

What is ADHD/ADD?

Problems with

Focus & attention

Impulse control /
hyperactivity (in most
cases)

Emotional regulation

Other associated problems

ADHD: The Core Deficits

Problems with
ATTENTION

**IMPULSIVITY /
HYPERACTIVITY**

2 major subtypes

ADHD, predominantly
inattentive type

ADHD, combined type

ADHD: The Core Deficits

INATTENTION

IMPULSIVITY /

HYPERACTIVITY

“ADD”: ADHD, Predominately Inattentive Type

Rarely aggressive or ODD/CD

More prone to anxiety & depression

Parents generally less stressed (so may be less motivated to treat)

Parents more concerned about academics

“ADD”: ADHD, Predominately Inattentive Type

Symptoms may actually increase slightly with age

Later age of diagnosis typical

Gender: ADHD, COMBINED Boys>Girls (2+:1);
ADHD, PIT: Boys only slightly more than girls, if that.

“ADD”: ADHD, Predominately Inattentive Type

May be: Shy, reticent, withdrawn, daydreamy, sluggish.

Hyperactivity is less obvious or absent, so recognition may come later.

Poorly organized

Passive in school

What is ADHD?

Inattention

Poor *persistence* toward goals or tasks

Distractible

Trouble re-engaging after distraction

Impaired working memory

(notes about paying attention)

Attention span is often *fine* in activities child finds interesting & fun.

Q: Can child pay attention to *not-so-interesting & 1 stuff?*

Good days/bad days.



Hyperactivity–Impulsivity

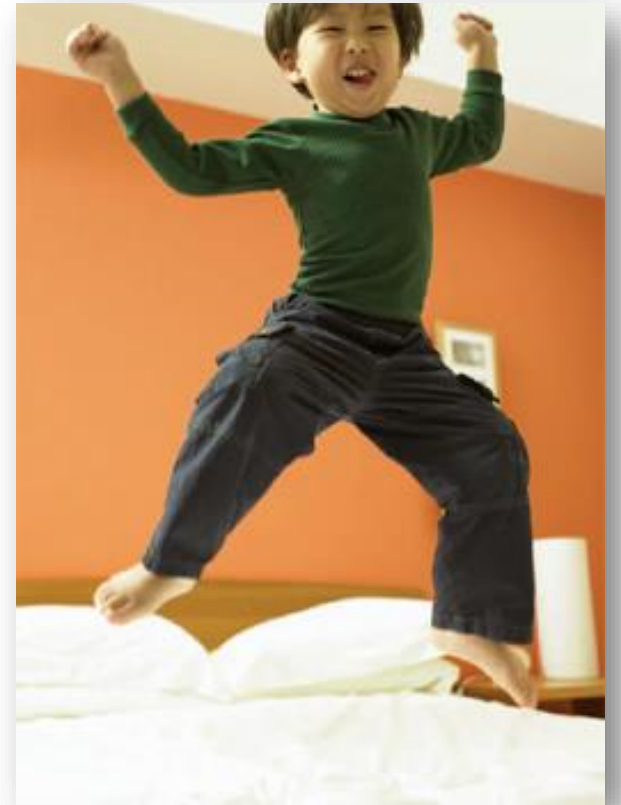
verbal & motor

Impulsive: trouble WAITING on what they want

Too much focus on NOW, not enough “future orientation.”

Excessive movement/verbal behavior

Fidgeting, squirming, running, climbing



Impulsivity

Behaving or speaking without adequately weighing risks & benefits

often associated with a higher risk of pathological gambling, substance abuse, poor interpersonal skills, car accidents, and incarceration.

EMOTIONAL DYSREGULATION in ADHD

Emotionally impulsive

Less able to control expression of emotions (negative & positive)

Low frustration tolerance,
impatient

EMOTIONAL DYSREGULATION in ADHD

Quick anger/hostility

Emotional excitability, reactivity

Difficulties offsetting a negative emotion with a positive one

Impaired self-motivation

ADHD: The Core Deficits

Problems with ATTENTION

IMPULSIVITY / HYPERACTIVITY

A large orange circle is positioned on the left side of the slide, partially cut off by the edge.

New
systematic
review of
ADHD
treatment

Peterson & Trampush et al.
"Treatments for ADHD in
Children and Adolescents:
A systematic review"
PEDIATRICS vol 153, #4,
April 2024.

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April 2024 review of research (PEDIATRICS)

LARGE IMPROVEMENT	MODERATE IMPROVEMENT	LOW (but some) IMPROVEMENT
Amphetamines (the Adderall family)	Methlyphenidate (the Ritalin family) Non-stimulant meds (FDA-approved)	Psychosocial treatment Parent support Cognitive training Nutritional interventions
Available, lower cost Side effects (appetite loss chief among them)		Far less available, more costly, more time-consuming. No adverse effects (other than time/money)

Neurofeedback

2025 meta-analysis found no meaningful improvement in ADHD symptoms when ratings came from people unaware of treatment assignment.

Neurofeedback for Attention-Deficit/Hyperactivity Disorder: A Systematic Review and Meta-Analysis (JAMA Psychiatry, Vol 82, #2).

Samuel J. Westwood, PhD1; Pascal-M. Aggensteiner, PhD2; Anna Kaiser, PhD2 et al

Surprisingly...

Research has not consistently shown additional improvement in core ADHD symptoms from combined treatment. But behavioral treatment can still help with parenting, behavior, and daily functioning.

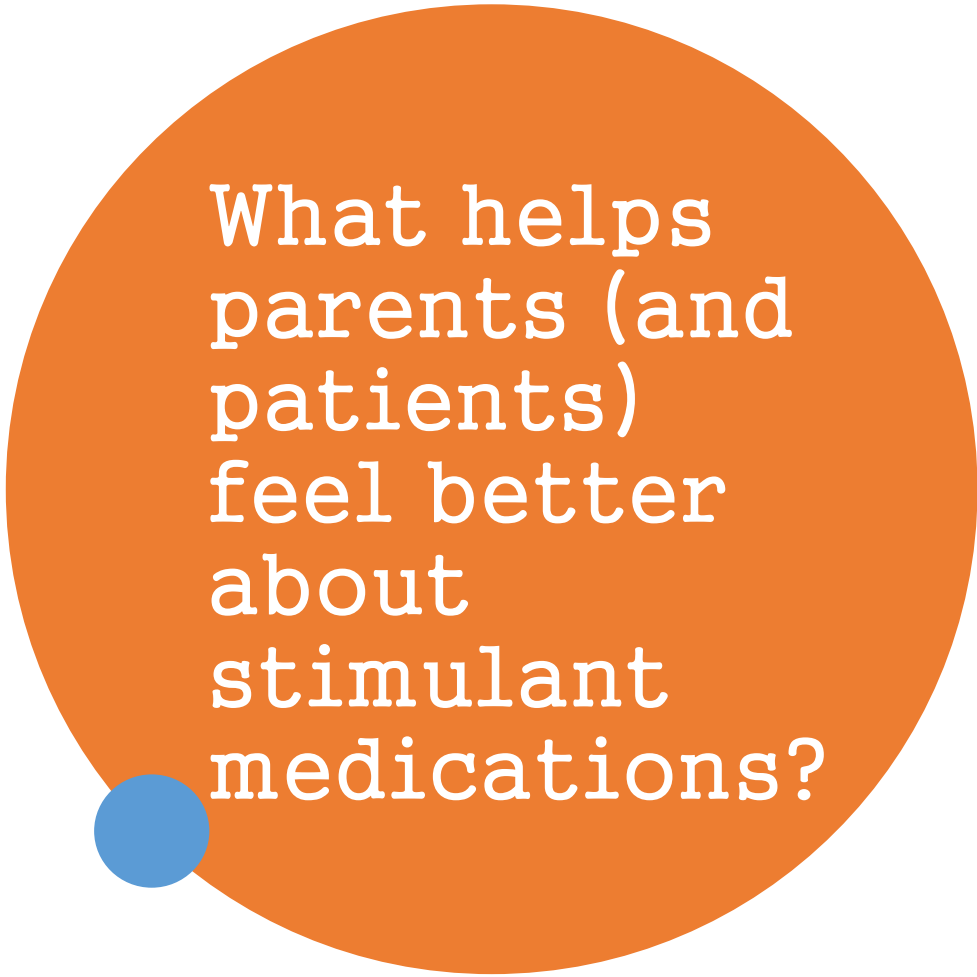
“Clinical guidelines currently advise treatment of youth >6 years of age with FDA-approved medications, which the findings of this review support. Furthermore, FDA-approved medications have been shown to significantly improve broadband measures...(and) have been shown to improve disruptive behaviors, suggesting their clinical benefits extend beyond improving only ADHD symptoms.”

Peterson, TRAMPISH et. al. “Treatments for ADHD in Children and Adolescents: A Systematic Review” PEDIATRICS. 2024: 153(4)

What helps parents (and patients) feel better about stimulant medications?

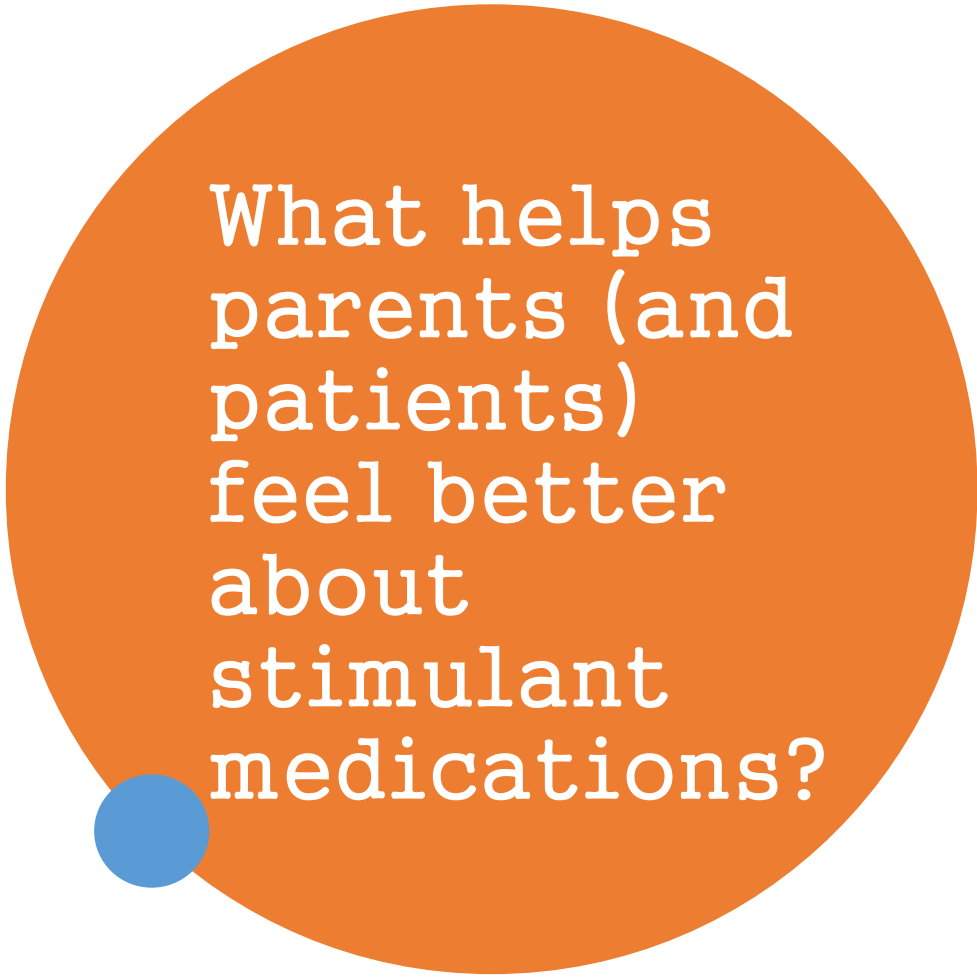
- Stimulants do not accumulate in the body. “In and out”
- Meds don’t “change personality.”
- Your child is not a zombie.





What helps
parents (and
patients)
feel better
about
stimulant
medications?

- Weight/growth issues may be an issue, but are almost always manageable
 - A trial of meds is not a commitment to long-term use
 - Side effects are not commonly serious / long-lasting
 - Discussion of risk-benefits. (The meds may be “bad” but untreated ADHD is worse.)
- 



What helps
parents (and
patients)
feel better
about
stimulant
medications?

- 
- **Goal is better functioning while your child remains themselves.**
 - **Emotional flattening, unusual irritability, or seeming unlike themselves warrants a medication review.**
 - **Monitor appetite, sleep, height/weight, blood pressure, pulse.**

- 
- A close-up photograph of a young boy with light brown, wavy hair and brown eyes. He is peeking over a plush, teal-colored cushion or sofa. He is wearing a green long-sleeved shirt. The background is blurred, showing an indoor setting with warm lighting.
- Medication
 - Parent & Patient Education
 - Parenting Support
 - Educational
Modifications/Accommodations
 - Exercise/Outdoor Time

THIRD EDITION Over 300,000 in print!

"This is not just another book. This is a great book....Although aimed at parents, [it] has something for everyone involved with ADHD kids: teachers, psychologists, doctors, and family."

—*Pediatric News*

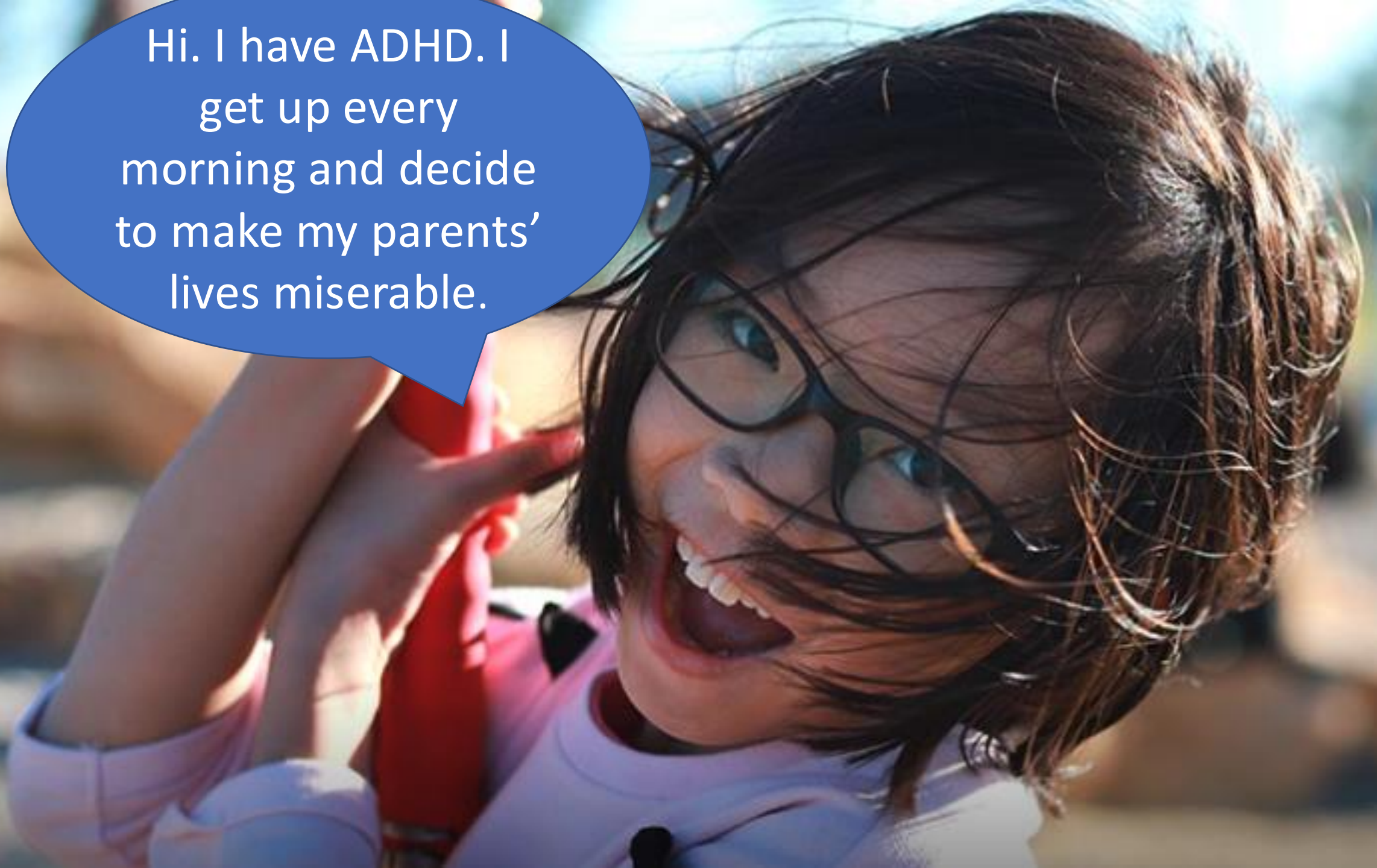
Taking Charge *of* ADHD

The Complete,
Authoritative Guide
for Parents



RUSSELL A. BARKLEY, PhD

Hi. I have ADHD. I
get up every
morning and decide
to make my parents'
lives miserable.



Mental Health Care?

Everyone with ADHD should have regular follow-up with a clinician knowledgeable about ADHD, including checks for co-occurring problems. Even if they appear to be doing well.



Common co-occurring disorders

Perhaps as many as 70% of people with ADHD will qualify for another diagnosis at some point.

ADHD & Girls: New Study (UCLA, PEDIATRICS, Oct 2016)

2000 girls between 8–13

Co-occurring disorders	ADHD GIRLS	Non- ADHD GIRLS
Anxiety Disorder	38%	14%
Depression	10%	3%
Oppositional/ Defiant	42%	5%
Conduct Disorder	13%	<1%

Girls with attention deficit hyperactivity disorder are at higher risk than girls without ADHD for multiple mental disorders that often lead to cascading problems such as abusive relationships, teenage pregnancies, poor grades and drug abuse.

Adult Complications of untreated ADHD

- School underachievement/failure
- Depression, self-harm, suicide
- Poor relationships, including marriages (divorces)
- Substance abuse
- Job problems

Risks of untreated ADHD in adults

- Low self-esteem, depression, and anxiety
- Chronic stress due to these issues can also lead to other conditions.
- Difficulty in relationships
- Job instability.
- Negative parent-child interactions
- Drug and alcohol misuse
- Increased mortality rate
- A myriad of health problems which, on the surface, would seem to not have anything to do with ADHD

Adult Complications of untreated ADHD

- Financial problems (Lower SES, underemployment & financial mismanagement)
- Incarcerations
- Unplanned pregnancies
- *ACCIDENTS (driving, head injury)*

ADHD is NOT merely a
person who has
trouble paying
attention, who may or
may not be
hyperactive.

