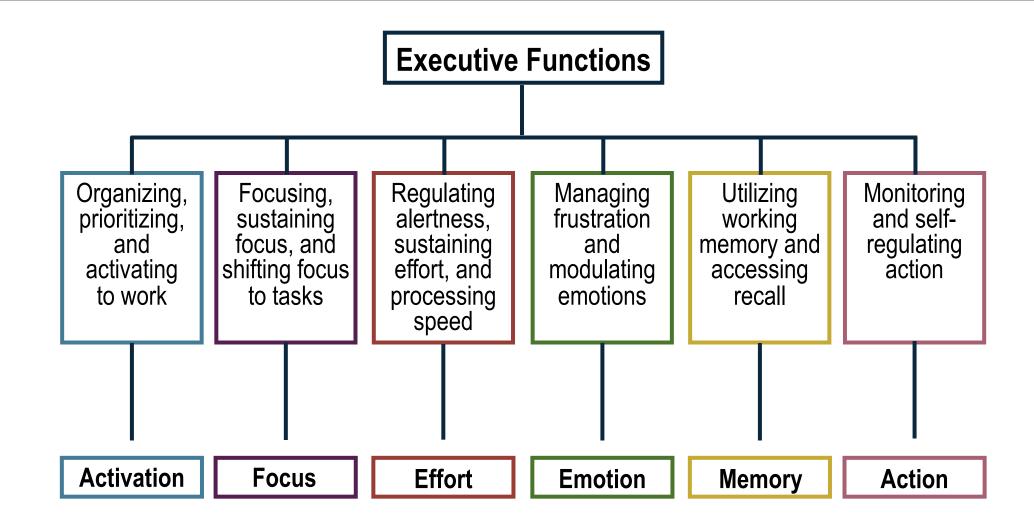


ADHD: Brain Mechanisms Involved



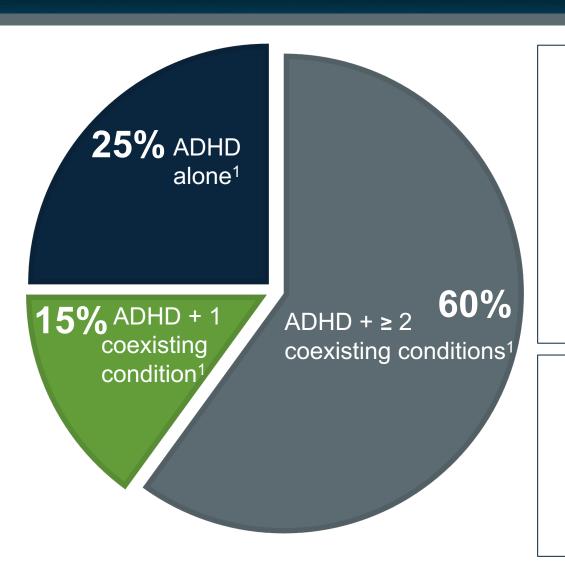


Brown's Model of Executive Functions Impaired in ADHD





Multiple Psychiatric Comorbidities is Common



Children²

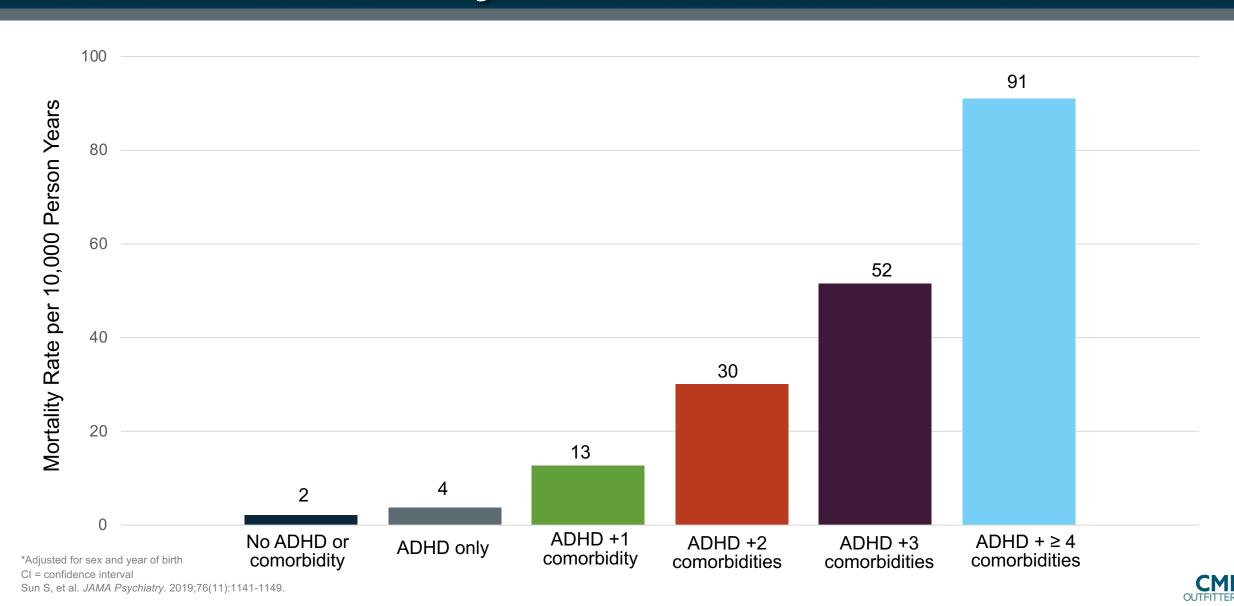
- 70% learning disorders
- 59% autism spectrum disorder
- 55% tics
- 30%-50% ODD
- 15%-35% anxiety disorders
- 12%-50% depression

Adults³

- 19%-53% depression
- 50% anxiety
- 5%-47% bipolar disorder
- 2x greater risk of substance misuse disorders



Psychiatric Comorbidities Increase the Risk of Premature Mortality in Adults with ADHD



Health Risk Behaviors

Neurocognitive Deficits

- Executive function deficits
- Self-regulation problems

Behavioral ADHD Symptoms

- Impulsivity
- Hyperactivity
- Inattention

Functional Problems

- Academic
- Home
- Social

Environmental Problems

- Low school engagement
- Family conflict
- Delinquent peers

Health Risk Behaviors

- Substance use
- Disordered eating
- Risky sexual behavior



Medication

Behavioral Interventions

- Family/Parenting
- Psychosocial Treatment
- School Intervention



Family education and engagement





Lower Educational Attainment

- Children with treated ADHD are at higher risk of¹:
 - Unemployment
 - Not continuing education or training 6 months after leaving school
 - Special educational needs



- In individuals with untreated ADHD²:
 - •79% have worse achievement test outcomes
 - •75% have worse academic performance
- Young adults with ADHD are³:
 - Significantly less likely to have graduated high school
 4x less likely to obtain a college degree



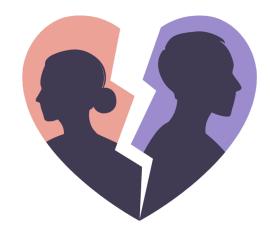


Reduced Social Functioning and QoL

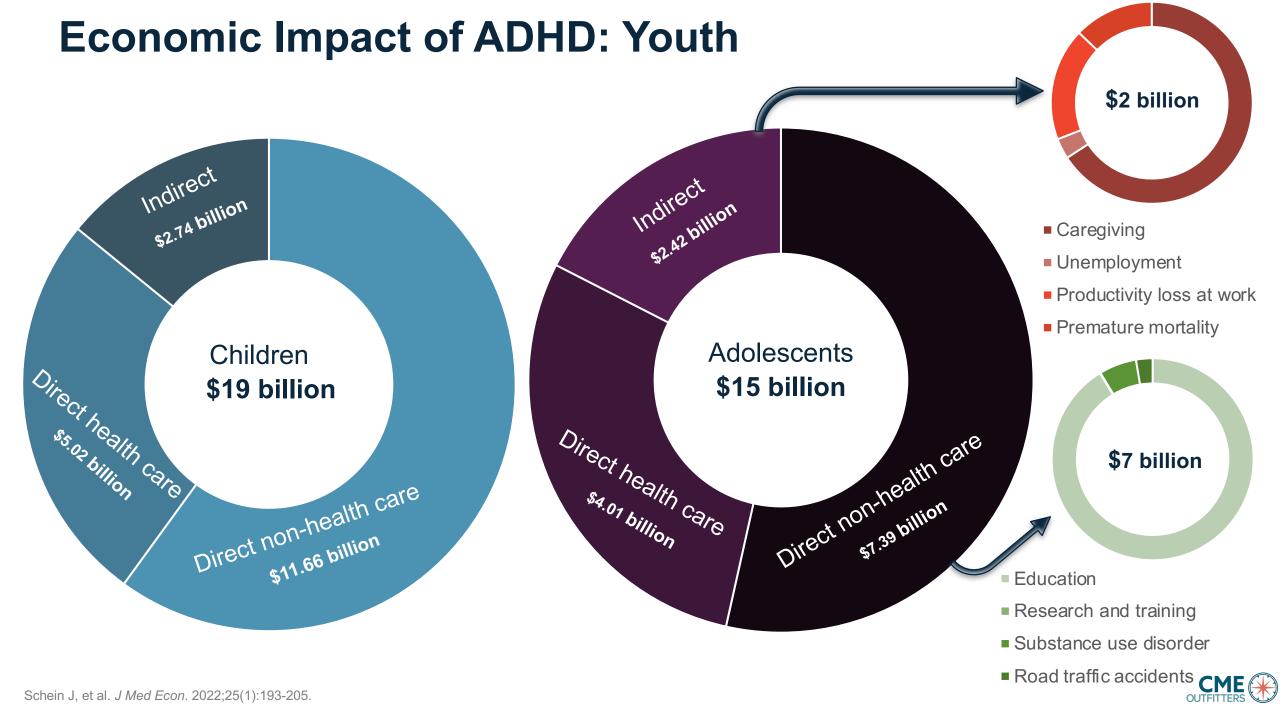
- ADHD prevalence in prison populations:
 30.1% among youth prisoners¹

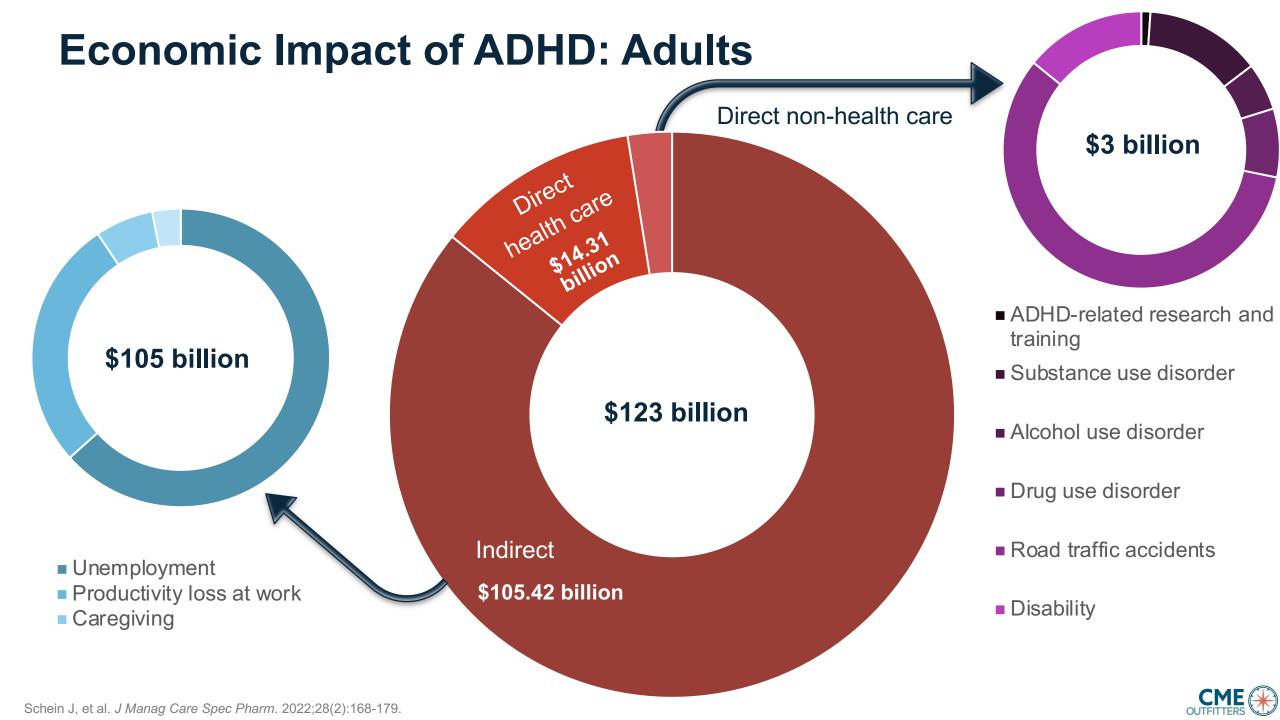
 - 26.2% among adult prisoners¹
 - •2-3x risk of later arrest, conviction, and incarceration²

- Survey of 1,001 adults with ADHD found³:
 - •37% (vs. 18% controls) had been arrested
 - Divorce was more likely (28% vs. 15% controls)
 - Less satisfaction with their family, social, and professional lives









Modes of Treatment



CBT

- Cognitive
- Behavioral



Metacognitive therapy



Pharmacological treatments

- Stimulants
- Nonstimulants



Effects on Brain Physiology in ADHD

- Stimulants can exert regulating effects on brain structure¹⁻⁵
 - Volume reductions present in children and adolescents, but not in adults^{4,5}
 - Long-term treatment may normalize changes found in white matter, anterior cingulate cortex, thalamus, and cerebellum^{4,6}
- AMP increases the release of DA across multiple regions of the brain⁶
- Dose-dependent AMP alters regional CBF to areas of the brain with DA innervation⁶
- MPH may normalize cortical development trajectory, brain activation patterns, and functional connectivity in children with ADHD⁴
- MPH reduces regional CBF in the prefrontal cortex and increases regional CBF in the thalamus and precentral gyrus⁷
- Nonstimulants increase neuronal activity in the frontal cortex⁸
 - In animal studies, nonstimulants prevent dendritic spine loss in the PFC and protects working memory performance⁸
 - Increase lateral prefrontal cortex activity, correlating with improvement in ADHD symptoms9



Impact of Treatment on Youth Psychosocial **Outcomes**

- ADHD pharmacological treatment reduced the probability of teens¹:
 - Contracting an STD by 3.6%
 - Having a substance use disorder by 7.3%



 In adolescent patients receiving consistent stimulant treatment, smoking rates were noted to be significantly lower^{2,3}





Impact of Treatment on Educational Outcomes

- A meta-analysis of 176 studies (1980-2012) of long-term (≥ 2 years) academic outcomes found¹:
 - Achievement test outcomes (79%) and academic performance outcomes (75%) were worse in untreated ADHD compared with non-ADHD controls
 - Improvement in both outcome groups was associated with treatment, more often for achievement test scores (79%) than academic performance (42%)
- A Swedish study of 657,720 students (n = 29,128 w/ ADHD) after 3 months of ADHD treatment found²:
 - Decreased risk of failing to advance to next school level
 - Higher GPA
 - Positive teacher assessments



SMART Goals

Specific, Measurable, Attainable, Relevant, Timely

- Understand the whole-life impact of ADHD and appreciate the benefits of different treatment modalities in alleviating multiple categories of disease burden
- Appreciate the impact that medication adherence has on ADHD symptoms and comorbidities
- Recognize that the comorbidity profiles of ADHD differ in children and adults





Snack 2

Can You ID ADHD?
Tips and Tools to
Improve Your Rate of
Detection in Adults

Snack 3

Moving Beyond
Limitations in ADHD
Management:
Best Practices for
Personalized
Therapy for
Children and Adults

Snack 4

Empowering Patients to Make Informed Treatment Decisions in ADHD: What They Need to Know



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