PEDIATRIC COLLABORATIVE CARE BEHAVIORAL HEALTH CONFERENCE 2023-2024

TEXT: 608-260-7097

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NEED SUPPORT? EMAIL STACEY PARKER AT SKPARKER2@WISC.EDU

Department of Pediatrics
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School of Medicine and Public Health
UNIVERSITY OF WISCONSIN–MADISON

WHEN SHOULD KIDS AND TEENS BE REFERRED FOR NEUROPSYCHOLOGICAL EVALUATION?

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CONFLICT OF INTEREST

THE PLANNER AND SPEAKERS OF THIS CE ACTIVITY HAVE NO RELEVANT FINANCIAL RELATIONSHIPS WITH INELIGIBLE COMPANIES TO DISCLOSE.

THE SPEAKERS DO NOT INTEND TO DISCUSS ANY UNLABELED OR UNAPPROVED USE OF DRUGS OR DEVICES.

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PLEASE TAKE A MOMENT AT THE END OF THE SESSION TO COMPLETE YOUR EVALUATION.

THANK YOU!

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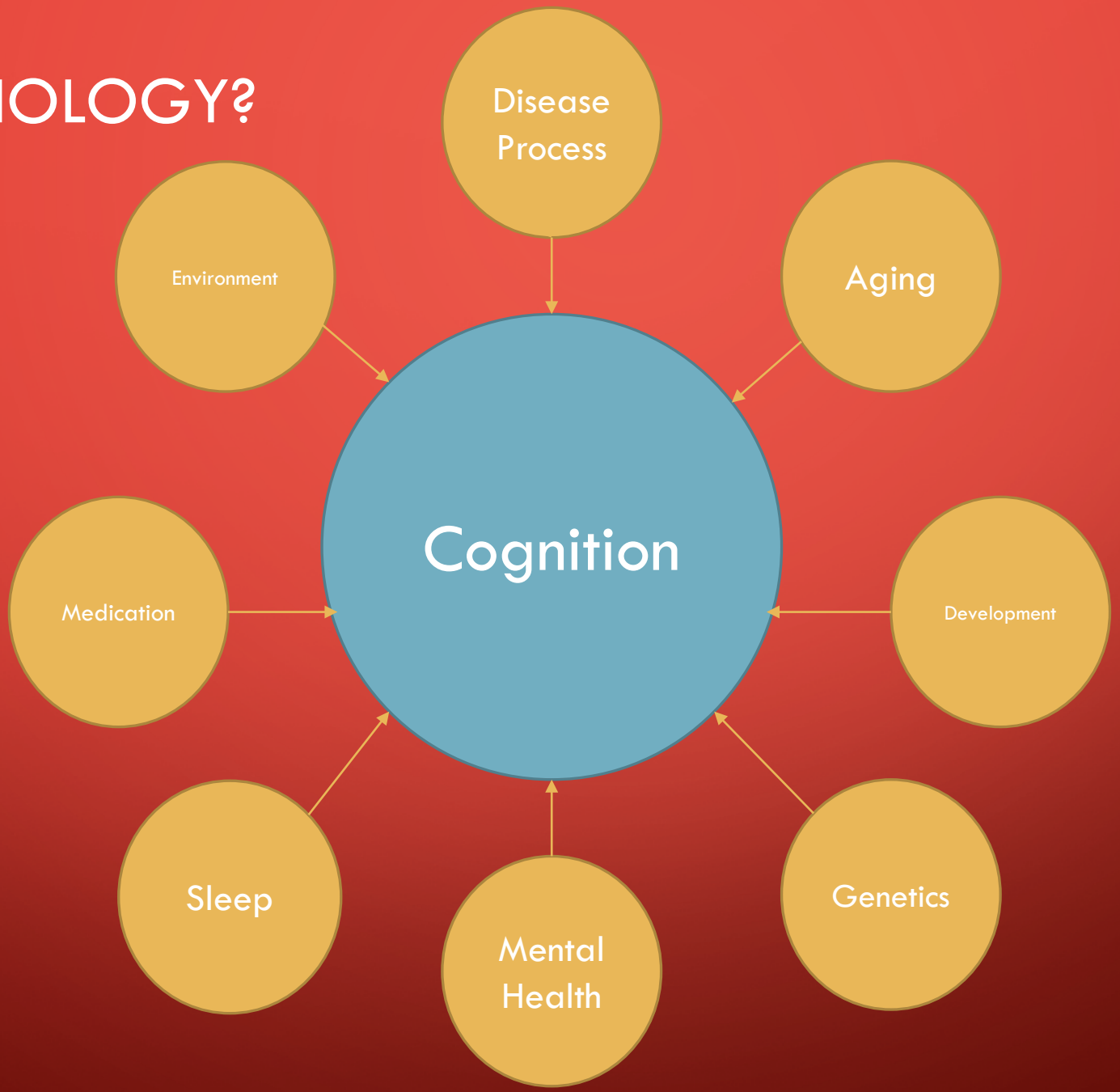
LEARNING OBJECTIVES

- Define the lack of utility of neuropsychological evaluation in pediatric anxiety, depression, and ADHD.
- Compare neuropsychological evaluation and clinical psychological evaluation.
- Identify appropriate referrals for pediatric neuropsychological evaluation.
- Demonstrate a good referral question for pediatric neuropsychology.
- List instances when neuropsychological evaluation is warranted in the context of anxiety and depression.

PSYCHOLOGY VERSUS NEUROPSYCHOLOGY

WHAT IS NEUROPSYCHOLOGY?



PSYCH VS NEUROPSYCH EVALUATION

PSYCHOLOGICAL EVALUATION

- Diagnose a psychiatric condition.
  - Anxiety
  - Depression
  - Behavioral disorders
  - ADHD
- Evaluates:
  - Personality tests
  - Behavior (Self and Caregivers Reports)
- Might include IQ

NEUROPSYCHOLOGICAL EVALUATION

- Focus on differential diagnosis of cognitive disorders.
  - Intellectual disability
  - Neurocognitive disorder
  - Learning disability
- We are diagnosticians - differential diagnosis is the focus of our evaluations.
  - Diagnose and identify cognitive needs
- We check for depression and anxiety, but this is not the primary purpose of neuropsychological testing, and we don't go into as much depth as a psychological evaluation would.

WHEN DO YOU NEED PSYCH VS NEUROPSYCH EVALUATION

PSYCHOLOGICAL EVALUATION

- Concerns are psychiatric or behavioral - not cognitive.
- The psychiatric picture is “murky” and is difficult to define. Assistance with differential diagnosis or comorbid diagnosis is needed.
- Assist with psychiatric/mental health treatment planning.

NEUROPSYCHOLOGICAL EVALUATION

- There are concerns for a cognitive issue that need to be assessed or ruled out.
  - IQ
  - Language
  - Learning
- Assistance is needed for diagnostic clarity for cognitive disorders.
- Caveat: ADHD has some cognitive symptoms, but the diagnosis is still a behavioral diagnosis.

HOW DO WE DIFFERENTIATE ADHD FROM OTHER PSYCHIATRIC CONDITIONS?

DO YOU NEED NEUROPSYCH TESTING FOR ROUTINE ADHD?

NO

- For routine anxiety?
  - No
- For routine depression?
  - No
- To differentiate between anxiety/depression and ADHD?
  - No

DIFFERENTIAL DIAGNOSIS: PUT YOUR S.O.C.'S ON!

DEPRESSION

- Symptoms: Depressed / irritable mood, diminished interest, significant weight loss or weight gain, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue, feelings of worthlessness, diminished ability to think or concentrate, SI.
- Onset: More acute than ADHD; typically over a few weeks to months. Likelihood increases with puberty.
- Course: Waxing and waning.

ADHD

- Symptoms:
  - Inattentive: Inattention to details, short attention span, does not seem to listen when spoken to directly, disorganization, avoids tasks that require sustained mental effort, loses things, easily distracted, forgetful.
  - Hyperactive/impulsive: Fidgets, leaves seat when staying seated is expected, runs about or climbs, plays loudly, "on the go," talks excessively, blurts out answers, trouble waiting their turn, interrupts.
- Onset: Neurodevelopmental with slow/insidious onset. "Growing into deficits."
- Course: Quite stable over time and across settings.

DIFFERENTIAL DIAGNOSIS: PUT YOUR S.O.C.'S ON!

ANXIETY

- Symptoms: Restlessness or feeling keyed up or on edge, fatigued, trouble concentrating or mind goinging blank, irritability, muscle tension, sleep disturbance, worry or fear for certain situations (e.g., separation, social, school, phobias, etc.).
- Onset: For some kids it can start during the developmental period, for others, it can be later
  - Mean age of onset = 11 years old.
  - Specific phobia / separation anxiety = 7 y.o.
  - Social phobia = 13 y.o.
  - Generalized anxiety = 19 y.o.
- Course: Often situationally dependent.

ADHD

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CHECKLISTS TO SUPPLEMENT CLINICAL INTERVIEW

- Vanderbilt: ADHD, ODD, Anxiety/Depression, School Problems
- Depression: PHQ, PROMIS
- Anxiety: GAD-7, PROMIS, SCARED

DIFFERENTIAL DIAGNOSIS OR COMORBIDITY?

- It doesn't have to be either/or.
- ADHD comorbidity:
  - Behavioral disorder: 27%
  - Anxiety: 18%
  - Depression:15%

WHEN IS TESTING APPROPRIATE IN THE CONTEXT OF DEPRESSION/ANXIETY?

- If there is additional concern and evidence of a cognitive or developmental problem:
  - Intellectual disability
  - Language delay
  - Learning disability

HOW CAN I TALK TO FAMILIES ABOUT NEUROPSYCHOLOGICAL EVALUATIONS FOR ADHD?

ADHD AND ANXIETY/DEPRESSION OVERLAP

- Attention is among the most commonly disrupted cognitive system in psychiatric disorders.
- Anxiety and depression have concentration deficits listed as symptoms:
- Anxiety: Difficulty concentrating or mind going blank.
- Depression: Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).

SENSITIVITY, SPECIFICITY, AND VALIDITY

- Neuropsych tests, just like lab tests, have sensitivity and specificity values.
- Neuropsychological tests are inadequate in identifying ADHD specifically.
- What does this mean?
  - Some tests can tell us if there are attention problems, but they don't tell us the cause of these problems. They don't differentiate between ADHD and other disorders very well. We are relying on clinical interview for this.
  - The problem: If a child is getting referred to Neuropsychology, we usually know there is a problem if some kind, so our tests aren't going to help us specify what that problem is.

DOES TESTING REALLY HELP?

- Kids can do poorly on attention tests for a number of reasons:
  - Anxiety
  - Depression
  - Low motivation
  - Poor sleep due to insomnia

- Testing is completed in a quiet, distraction free, highly structured, one-on-one setting.
  - This is the setting where children with ADHD do the best. So some kids with ADHD can do OK on some attention tests because the environment is right.
  - Tests have limited incremental and ecological validity.

- In cases when I am asked to differentiate between anxiety/depression and ADHD, I am relying heavily on my clinical interview. This is the most valuable data point.

WHAT DO I TELL FAMILIES?

"We don't need neuropsychological testing to make or confirm a diagnosis of ADHD. The tests that we have don't tell us whether someone has ADHD. Some kids can do poorly on an attention test because they have anxiety or depression, or because they aren't sleeping well. That doesn't mean they have ADHD. Some kids with ADHD can do well on an attention test in our clinic because it is in a quiet, distraction free, structured, one-on-one setting – this environment is where kids with ADHD do the best. These tests don't help us very much with diagnosing ADHD."

"The research that has been done on ADHD diagnosis still shows that the best and most reliable way to make an ADHD diagnosis is to see what ADHD symptoms a child is having every day in different settings, not just for a few hours in a clinic. The best way to see what ADHD symptoms a child has every day is with parent and teacher checklists – these are people who spend a lot of time with your child. The research tells us that using these checklists with a clinical interview is still the best way to evaluate and diagnose ADHD. Compared to attention tests, these checklists do a much better job at telling us who has ADHD and who doesn't."

THE CONS OF NEUROPSYCH TESTING FOR ADHD

- TIME!
- Our waitlist is between 18-24 months.
  - 2 School years!
- Waiting for Neuropsych testing to make or confirm a diagnosis is valuable time when the child could be getting treatment, accommodations, etc.

REFERRALS

MAKING A REFERRAL

- What are some medical tests that we are selective about ordering?
  - MRI
  - EEG
  - Genetic workup
- Neuropsychological testing is a very costly (often to families) and time intensive procedure with a long waitlist.
- Would we order an MRI because of a parent/teacher/therapist request?

HOW DO WE KNOW WHEN WE SHOULD REFER TO NEUROPSYCHOLOGY FOR EVALUATION

- There should be a cognitive or developmental symptom that you, as their provider, can't explain.

- Know your question. Articulating the question that you think needs to be answered will help you know where to refer the patient.
  - We are diagnosticians, so the referral question should ideally be asking us to differentiate or rule out cognitive disorders.

    ✓ Does this child have an intellectual disability that is contributing to treatment resistant ADHD?

    X Evaluate and treat.

CASE EXAMPLES

CASE #1

- 11-year-old healthy male presents for attention problems and defiance:
- What questions would we want to ask?
  - Other symptoms?
    - More tearful, irritable, withdrawn, not out playing with friends like he used to.
  - When did they start?
    - Around February. Teachers have not noticed any problems and he is well behaved at school.
  - Course?
    - Relatively stable since Feb. Sunday nights are “terrible.”
  - How are they doing in school academically?
    - No concerns. On grade level.

CASE #1

- What are we most concerned about?
  - Mood disorder
- Does he need Neuropsych testing?
  - There are no identified cognitive or developmental concern (above and beyond attention complaints).
- How can we differentiate ADHD from anxiety/depression in this case?
- Next steps?
  - PHQ, Vanderbilt, Office visit for clinical interview. Initiate appropriate treatments.

CASE #2

- 7-year-old female presents for attention complaints and separation anxiety.
- What questions would we want to ask?
  - Other symptoms?
    - Easily distracted, short attention span, "scattered," always on the go, out of seat at school. Teachers concerned as well.
    - Doesn't separate from mom without a lot of tears. Needs a separation plan at school.
    - Still learning her letters, just learned how to write their name, learning to count past 20.
  - When did they start?
    - Anxiety symptoms started at the beginning of the school year.
    - She's always been a high energy kid, and has always needed redirection/support
    - Developmental delays including language delays early on.
  - Course?
    - Attention and development have been relatively stable with slow progress as she gets older.
    - Separation problems escalated throughout the schoolyear.
  - How are they doing in school academically?
    - Behind in most areas.

CASE #2

- What are we most concerned about?
  - Anxiety, ADHD, Intellectual disability
- Does she need Neuropsych testing?
  - Yes. Why? What differentiates this case from the previous case that didn't need testing?
- Next steps?
  - SCARED, Vanderbilt, Office visit for clinical interview. Initiate appropriate treatments for anxiety. Referral to Neuropsych.

LEARNING OBJECTIVES: QUIZ

- Why isn't neuropsychological evaluation needed to make or confirm a diagnosis of ADHD?
- What are the differences between psychological and neuropsychological evaluation?
- Give an example of a good referral question for neuropsychological evaluation.
- When is a neuropsychological evaluation warranted in the context of anxiety and depression?

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