Pediatric Collaborative Care Behavioral Health Conference 2024-2025

Text: 608-260-7097

Code: VEVNAH

Please text to record your attendance and claim credit. Even if you do not need the credit, please text in to record your attendance!

Need support? Email Kate Dougherty at catherine.dougherty@wisc.edu





Pediatric Collaborative Care Behavioral Health Conference 2024-2025

DDx: Anxiety, Inattention, Both, or Other

Julie Gocey, MD, MS 11/19/2024

Conflict of Interest Statement

- The planner and speaker of this CE activity have no relevant financial relationships with ineligible companies to disclose.
- The speaker does not intend to discuss any unlabeled or unapproved use of drugs or devices.

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10 % of US kids currently have a diagnosis of **ADHD**

1 million more kids with an ADHD diagnosis in 2022 than in 2016

58 % with moderate or severe ADHD

~ 78 % have at least 1 co-occurring condition

Complex ADHD Defined

ADHD and:

- ✓ One or more co-occurring medical, psychiatric, learning, or developmental condition
- ✓ Presentation before age 4 or after age 12
- ✓ Diagnostic uncertainty after PCP evaluation
- ✓ Moderate to severe impact of impairments
- ✓ Inadequate response to treatments

Barbaresi et al. (2020).

AAP Key Action Statements

KAS 2:

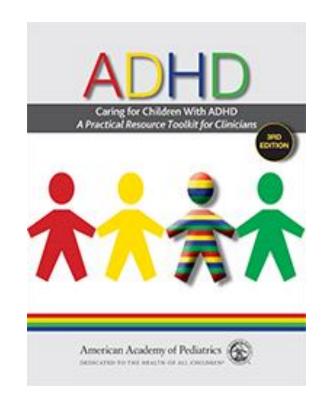
Make sure DSM-5 diagnostic criteria for ADHD are met

KAS 3:

At least screen for co-occurring conditions:

- Emotional, behavioral
- Language, learning
- Developmental
- Physical

How does AAP recommend we do this?



Zurhellen et al. (2020). Caring for Children With ADHD: A Practical Resource Toolkit for Clinicians, 3rd Ed. Develop consistent
workflows to support use of
standardized screening
tools* to help us document
core symptoms of ADHD and
related impairments

* Interpret scores in the context of a thorough history

Ideal screening tools are:

- Reliable and valid
- Age appropriate
- Brief, easy to read
- Appropriate for culturally and linguistically diverse families
- Patient entered, automatically scored
- Integrated into the EHR
- Helpful for tracking progress
- Minimal or no cost

Currently Available in *HealthLink*

<u>VADPRS</u> - Vanderbilt ADHD Diagnostic Parent Rating Scales

- Parent Initial for ages 5 -12 (?older kids)
- Child n/a

SCARED - Screen for Child Anxiety Related Disorders

- Parent for ages 8+
- Child if < age 11 may need help

PROMIS® Anxiety 2.0 - Patient Reported Outcome Measures

- Parent proxy for ages 5-17
- Child self-report for ages 8-17

<u>GAD-7</u> - Generalized Anxiety Disorder

■ Self-report – for ages 13-17

VADRS items / subscales

Subscales	Parent items	Teacher items
Core Sx	9 + 9	9 + 9
Externalizing	8 ODD 14 CD	10 ODD/CD
Internalizing	3 Anxiety 4 Depression	3 Anxiety 4 Depression
Performance	4 Academics 4 Relationships	3 Academics 5 Behaviors
Total	55 items	43 items

Counting symptoms and impairments does not confirm an ADHD diagnosis

VANDERBILTS	PARENT	TEACHER
Sensitivity [true +]	.80	.69
Specificity [true –]	.75	.84

Wolraich et al (2003).

Systematic review of diagnostic tools

"...valid and reliable diagnosis of ADHD ultimately still requires the judgement of a clinician who is experienced in the evaluation of youth with ADHD along with the aid of standardized rating scales an input from multiple informants from different settings."

Peterson et al, 2024, p. 8.

Easier said than done

- Gathering data from multiple raters a is timeand resource-intense challenge!
- Efforts to enhance some of our HealthLink tools are being made, so stay tuned.
- Future wishes:
 - Electronic rating scales in other languages
 - HIPAA-compliant electronic teacher rating scales
 - Electronic self-report scale for adolescents
 - Follow-up Vanderbilt Parent rating scales
 - Parent rating scales adapted for preschoolers

Importance of a Yes, and approach

- 1/3 to 1/2 with ADHD also have an anxiety d/o
- Each condition impacts a child's thoughts, feelings, and behaviors and in turn impacts what different observers notice.
- Each condition has the potential to moderate or exacerbate symptoms of the other condition.
 - Checking and rechecking belongings, dates, times, etc., results in less obvious forgetfulness at school but brings internal distress and frequent reassurance seeking at home.





<u>ADHD</u>: problems with regulating attention, time blindness, disorganization, "endless beginnings," without fear as a core symptom

Anxiety: excessive worry and fears causing emotional distress, often leading to avoidance behaviors and physical symptoms

Similarities

Difficulty concentrating

Feelings of restlessness

Irritability or moodiness

Difficulty with tasks

Sleep problems

Worrying

Avoidance behaviors

Social difficulties

When zoning out, are they anticipating a embarrassment, catastrophizing, or ruminating about friend problems?

- or are they thinking about a zillion other more interesting ideas and plans?

Is the restless energy because they are feeling tense, scared, nervous?

- or because they have no idea why but have a strong need to move around, fidget, tap fingers, touch things, sing, talk, hum?

Is rude or bossy behavior or bossy or having a meltdown due to frustration with multiple reminders, corrections, and negative responses?

- or due to constant dread that something will go terribly wrong if they lose control or make a mistake?
- or it depends on the situation?

When struggling to finish a test or assignment, were they distracted, or forgot to put a book in their backpack, or need to spend time outside of the classroom to reset?

- or did fear of a less than perfect grade cause them to 2nd guess and keep changing their answers?

When they struggle socially, are they stressed about what others think, worrying about being on time, or afraid of bees?

- or do they interrupt, go too far with jokes, lack awareness of personal space, or struggle to notice social cues?

Do headaches or stomach aches happen mostly on school nights and mornings but resolve most weekends or soon after they are allowed to miss school?

When they can't fall asleep, are they tense from dreading the next day at school or reliving an upsetting memory?

- or are they unable to quiet their imagination or calm their body?
- or a mix of both?

In Summary

 Most ADHD is at least somewhat complex – and it often feels messy to sort through



- Clinical practice guidelines from AAP (2019) and SDBP (2020) provide review of evidence-based recommendations, tools, and implementation tips.
- Accurate diagnosis comes down to understanding the limits of the tools we have and using our clinical skills to make an informed clinical judgement

"Not everything that counts can be counted, and not everything that can be counted counts."

Sociologist W. B. Cameron, (1963).

Please take a moment at the end of the session to complete your evaluation.

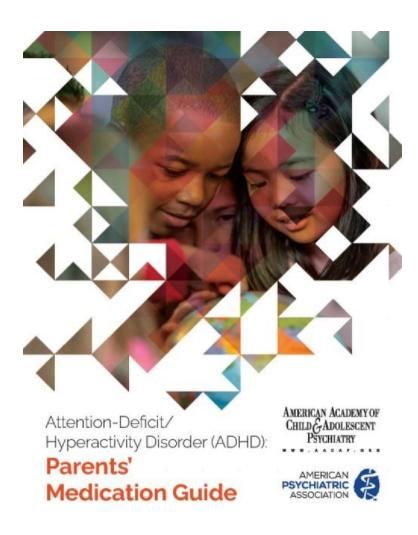
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Thanks for your attention!

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