

ADD/ADHD

Webinar Training Series



Literature Review

Treatment of Attention-Deficit/Hyperactivity
Disorder: Overview of the Evidence

November 1, 2018



Special Learning, Inc.

Autism Education for Parents, Teachers, and Therapists

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Housekeeping

1. Post questions. One of our moderators will select the questions to present to Dr. Brown.
2. If you experience technical issues during the webinar, contact GotoWebinar directly by calling (877) 582-7011.
3. Complimentary 30-day access to a recorded version of this webinar will be available in 7 to 10 days. You will receive an eMail with login instructions.
4. This is eligible for 1 Type II CEU (BACB).
5. Please complete the survey after the webinar and let us know what you would like for us to cover in the ADD/ADHD Webinar Series.

Learning Outcomes

1. Participants will understand the objective(s) of “Treatment of Attention-Deficit/Hyperactivity Disorder: Overview of the Evidence” paper.
2. Participants will understand the outcomes of this paper.
3. Participants will learn about evidence-based approaches to treating ADHD.
4. Participants will understand the definition of “symptoms” as it pertains to ADHD and evidence-based approach(es) for addressing this.
5. Participants will understand the definition of “functioning” as it pertains to ADHD and evidence-based approach(es) for addressing this.



Ann Beirne, M.A. BCBA

Ann Beirne, M.A. BCBA is a Board Certified Behavior Analyst who has worked as a clinician for over 20 years and has seen applications of applied behavior analysis across the lifespan. She has worked as a clinician, private consultant, and professor of applied behavior analysis. As the Director of Training at the Global Autism Project, she has presented at conferences both locally and internationally and has trained professionals working with individuals with autism on 5 continents.

She is currently writing a book on ethics, co-authored with Jacob Sadavoy, Clinical Services Coordinator at the Global Autism Project.

Ann is also a mom with a son with ADHD.



Dr. Ronald T. Brown, PhD

Dr. Brown is a Professor and Dean in School of Allied Health Sciences at University of Nevada, Las Vegas, USA. He served as the Associate Vice-Chancellor for Academic (Health Affairs) at the University of North Texas System. Dr. Brown completed his Ph.D. from Georgia State University and has been the past President of the Society of Pediatric Psychology and the Association of Psychologists of Academic Health Centers. He is a board certified clinical health psychologist and has been an active clinician, teacher, advocate and investigator.

He served as a member of the Behavioral Medicine study section of the NIH and chaired several special panels at NIH. Dr. Ronald Brown's area of specialization includes behavioral sciences, pediatric psychology, attention deficit disorders, neuropsychology, psychopharmacology, learning disabilities and psychosocial oncology. He currently serves as the Editor of Professional Psychology: Research and Practice.

Increase in Prevalence Rates

Cases and diagnoses of ADHD have been increasing dramatically in the past few years. The American Psychiatric Association (APA) says that [5 percent of American children](#) have ADHD. But the Centers for Disease Control and Prevention (CDC) puts the number at more than double the APA's number. The CDC says that [11 percent of American children](#), ages 4 to 17, have the attention disorder. That's an increase of [42 percent in just eight years](#).

- [Increase in Diagnoses:](#)
- 2003: 7.8%
- 2007: 9.5%
- 2011: 11 %

The 5th edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5) now allows doctors to issue a joint diagnosis of autism and ADHD. ***What's the implication?***

Source: [ADD Resource Center](#)



ADHD in Numbers

Attention deficit hyperactivity disorder (ADHD)

is a mental disorder that most often occurs in children.



6.4 Million American children ages 4-17 have been diagnosed with ADHD.

Average age of ADHD diagnosis: **7**

Age when symptoms of ADHD typically first appear: **3-6**

6.1% of American children are being treated for ADHD with medication.

42% increase in ADHD diagnoses over the past 8 years

Source: [ADD Resource Center](#)

Scope of Paper

“The American Academy of Pediatrics’ Committee on Quality Improvement, Subcommittee on Attention-Deficit/Hyperactivity Disorder, reviewed and analyzed the current literature for the purpose of developing an **evidence-based clinical practice guideline** for the treatment of the school-aged child with attention deficit/hyperactivity disorder (ADHD).”

American Academy of Pediatrics Technical Report

[Treatment of Attention-Deficit/Hyperactivity Disorder: Overview of the Evidence](#)

Ronald T. Brown, PhD; Robert W. Amler, MD; Wendy S. Freeman, PhD; James M. Perrin, MD; Martin T. Stein, MD; Heidi M. Feldman, MD, PhD; Karen Pierce, MD; Mark L. Wolraich, MD; and the Committee on Quality Improvement, Subcommittee on Attention-Deficit/Hyperactivity Disorder

Abstract

This review included several key reports, including an evidence review from the McMaster Evidence-Based Practice Center (supported by the Agency for Healthcare Research and Quality), a report from the Canadian Coordinating Office for Health Technology Assessment, the Multimodal Treatment for ADHD comparative clinical trial (supported by the National Institute of Mental Health), and supplemental reviews conducted by the subcommittee. These reviews provided substantial information about different treatments for ADHD and their efficacy in improving certain characteristics or outcomes for children with ADHD as well as adverse effects and benefits of multiple modes of treatment compared with single modes (eg, medication or behavior therapies alone).

The reviews also compared the effects of different medications. Other evidence documents the long-term nature of ADHD in children and its classification as a chronic condition, meriting the application of general concepts of chronic-condition management, including an individual treatment plan with a focus on ongoing parent and child education, management, and monitoring.

- The evidence strongly supports the use of stimulant medications for treating the core symptoms of children with ADHD and, to a lesser degree, for improving functioning.
- Behavior therapy alone has only limited effect on symptoms or functioning of children with ADHD,
- Although combining behavior therapy with medication seems to improve functioning and may decrease the amount of (stimulant) medication needed.
- Comparison among stimulants (mainly methylphenidate and amphetamines) did not indicate that 1 class outperformed the other.



Upcoming Webinar in ADD/ADHD Series

[ADD/ADHD Q&A with Dr. Ronald T. Brown, PhD LIVE Webinar](#)

November 15, 2018

9:00am to 11:00am Pacific