

Autonomy Is Critical for Teens With ADHD

Make adolescents partners in terms of deciding whether, or when, they will take their medications.

BY FRAN LOWRY
Orlando Bureau

ATLANTA — Adolescents with attention-deficit hyperactivity disorder need to be listened to by their physicians and given a sense of being in control of their lives and their therapy, Dr. Howard Schubiner said at the annual meeting of the American Academy of Pediatrics.

This approach tends to improve compliance, increase motivation, and create an atmosphere for success for the adolescent, he said.

Teenagers must be made to feel that they are respected and that they are equal partners with their physicians in terms of deciding whether, or when, they will take ADHD medications, said Dr. Schubiner of Providence Hospital, Southfield, Mich.

"Teens want to be in control . . . So I give them control, assuming that they are ready to make reasonable decisions for themselves. I ask them what their goals are, and they tend to respond well to this," he said.

"The reality is that I do not have access to any different medications than you do. What makes me effective with teens is my relationship with them," Dr. Schubiner told his audience.

ADHD can impair a teen's chances of success in life if it is not treated. It is true that adolescents can be difficult to reach, but if the physician makes an effort to "really listen to them, find out what they are good at and what they like to do, en-

courage them to pursue positive activities, and believe in them, they tend to do well," said Dr. Schubiner, who specializes in treating children, adolescents, and adults with ADHD.

A plethora of studies has demonstrated that taking stimulants improves distractibility, fidgeting, parent-child interactions, and problem-solving activities with a child's peers.

The studies also have shown that academic progress often is dramatically improved, and that spelling, math, and reading skills are enhanced when children who have ADHD take the appropriate medications, said Dr. Schubiner, who disclosed that he is a member of the speakers' bureaus for McNeil and Shire pharmaceutical companies.

Dr. Schubiner stressed the importance of rolling with a teen's resistance and never pushing medication use.

He gave some tips on ways to talk to patients, giving examples of how he talks to his teen ADHD patients to allay their fears (and the fears of their parents) about taking medication and—most importantly—to establish a good rapport with them and encourage them to be motivated:

► **First, explain what ADHD is.** "I explain that ADHD has no relation to in-

telligence, that it is a mild disability. Take myself, for example, I wear glasses. If I didn't have them, I wouldn't have been able to go to medical school and become a doctor. So my glasses have allowed me to use my potential," he said. He tells patients that "it is the same with you and medications for ADHD. You have potential, and you can realize your potential if you are successfully treated."

► **Ask the patients what they are good at.** "That is the most important question.

I don't care if it's video games. I found out that one of my patients was interested in NASCAR racing, so I asked who was his favorite driver, what was that driver doing, and so on. The critical thing is to

find something that you can connect with these kids on, to get them to show you their strengths," Dr. Schubiner said.

"I encourage them to recognize how they have been successful at learning new skills, such as video games, NASCAR, dance, art, or music, and show them that these same skills can help them in school or in any endeavor," he said.

► **Reassure them they can stop taking their medication any time they want.** "I treat a lot of people with medication because it works. I tell them, 'I don't care if you take the medication or not. It doesn't matter to me. But I care that you achieve your goals. I use medications because they usually help teenagers achieve their goals. But if you don't want to take medications, that's fine. We can discuss how you plan

on achieving your goals without it. If you ever want to stop your medication, just let me know.'"

► **Put the patients in control.** "I tell them, 'If you choose to try medications for ADHD, I will work with you very closely to ensure that there is benefit and there are no side effects, because I would not want to give you any medications if you're not being helped or you are having any side effects.'"

Dr. Schubiner said that he has zero tolerance for side effects, and emphasizes to his patients that side effects simply mean that they are not on the right dose, or not on the right medication.

Common stimulant side effects include headache, insomnia, decreased appetite, dry mouth, and feeling sweaty, jittery, or spaced out. Rare side effects include tics, psychosis, seizures, glaucoma, arrhythmia, and sudden cardiac death.

"Sudden cardiac death is extremely rare, and most are due to an underlying cardiac abnormality. The rate of sudden cardiac death in children taking ADHD medication is 0.4 per 100,000 person-years. But the rate of sudden cardiac death in the general population of children is 1.5-8.3 per 100,000 person-years. So it's actually higher in the general pediatric population," Dr. Schubiner said.

Teens with a personal history of chest pain, shortness of breath, dizziness with exertion, syncope, hypertension, palpitations, or other potential cardiac problems should be evaluated further. In addition, physicians should inquire about a family history of sudden cardiac death, myocardial infarction prior to the age of 50 years, congenital heart disease, or rhythm problems. ■



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DR. SCHUBINER

Comorbidities Affect Preschoolers' Response to ADHD Therapy

BY DOUG BRUNK
San Diego Bureau

SAN DIEGO — Preschool children with attention-deficit hyperactivity disorder who had three or more comorbid disorders responded less favorably to 5 weeks of methylphenidate treatment, compared with children who had fewer comorbid disorders, according to the results of a randomized study.

Dr. Jaswinder K. Ghuman reported the findings of a secondary analysis of the National Institute of Mental Health Preschool and Treatment Study (PATS) at the annual meeting of the American Academy of Child and Adolescent Psychiatry.

Dr. Ghuman and her associates examined baseline characteristics of methylphenidate treatment response in 165 children aged 3.5-5 years who were randomized to methylphenidate over a 5-week period. The doses ranged from 7.5 mg/day to 22 mg/day.

Of the 165 children, 47 (28%) had no comorbid disorder, 69 (42%) had two comorbid disorders, and 15 (9%) had three to four comorbid disorders, reported Dr. Ghuman, who directs the infant and preschool program in the division of child and adolescent psychiatry at the University of Arizona in Tucson.

Oppositional defiant disorder was the most common comorbid disorder, followed by communication disorders and anxiety disorder.

She and her associates found that study participants who had three or more comorbid disorders responded

less favorably to 5 weeks of methylphenidate treatment, compared with those who had two, one, or no comorbid disorders.

They also found no evidence that age, ethnicity, gender, intelligence quotient, ADHD subtype and severity, or the mother's education level influenced treatment outcome.

In a separate presentation at the meeting, Howard Abikoff, Ph.D., discussed a subset analysis of 114 children in the PATS who improved with methylphenidate treatment. Of the 114 children, 61 received methylphenidate and 53 received placebo over a period of 4 weeks.

He and his associates compared the two groups of children to see whether the methylphenidate improved children's social skills, classroom behavior, and ratings of parenting stress.

At baseline and at week 4, the investigators administered the Strengths and Weaknesses of ADHD Symptoms and Normal Behavior (SWAN) scale, the Social Competence Scale (SCS), the Parenting Stress Index (PSI), and the Clinical Global Impression-Severity (CGI-S) scale.

Of the 114 children, 24 in the placebo group and 9 in the treatment group dropped out because their behavior deteriorated, said Dr. Abikoff, who directs the Institute for Attention Deficit and Hyperactivity and Behavior Dis-

orders at New York University, New York. Two others declined study participation and one had medication-related side effects, resulting in a total of 36 children who dropped out of the study.

Dr. Abikoff reported that the placebo and treatment groups did not differ significantly in the parents' ratings for the SWAN, SCS, and PSI, or in the SWAN teacher ratings. However, the children's teachers rated children

in the treatment group as significantly improved on the SCS, compared with their peers in the placebo group.

"The teachers were picking up something," Dr. Abikoff said at the meeting. "Is that because teachers had an opportunity to judge a child's social functioning, compared to hundreds of other children they've worked with, and also be-

cause they're seeing that child interact with many children day in and day out, whereas parents are limited in what they're able to see?"

He also noted that results of the clinician CGI-S ratings showed significantly more improvement among children in the treatment group, compared with those in the placebo group.

Dr. Abikoff said the findings underscore "the need for multiple informants when you're working with children with ADHD, regardless of their age, but certainly when they're in the preschool range. ■

In a separate analysis of PATS data, differences between parents' and teachers' ADHD ratings underscored 'the need for multiple informants.'