CADDRA – Canadian ADHD Resource Alliance

Doron Almagor MD FRCPC
Child, Adolescent and Adult Psychiatrist
Chair, The Canadian ADHD Resource Alliance
I have received research support, honoraria, speaker fees and unrestricted educational grants from the following companies:

- Purdue
- Janssen
- Shire
- Ironshore Pharmaceuticals
- Avir Pharma
Learning Objectives

- CADDRA
  Organization’s history and structure

- Guidelines and Resources
  Canadian ADHD Practice Guidelines and Resources

- Conference and Education
  Learning opportunities - research day, conference and ePortal

- Discussion
  Challenges in Newfoundland - how can CADDRA help?
CADDRA: History

1. Formed in 2003
2. Group of Clinician Specialists/Researchers working in ADHD
3. Consensus for the Assessment, Diagnosis and Treatment of ADHD
4. Ensure that individuals would receive the same assessment and treatment for ADHD across Canada
5. Annual National Conference on ADHD for 14 years
6. Annual ADHD Research Day for the last 5 years
7. Advocacy Role
Practice Guidelines: Worldwide

1. American Academy of Pediatrics
2. American Academy of Child and Adolescent Psychiatry
3. British Association for Psychopharmacology
4. CADDRA - Canadian ADHD Resource Alliance
5. ESCAP (European Society for Child and Adolescent Psychiatry)
6. Magellan ADHD Practice Guidelines
7. NICE (National Institute for Health and Clinical Excellence)
8. Royal Australian College of Physicians
9. SIGN (Scottish Intercollegiate Guidelines Network)
10. Texas Children’s Medication Algorithm Project
CADDRA: The Guidelines
Canadian ADHD
Practice Guidelines
Fourth Edition

- Provides **standardized** approach
- Accessible across **specialties and expertise** levels
- Provides and promotes public domain diagnostic and follow up **tools**
- **Across the lifespan** coverage
- Reviewed by **multidisciplinary** experts
- **Bilingual** translation (French/English)
- Evidence-based focus on practical clinical **application**
# CADDRA Guidelines Team

**4th Edition Guidelines Editors**

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<th>Authors and Reviewers, 4th Edition</th>
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CADDRA eToolkit

Canadian ADHD Practice Guidelines
Fourth Edition

- Published in English and French
- Can be downloaded from caddra.ca
- eBook version provided free to all residents
- Resources provided and needs assessment of medical directors underway

2019
- Version 4.1 Update
- Planning for 5th Edition begins
CADDRA GUIDELINES OVERVIEW

1. Diagnosis and Overview of Visits
2. Differential Diagnosis and Comorbid Disorders
3. Specific Issues in Children
4. Specific Issues in Adolescents
5. Specific Issues in Adults
6. Psychosocial Interventions and Treatments
7. Pharmacological Treatment of ADHD
8. Appendix for Treatments Requiring Further Research
9. Toolkits
   1. Assessment and Follow-Up Forms
   2. Handouts
CADDRA 
PRINCIPALS OF INTERVENTION

• Adequate education for patients and their families
• Behavioural and/or Occupational Interventions
• Psychological Treatment
• Educational accommodations
• Medical Management
CADDRA Step-By-Step Guide

STEP-BY-STEP GUIDE TO ADHD

- Children Ages 5-12
- Adolescents Ages 13 - 18
- Adults Ages 18+
DIAGNOSIS AND TREATMENT FOR CHILDREN

An ADHD assessment should always include a general mental health screening (to consider comorbidities and differential diagnoses). In addition to a diagnostic interview, CADDRA recommends tools such as the WRS II. This eToolkit contains an optional guided assessment tool, the CADDRA ADHD Assessment Form.

The step-by-step flowchart below applies after general mental health screening has been completed and ADHD is suspected. All the tools documented in this flowchart are free to download and use. Other assessment tools (e.g. Vanderbilt, Conners, Strengths and Difficulties Questionaire - SDQ) can be used in place of those proposed below. Further information on these steps can be found in Chapter 1, Canadian ADHD Practice Guidelines, 4th Edition.

ADHD SUSPECTED

STEP 1 - COMPLETION

**FORMS FOR PARENTS**

SNAP-IV
Consider also using a functional impairment scale (e.g. WRISS) [Wells Functional Impairment Rating Scale - Parent]

**FORMS FOR TEACHERS**

SNAP-IV
or
CADDRA TEACHER ASSESSMENT FORM

STEP 2: MEDICAL REVIEW

EXCLUDE ANY MEDICAL CAUSES THAT CAN MIMIC OR AGGRAVATE ADHD

REVIEW NUTRITION AND LIFESTYLE HABITS:
sleep, exercise, screen time, accidents, substance use, sexual activity (if applicable), high-risk activities

EVALUATE POTENTIAL CONTRAINDICATIONS TO ADHD MEDICATIONS

STEP 3: ADHD SPECIFIC INTERVIEW

DISCUSS PATIENT'S STRENGTHS AND OBSERVE PATIENT DURING INTERVIEW

REVIEW DEVELOPMENTAL HISTORY AND OBTAIN COLLATERAL INFORMATION FROM PARENTS/CLOSE RELATIVES

REVIEW THE CHECKLISTS USED IN ASSESSMENT

CONSIDER CONTRIBUTIONS OF OTHER PSYCHIATRIC, PSYCHOSOCIAL FACTORS OR LEARNING DISORDERS TO THE PRESENTING SYMPTOMS.

CONSIDER SPECIALIST REFERRAL IF NECESSARY

STEP 4: FEEDBACK & TREATMENT RECOMMENDATIONS

EDUCATION ON ADHD (CONTINUING PROCESS)
Provide information and resources, including:
- CADDRA ADHD Information Handbook
- Local ADHD resources and links to useful websites:
  - CADDAC
  - PANDA (Quebec)
  - CHADD (USA)

FEEDBACK ON DIAGNOSIS
Feedback to patient and family on ADHD symptoms & impairments

TREATMENT OPTIONS
- Detox and initiate treatment + adaptation measures
  - Schoolwork accommodations, daily strategies
- NON-PHARMACOLOGICAL STRATEGIES
  - CADDRA Psychosocial Guide
- PHARMACOLOGICAL STRATEGIES
  - CADDRA Medication Guide

FOLLOW-UP VISITS
- ADHD is a chronic disorder that needs long-term, regular follow-up, whether or not medication is prescribed.
- Follow-up will be more frequent when adjusting medications and during its transitions.
- Document changes over time with the rating scales that are most significant for the patient (e.g. SNAP-IV, WISE-P).

Other forms to track changes:
- CADDRA PATIENT ADHD MEDICATION FORM
- CADDRA CLINICIAN ADHD BASELINE FOLLOW-UP FORM
- CADDRA PATIENT TRANSITION FORM

The CADDRA PATIENT TRANSITION FORM can be used when a patient is transferring to new healthcare professionals, including pediatric patients to adult services.
CADDRA Treatment Flowchart

STEP 4: FEEDBACK & TREATMENT RECOMMENDATIONS

EDUCATION ON ADHD (CONTINUING PROCESS)
Provide information and resources, including:
CADDRA ADHD Information Handout
Links to useful websites:
• CADDAC
• ATTENTIONDEFICIT-INFO.COM (Quebec)
• PANDA (Quebec)
• CHADD (USA)

FEEDBACK ON DIAGNOSIS
Feedback to patient and family on ADHD symptoms & impairments

TREATMENT OPTIONS
Discuss and initiate treatment + adaptation measures
(school/work accommodations, daily strategies)
EDUCATIONAL ACCOMMODATION LETTER TEMPLATE
EMPLOYMENT ACCOMMODATION LETTER TEMPLATE

NON-PHARMACOLOGICAL STRATEGIES
Support document: CADDRA Psychosocial Chart

PHARMACOLOGICAL STRATEGIES
Support document: CADDRA Medication Chart

FOLLOW-UP VISITS
• ADHD is a chronic disorder that needs long-term, regular follow-up, whether or not medication is prescribed.
• Follow-up will be more frequent when adjusting medications and during life transitions.
• Document changes over time with the rating scales that are most significant for the patient (e.g. SNAP-IV, WFRS-P).
Other forms to track changes:
• CADDRA PATIENT ADHD MEDICATION FORM
• CADDRA CLINICIAN ADHD BASELINE/FOLLOW-UP FORM
The CADDRA PATIENT TRANSITION FORM can be used when a patient is transferring to new healthcare professionals, including pediatric patients to adult services. The JEROME DRIVING QUESTIONNAIRE can be used to assess driving.
ASSESSMENT, TREATMENT AND FOLLOW-UP FORMS

- SNAP-IV Teacher and Parent Rating Scale
- ASRS (Adult ADHD Self-Rating Scale)
- WFIRS-P (Weiss Functional Impairment Rating Scale – Parent)
- WFIRS-S (Weiss Functional Impairment Rating Scale – Self)
- WSR II (Weiss Symptom Record II)
- CADDRA Teacher Assessment Form
- CADDRA Clinician ADHD Baseline/Follow-Up form
- CADDRA Patient ADHD Medication Form
- CADDRA ADHD Patient Transition Form
- JDQ (Jerome Driving Questionnaire)
- CADDRA ADHD Assessment Form (optional use)
WEISS FUNCTIONAL IMPAIRMENT RATING SCALE – PARENT REPORT (WFIRS-P)

Your name: ________________________________

Relationship to child: ________________________________

*Circle the number for the rating that best describes how your child's emotional or behavioural problems have affected each item in the last month.*

<table>
<thead>
<tr>
<th></th>
<th>FAMILY</th>
<th>Never or Not at all</th>
<th>Sometimes or somewhat</th>
<th>Often or much</th>
<th>Very often or very much</th>
<th>n/a</th>
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<tbody>
<tr>
<td>1</td>
<td>Having problems with brothers &amp; sisters</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2</td>
<td>Causing problems between parents</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3</td>
<td>Takes time away from family members’ work or activities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4</td>
<td>Causing fighting in the family</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>5</td>
<td>Isolating the family from friends and social activities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>6</td>
<td>Makes it hard for the family to have fun together</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7</td>
<td>Makes parenting difficult</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>
[Date]

[Name/Address of School or Institution]

Re: Student Name:

Dear

I am writing to inform you that your student has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) (Specify Type) with functional impairment severe enough to require accommodations. This diagnosis is based on information from:

- Diagnostic clinical interview
- Standardized rating scales
- Review of available documents (e.g., report cards, prior assessments)
- Other: ____________________________________________

Based on my clinical evaluation, I recommend your student should have an education plan developed to ensure that learning needs are met. Additional accommodations may be decided in consultation with members of your Student Support Services. Examples of accommodations can be found at www.caddac.ca under the Education tab.

Accommodations and supports may be required in the areas of:

- Learning e.g. direct instruction, repetition, frequent clarification, preferred seating, tutorial support, opportunities for physical breaks, copies of notes
- Assignments e.g. breaking into smaller subtasks, opportunities for review of requirements, flexible due dates
- Tests and exams e.g. quiet environment, opportunity to clarify questions, additional time, use of a computer, exams scheduled early in the day

Thank you for your kind attention to this matter. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Clinician Name
[Address of Employer]

Re: [Name of Employee]

To whom it concerns,

I am writing to inform you that your employee has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) with functional impairments severe enough to require workplace accommodation(s).

Based on clinical assessment, your employee should have a number of accommodations to ensure that their needs are met and to help support them in fulfilling work responsibilities. Provincial and federal human rights legislation require that the reasonable needs of individuals with disabilities be accommodated within the workplace.

Below are the types of accommodations that may be helpful. In some cases, further consultation may be required with specialists in this area. Examples of useful workplace accommodation can be found on the Centre for ADHD Advocacy (CADDAC) website www.caddac.ca

- **Planning and organization**, e.g. create work guides with employees that list tasks and sequences; organize regular meetings with supervisors; provide deadline reminders.
- **Time management**, e.g. use timers; structure work day with breaks; allow employees to work when most productive.
- **Control the environment**, e.g. reduce distractions, post-it notes for reminders; headphones
- **Manage activities**, e.g. vary work; provide physical or social tasks.
- **Use of technology and other external supports**, e.g. schedulers, organizers, smart phone apps; dictation software; computer-based learning.
- **Enlist assistance of other employees**, e.g. buddy/mentor system; teamwork; administrative support.

Thank you for your assistance. Please contact me should you have any questions.

Sincerely,

____________________________
Clinician Name
CADDRA: Advocacy

- **British Columbia** – Various campaigns (CFPC Opioid and Stimulant Guidelines reversal, medication equity of access, education)

- **Manitoba** – Triplicate program

- **Ontario** – Medication access campaigns

- **Maritimes** – Outreach begun
CADDRA: Outreach

CADDRA Exhibit Booths Across Canada
November 2017 – November 2018

- CFPC Family Medicine Forum, Montreal
- Canadian Pediatric Review, Hamilton, Ontario
- Primed, Toronto
- International Congress of Psychology, Montreal
- Canadian Pediatric Society, Quebec City
- Canadian Academy of Child and Adolescent Psychiatrists, Halifax
- Dorothy Hill Symposium, Ontario Section of Education in Psychology, Toronto
- Nurse Practitioner’s Association of Ontario, Toronto
- ADHD and Related Disorder Symposium, Ottawa
CADDRA: Impact through Exhibit Booths Nationwide

Information provided to almost 1,500 medical and healthcare professionals

Over 3,500 Pharmacological and Psychosocial Treatment laminates distributed
CADDRA: Website

- 98,834 Website Visitors
  Nov 2017 – Nov 2018
- +4,500 Canadian ADHD Practice Guidelines Downloads
- +430 Lignes directrices canadiennes sur le TDAH downloads
- 6,278 Mailing List Subscribers

www.caddra.ca
CADDRA: Conferences

• **Overview**
  - Only national meeting on ADHD in Canada
  - Showcases the latest scientific, clinical and practical information on ADHD diagnosis, assessment and treatment across the lifespan
  - Keynote talks, seminars and workshops

• **Target audience:** Psychiatrists, pediatricians, family physicians, psychologists, researchers, neurologists, nurse practitioners, nurses, social workers, other research and healthcare professionals and trainees
CADDRA: Conferences

• **2018** Calgary
  - **300** delegates
    - Over a third from Alberta
    - Almost half attending for the first time

• **2019** **Toronto**: October 5-6

• **2020** **St. John’s, NFLD**: October 24-29
Excellent interdisciplinary conference! (Family Physician)

A great facility, great food and really helpful presentations! (Psychologist)

Great conference (Student)

Loved it. Great social activities and variety of topics. Looking forward to next year (Psychotherapist)

Really incredible. Congrats on an amazing conference!! (Adult Psychiatrist)

Great conference, perfect organization; communication and networking facilitated! (Pediatrician)
ADHD Research Day

• Promotion of ADHD research and support of student/trainees in the field

• Collaboration of researchers across Canada

• Multidisciplinary meeting

• Poster presentation and competition
Research Day

Calgary 2018

- 120 Delegates

2019: Toronto, October 3rd

2020: St. John’s, NFLD October 23
Research Day: Calgary Feedback

Great networking opportunities for everyone, including researchers, trainees and clinicians! (Psychologist)

It is the meeting that will have the most significant effect on my practice (Psychiatrist)

Students and trainees getting a lot of attention at this conference, more than other conferences that I have attended in the past year (Student)

Well-organized with a specialized focus (Researcher)

Research that was translated to clinical applicability (Family Physician)
2019

6th Annual ADHD Research Day: October 4th
15th Annual CADDRA Conference: October 5-6th
2020

7th Annual ADHD Research Day: October 23
16th Annual CADDRA Conference: October 24-25
CADDRA: Membership

2018

Revised bylaws which now allows all medical and health care professionals become CADDRA members

Affiliate category for professionals outside Canada and those not governed by a regulatory body

by 8% to 357 members
CADDRA: Membership Benefits

- Affiliation with other professionals in the area of ADHD
- Latest edition in print or eBook of Canadian ADHD Practice Guidelines
- Premium level access to CADDRA eLearning portal
- Substantial discounts to CADDRA events
- Laminated copies of CADDRA’s Guides to ADHD Pharmacological and Psychosocial Treatments
- Weekly emails highlighting ADHD research of clinical interest
- Monthly newsletters and other updates
- Opportunities to apply for a seat on CADDRA committees and Board of Directors
CADDRA: Membership by Discipline

- Psychiatrists
- Psychologists
- Paediatricians
- Family Physicians
- Students & Residents
- NP / RN
- Academics / teachers
- Allied Health
- Other
CADDRA: Membership by Location
CADDRA: Leadership

Board of Directors 2018-2019

Doron Almagor (chair), Toronto, ON
Lauri Alto, Winnipeg, MB
Sara Binder, Calgary, AB
Matt Blackwood, Bowen Island, BC
Joan Flood, Toronto, ON
Martin Gignac, Montreal, QC
Karen Ghelani, Markham, ON
Natalie Grizenko, Montreal, QC
Elisabeth Baerg Hall, Vancouver, BC
Alana Holt, Saskatoon, SK
Leslie Jocelyn, Winnipeg, MB
Maggie Toplak, Toronto, ON
Valerie Tourjman, Montreal, QC
Kristi Zinkiew, Victoria, BC.
Advisory Council 2018-2019

Sam Chang, Don Duncan, Ainslie Gray, Lily Hechtman (chair), Geraldine Farrelly, Laurence Jerome, Declan Quinn, Joseph Sadek, Derryck Smith, Annick Vincent, Margaret Weiss

Committees
Advocacy, Conference, Education, Executive, Guidelines Membership, Research Day

Staff
Niamh McGarry (Executive Director), Carina Gustafsson-Smith, Carol Simpson
## CADDRA Guide to ADHD Pharmacological Treatments in Canada - 2018

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<tr>
<th>Medications available and illustrations</th>
<th>Characteristics</th>
<th>Duration of action</th>
<th>Starting dose $^*$</th>
<th>Dose titration as per product monograph</th>
<th>Dose titration as per CADDRA</th>
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<tbody>
<tr>
<td><strong>AMPHETAMINE-BASED PSYCHOSTIMULANTS</strong></td>
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<tr>
<td>Dezarin $^<em>$&lt;br&gt;tablets 5 mg&lt;br&gt;Dezarin $^</em>$&lt;br&gt;spansules 10, 15 mg</td>
<td>Pill can be crushed $^\dagger$&lt;br&gt;Spansule (not crushable)</td>
<td>$\sim$ 4 h&lt;br&gt;$\sim$ 6 - 8 h</td>
<td>Tablets = 2.5 to 5 mg bid&lt;br&gt;Spansules = 10 mg q.d. a.m.</td>
<td>$\uparrow$ 2.5 - 5 mg at weekly intervals; Max. close/day: (q.d. or b.i.d.)&lt;br&gt;All ages = 40 mg</td>
<td>$\uparrow$ 2.5 - 5 mg/day at weekly intervals&lt;br&gt;Max. dose/day: (q.d. or b.i.d.)&lt;br&gt;Children and Adolescents = 20 - 30 mg&lt;br&gt;Adults = 50 mg</td>
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<tr>
<td>Adderall XR $^\ddagger$&lt;br&gt;Capsules 5, 10, 15, 20, 25, 30 mg</td>
<td>Sprinkleable Granules</td>
<td>$\sim$ 12 h</td>
<td>5 - 10 mg q.d. a.m.</td>
<td>$\uparrow$ 5 - 10 mg at weekly intervals&lt;br&gt;Max. close/day: Children = 30 mg&lt;br&gt;Adolescents and Adults = 20 - 30 mg</td>
<td>Children: $\uparrow$ 5 mg at weekly intervals&lt;br&gt;Max. close/day: Children = 40 mg&lt;br&gt;Adolescents and Adults: $\uparrow$ 5 mg at weekly intervals&lt;br&gt;Max. close/day = 50 mg</td>
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<tr>
<td>Vyvanse $^*$&lt;br&gt;capsules 10, 20, 30, 40, 50, 60, 70+ mg</td>
<td>Capsule content can be diluted in water, orange juice and yogurt</td>
<td>$\sim$ 13 - 14 h</td>
<td>20 - 30 mg q.d. a.m.</td>
<td>$\uparrow$ by clinical discretion at weekly intervals&lt;br&gt;Max. close/day: All ages = 66 mg</td>
<td>$\uparrow$ 10 mg at weekly intervals&lt;br&gt;Max. close/day: Children = 80 mg&lt;br&gt;Adolescents and Adults = 70 mg</td>
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<td><strong>METHYLPHENIDATE-BASED PSYCHOSTIMULANTS</strong></td>
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<tr>
<td>Methylphenidate short acting. tablets&lt;br&gt;5 mg (generic)&lt;br&gt;10, 20 mg (Ritalin $^*$)</td>
<td>Pill can be crushed $^\dagger$&lt;br&gt;Adult = consider q.d.</td>
<td>$\sim$ 3 - 4 h</td>
<td>5 mg b.i.d. to q.i.d.</td>
<td>$\uparrow$ 5 - 10 mg at weekly intervals&lt;br&gt;Max. close/day: All ages = 60 mg</td>
<td>$\uparrow$ 5 mg at weekly intervals&lt;br&gt;Max. close/day: Children and Adolescents = 60 mg&lt;br&gt;Adults = 100 mg</td>
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<tr>
<td>Biphetin $^*$&lt;br&gt;Capsules 10, 15, 20, 30, 40, 50, 60, 80 mg</td>
<td>Sprinkleable Granules</td>
<td>$\sim$ 10 - 12 h</td>
<td>10 - 20 mg q.d. a.m.</td>
<td>$\uparrow$ 10 mg at weekly intervals&lt;br&gt;Max. close/day: Children and Adolescents = 60 mg&lt;br&gt;Adults = 80 mg</td>
<td>$\uparrow$ 5 - 10 mg at weekly intervals&lt;br&gt;Max. close/day: Children = 60 mg&lt;br&gt;Adolescents and Adults = 80 mg</td>
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<tr>
<td>Concerta $^*$&lt;br&gt;Extended Release Tablets 18, 27, 36, 54 mg</td>
<td>Pill needs to swallowed whole to keep delivery mechanism intact</td>
<td>$\sim$ 12 h</td>
<td>18 mg q.d. a.m.</td>
<td>$\uparrow$ 18 mg at weekly intervals&lt;br&gt;Max. close/day: Children = 54 mg&lt;br&gt;Adolescents = 54 mg / Adults = 72 mg</td>
<td>$\uparrow$ 9 - 18 mg at weekly intervals&lt;br&gt;Max. close/day: Children = 72 mg&lt;br&gt;Adolescents = 50 mg / Adults = 108 mg</td>
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<tr>
<td>Focquet $^*$&lt;br&gt;Capsules 25, 35, 45, 55, 70, 85, 100 mg</td>
<td>Sprinkleable Granules</td>
<td>$\sim$ 16 h</td>
<td>25 mg q.d. a.m.</td>
<td>$\uparrow$ 0.5 mg in intervals of no less than 5 days&lt;br&gt;Max. close/day: Adults = 100 mg</td>
<td>$\uparrow$ 0.15 mg in intervals of no less than 5 days&lt;br&gt;Max. close/day: Adults = 100 mg</td>
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<td><strong>NON PSYCHOSTIMULANT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR</strong></td>
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<tr>
<td>Strattera $^*$&lt;br&gt;(Atomoxetine)&lt;br&gt;Capsules 10, 18, 25, 40, 60, 80, 100 mg</td>
<td>Capsule needs to swallowed whole to reduce GI side effects</td>
<td>Up to 24 h</td>
<td>Children and Adolescents: 0.5 mg/kg/day&lt;br&gt;Adults = 40 mg&lt;br&gt;q.d. for 7-14 days</td>
<td>Maintain dose for at least 7 - 14 days before adjusting: Children = 0.8 mg/kg/day&lt;br&gt;70 kg or Adults = 66 mg/day</td>
<td>Maintain dose for a minimum of 7 - 14 days before adjusting: Children = 0.8 mg/kg/day&lt;br&gt;70 kg or adults = 60 mg/day&lt;br&gt;Max. close/day: 1.4 mg/kg/day or 100 mg</td>
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<tr>
<td><strong>NON PSYCHOSTIMULANT - SELECTIVE ALPHA-2A ADRENERGIC RECEPTOR AGONIST</strong></td>
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<tr>
<td>Intuniv XR $^*$&lt;br&gt;(Guanfacine XR)&lt;br&gt;Extended release tabs 1, 2, 3, 4 mg</td>
<td>Pills need to be swallowed whole to keep delivery mechanism intact</td>
<td>Up to 24 h</td>
<td>1 mg q.d. (morning or evening)</td>
<td>Maintain dose for a minimum of 7 days before adjusting by no more than 1 mg increment weekly Max. close/day: Monotherapy: 2 mg; 4 mg, 13-17 years: 1 mg As adjunctive therapy to psychostimulants 6-7 years: 4 mg</td>
<td>Maintain dose for a minimum of 7 days before adjusting by no more than 1 mg increment weekly Max. close/day: Monotherapy: 2 mg; 4 mg, 13-17 years: 1 mg As adjunctive therapy to psychostimulants 6-7 years: 4 mg</td>
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Note: Illustrations do not reflect real size of pills/capsules. For specific details on how to start, adjust and switch ADHD medications, clinicians are invited to refer to the Canadian ADHD Practice Guidelines (www.caddra.ca).<br>$^1$ Pharmacokinetics and pharmacodynamic response vary from individual to individual. The clinician must use clinical judgement as to the duration of efficacy and not solely rely on reported values for PK and duration of effect.<br>$^\dagger$ Starting doses are from product monographs. CADDRA recommends generally starting with the lowest dose available. Higher abuse potential. * Vyvanse 70 mg is an off-label dosage for ADHD treatment in Canada. Document developed by Annick Vincent MD (www.attentiondeficit-info.com) and Direction des communications et de la philanthropie, Laval University, with the special collaboration of CADDRA.
## Guide to ADHD Psychoeducation

### What is ADHD?
Attention Deficit Hyperactivity Disorder is a neurodevelopmental condition with symptoms existing along a continuum from mild to severe and occurs across the life span.

### How is ADHD Treated?
Treatment should be **multi-modal**: incorporating multiple modes of treatment including medication, education, and behavioral modifications/psychotherapy produces a better outcome.

**Treatment must be collaborative between the physician, the patient, and the family to ensure optimal functioning.**

### Two important components of a multimodal approach:

- **Psycho-education**
  - Psycho-education should be the first intervention. Educating the family/patient about ADHD (symptoms, functional impairment, possible comorbidities and treatment) will ensure a more successful outcome.

- **Psychosocial Interventions**
  - Psychosocial interventions can reduce impairments associated with ADHD symptoms and improve overall quality of life.
  - Interventions can be cognitive or behavioral.

## Psychoeducation

<table>
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<tr>
<th>Discover</th>
<th>Demystify</th>
<th>Instill Hope</th>
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| - What does the individual/family know about ADHD? | - Myths about ADHD  
- Diagnosis and assessment processes | - Evidence-based treatments and interventions DO exist and WILL promote a positive outcome |

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<tr>
<th>Educate</th>
<th>Empathize</th>
<th>Encourage, Guide, Motivate</th>
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| - Importance of combining pharmacological and psychosocial interventions  
- Risks and benefits | - Acknowledge feelings of discouragement, grief, and frustration. | - A strength-based approach  
- Make more positive comments than negative comments  
- Discourage criticisms |

<table>
<thead>
<tr>
<th>Recognize &amp; Praise</th>
<th>Be Culturally &amp; Gender Sensitive</th>
<th>Motivate</th>
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</table>
| - Appropriate behavior, whether observed or reported  
- Goals achieved | - Ethnic, cultural and gender issues may shape the perception and beliefs about ADHD and its treatment | - Nurture strengths and talents  
- Encourage skills |

<table>
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<tr>
<th>Promote a Balanced Lifestyle</th>
<th>Humour</th>
<th>Give Resources</th>
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| - Regular exercise  
- Consistent sleep hygiene  
- Healthy nutrition routine | - Humour can defuse awkward, tense situations and avoid or reduce conflict | - websites,  
- local community resource information  
- book lists |

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For detailed instructions and further information, please refer to Chapter 6, Psychosocial Interventions and Treatments, in the Canadian ADHD Practice Guidelines.
# Guide to ADHD Psychosocial Interventions

## At Home

**Instructional**
- Make eye and/or gentle physical contact before giving one or two clear instructions. Have instructions repeated back, or confirm they were understood, before proceeding.

**Behavioral**
- Use a positive approach and calm tone of voice. Teach calming techniques to de-escalate conflict.
- Use praise, catch them being good (playing nicely).
- Set clear attainable goals and limits (homework and bedtime routines, chores) and connect them to earning privileges, special outings etc.
- Use positive incentives and natural consequences: *When you..., then you may...*
- Empathy statements can be useful, such as *I understand.*
- Adults should model emotional self-regulation and a balanced lifestyle (good eating and sleep habits, exercise and hobbies).
- Choices should be limited to two or three options.

**Environmental**
- Structure and routine are essential. Parents/partners must be united, consistent, firm, fair and follow through.
- Encourage prioritizing instead of procrastination.
- Post visual reminders (rules, lists, sticky notes, calendars) in prominent locations.
- Use timers/apps for reminders (homework, chores, limiting electronics, paying bills).
- Keep labeled, different coloured folders or containers in prominent locations for items (keys, electronics).
- Find the work area best suited to the individual (dining table, quiet area).
- Break down tasks.
- Allow movement breaks.
- Allow white noise (fan, background music) during homework or at bedtime.

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## At School

**Instructional**
- Keep directions clear and precise.
- Get student’s attention before giving instructions.
- Check understanding and provide clarification as needed.
- Actively engage the student by providing work at the appropriate academic level.

**Behavioral**
- Provide immediate and frequent feedback.
- Use direct requests – *when...then*.
- Visual cues for transitions.
- Allow for acceptable opportunities for movement: “walking passes”.

**Environmental**
- Preferential seating.
- Quiet place for calming down.

**Accommodations**
- Chunk and break down steps to initiate tasks.
- Provide visual supports to instruction.
- Reduce the amount of work required to show knowledge.
- Allow extended time on tests and exams.
- Provide note taker or access to assistive technology.
- Supports can include the CADDRA psychoeducational and accommodations template.
- Request school support services.

## At Work

**Accommodations**
- Identify accommodation needs.
- Provide CADDRA workplace accommodations template.

**Counsel**
- Suggest regular and frequent meetings with manager and support collaborative approach.
- Set goals, learn to prioritize, review progress regularly.
- Identify time management techniques that work for the client, e.g., using a planner, apps.
- Declutter and create a work-friendly environment.

**Tools**
- Organizational apps and/or productivity websites: caddra.ca/medical-resources/psychosocial-information.

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## Relationships

- Understand the impact ADHD can have on relationships with partners, family, friends, teachers, peers and co-workers.
- Recognize and accept ADHD can cause unintended friction and frustration between parent and child as well as between partners (e.g., difficulties with self-regulation, time management difficulties).
- Learn how to listen and communicate effectively.
- Organize frequent time to communicate (don’t just talk) to discuss goals and plans (what works, what doesn’t) within home, educational and work environments.
- Schedule regular fun with family, partner, friends.
- Practice relaxation and mindfulness techniques: caddra.ca/medical-resources/psychosocial-information.
- Stay calm, be positive, recognize/validate and celebrate strengths.

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Other referrals may be needed:
- Psychologist
- Social Skills Program
- Audiolist
- Tutor, Family Therapist
- Organizational Skill Course
- Learning Strategist
- Parenting Programs
- Occupational Therapist
- ADHD Coach
- Speech and Language
- Vocational Coach
Questions and Discussion

Further Questions:
doron.almagor@utoronto.ca