



THE CATHOLIC WOMEN'S LEAGUE OF CANADA

DISCUSSION PAPER ON

ASSESSMENT AND TREATMENT OF

ATTENTION DEFICIT/HYPERACTIVITY DISORDER

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Discussion Paper on
Assessment and Treatment of Attention Deficit/Hyperactivity Disorder

The Catholic Women's League of Canada is the largest national organization of women in Canada with more than 102,000 members represented in every province and territory and in the military.

Attention Deficit/Hyperactivity Disorder (ADHD) is the most common behavioural disorder of childhood, estimated to affect three to five per cent of school-age children (Canadian Paediatric Society, 2003). This disorder accounts for a large percentage of the referrals made to school professionals, psychologists and psychiatrists because of its disruptive and overt nature.

Children with ADHD usually have pronounced difficulties and impairment resulting from the disorder across multiple settings, e.g., at home, at school and with peers. Core symptoms of the disorder include an inability to sustain attention and concentration, distractibility and impulsivity. Associated features vary depending on age and developmental stage and may include low frustration tolerance, temper outbursts, bossiness, stubbornness, excessive and frequent insistence that requests be met, demoralization, dysphoria, rejection by peers, and poor self-esteem (Landau & McAninch, 1993). In addition, research has identified resultant long-term adverse effects on academic, vocational, social-emotional and psychological outcomes (Weiss & Hechtman, 1993). In their severe form, attention disorders are very impairing, affecting social, familial and scholastic adjustment (American Psychiatric Association, 1994).

There is a growing concern that ADHD is not always properly diagnosed. Generally, ADHD symptoms, degree of impairment and longitudinal course form a coherent pattern from which well-trained clinicians can reliably diagnose attention disorders at a high level of accuracy. Many clinical treatment studies of the condition have also been conducted, resulting in substantial evidence of efficacy for a variety of treatment approaches (e.g., Pelham, Gnagy, Greiner, Hoza, Hinshaw, Swanson, Simpson, Shapiro, Bukstein, Baron-Myak & McBurnett, 2000). However, despite the substantial progress in the assessment, diagnosis and treatment of children and adults with ADHD, the disorder has remained controversial in many public and private sectors. The major controversies regarding this disorder concern the use of psycho stimulants to treat the condition.

Methylphenidate hydrochloride is the chemical name for the drug, known in Canada as Ritalin, which is most frequently prescribed for attention disorders. Ritalin use has increased five fold between 1990 and 1997 "and continues to increase" (Health Canada, July 2001). In order to develop a better understanding of the increased use of Ritalin, Health Canada conducted a survey of "Diagnosis and Treatment with Methylphenidate among Canadian physicians in 1999." The results of the survey indicated that approximately two-thirds (68%) of the respondents indicated an increase in the use of Ritalin.

The increased availability and use of Ritalin have intensified the concerns about use, overuse and abuse. Moreover, there is a diverse opinion among doctors, psychologists and educators concerning the effectiveness of psycho stimulants. Based on the empirical literature, it is estimated that approximately 75% of children treated with stimulant medications such as Ritalin improve (Pelham,

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1993; Swanson, McBurnett, Wigal, Pfiffner, Lerner, Williams, Christian, Tamm, Willcut, Crowley, Clevenger, Khouzam, Woo, Crinella & Fisher, 1993). However, there are some children who either exhibit no response or their attention symptoms worsen with medication. In addition, research indicates that for some children there can be adverse side effects of stimulant treatment including irritability, loss of appetite, insomnia, nausea, dizziness, stomach aches, head aches, tachycardia, skin rashes and drowsiness. Clearly, for some children with attention disorders, alternative methods are warranted.

The Mayo Clinic recently identified a number of “counselling therapies” that could be beneficial for children and adults with ADHD, including psychotherapy, behaviour therapy, family therapy, social skills training, support groups and parenting skills training (Mayo Clinic, 2003). The Mayo Clinic’s communiqué (2003) stated, “Other approaches, such as biofeedback and neurobiofeedback are being studied but are still considered to be unproven and experimental.” It further was noted that “special diets and supplements” have not been shown to be effective.

Research indicates that it is critical to conduct a comprehensive assessment that takes into account developmental level (Barkley 1981, 1990). As indicated earlier, while some individuals with attention disorders appear to benefit from stimulant treatment, others may not tolerate such treatments (Wilens & Biederman, 1992). A multi-method assessment process can provide crucial information toward implementing intervention strategies that are most likely to be successful. The intervention strategies that have the greatest research support in the treatment of ADHD require a multi-faceted approach including medical, educational management and behavioural training.

While a multi-modal method has been shown to be effective for ADHD, few primary care physicians actually use this approach in their treatment with children. For example, in a survey (Wolraich, Lindgren, Stromquist, Milich, Davis & Watson, 1990) primary care physicians reported utilizing behaviour modification. However, parents of a sample of their patients with ADHD did not report receiving the intervention. Parents reported that their children’s treatment involved only medication even though research has demonstrated a multi-modal approach is the most effective.

The Catholic Women’s League of Canada recognizes that ADHD is a complex learning and behavioural disorder affecting a large number of children world-wide. The League believes that before a child is diagnosed with ADHD, a comprehensive assessment should be conducted. Moreover, the League believes that professionals involved with the diagnosis and treatment of ADHD should communicate to parents and others that there are treatments other than Ritalin. Once a treatment plan has been prescribed by the doctor, parents are encouraged to monitor and to administer the treatment plan. The League recognizes that implementing an individualized treatment approach that has been shown to be effective offers the greatest potential for long-term positive academic, social and psychological development of the child.

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