Best practices for treating and diagnosing ADHD in primary care

PANELISTS

Dr. Kyle Lee • Dr. Devon Shewfelt

WITH

Dr. Carrie Bernard • Dr. Stephanie Zhou

Ontario College of Family Physicians

Family & Community Medicine
UNIVERSITY OF TORONTO

Mental Health and Addictions

Please introduce yourself in the chat!

@OntarioCollege
#PractisingWell

Your Panelists: Disclosures

Dr. Kyle Lee

Relationships with financial sponsors (including honoraria):

- OCFP Practising Well CoP speaker
- Eisai LTD, Elvium Life Sciences, Bausch Health Inc, Pfizer Canada Inc (speaking, moderating, consulting opportunities)
- Boehringer Ingelheim, CPD Network (speaking, moderating, consulting opportunities)

Dr. Devon Shewfelt

Relationships with financial sponsors (including honoraria):

- OCFP Practising Well CoP speaker
- London Middlesex Primary Care Alliance (Executive Committee Member)
- OMA (Speaker, Meeting attendance)
- SCOPE Program (Physician Advisory Council)

Disclosures

Dr. Carrie Bernard

Relationships with financial sponsors (including honoraria):

- OCFP– Practising Well Scientific Planning Committee
- OCFP – Practising Well CoP Speaker
- University of Toronto – Stipend to supervise learners (students and residents) for the Department of Family and Community Medicine
- University of Toronto – Stipend for role in the Division of Mental Health and Addictions
- McMaster University –Stipend to supervise residents
- College of Family Physicians of Canada – Board Member

Dr. Stephanie Zhou @stephanieyzhou

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Scientific Planning Committee
- Canadian Medical Association – Honoraria for practice management lectures
- Habitat for Humanity GTA – Board of Directors member
- Toronto Public Health – Board of Directors member

Disclosure of Financial Support

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Potential for conflict(s) of interest:
N/A

Mitigating Potential Bias

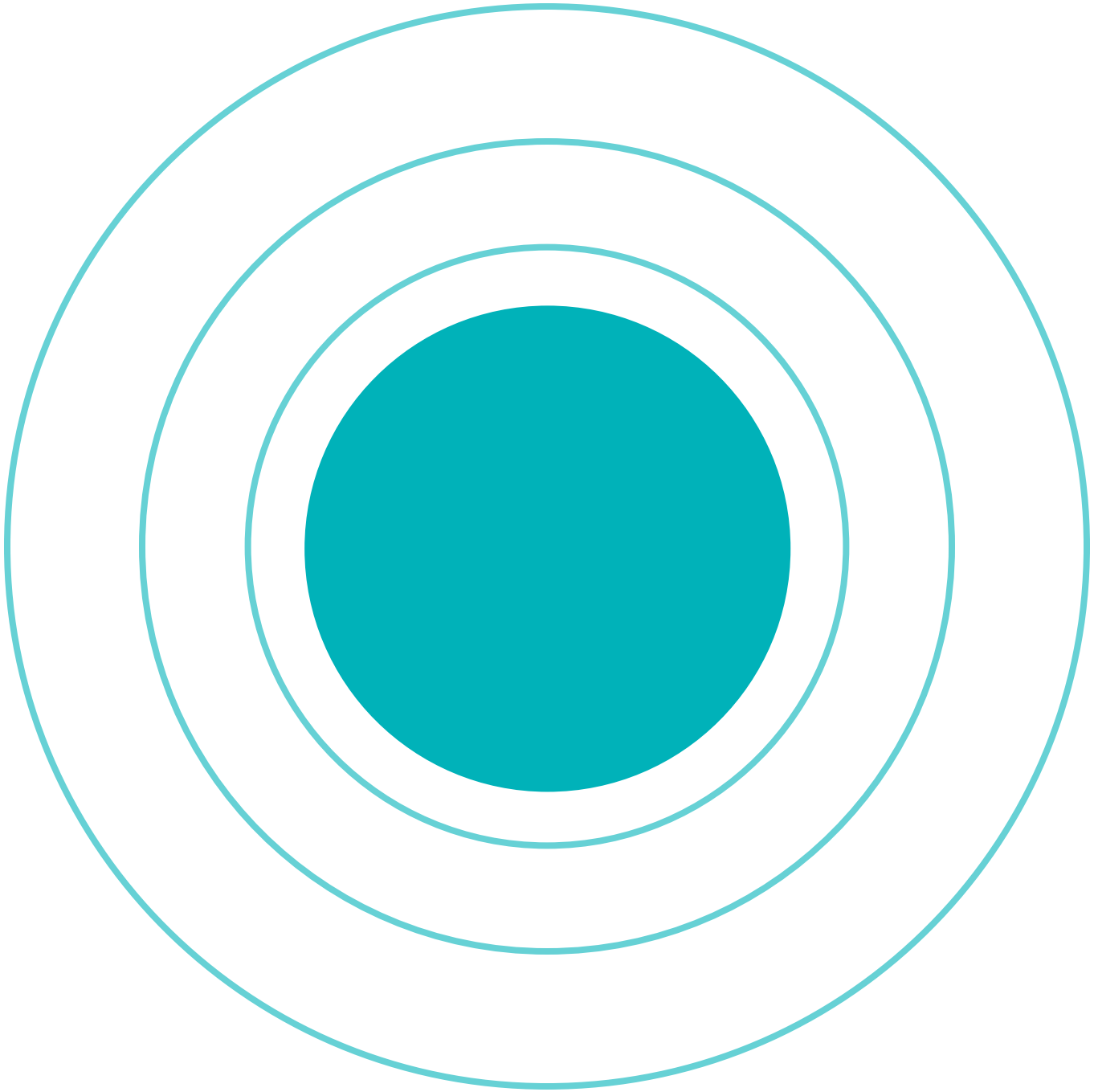
- The Scientific Planning Committee (SPC) has control over the choice of topics and speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by the SPC.

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.



Best practices for treating and diagnosing ADHD in primary care

You raised important questions we'll try to work through together today:

1. What are some assessment tools for ADHD diagnosis?
2. How to determine symptoms of ADHD vs anxiety?
3. Strategies to address patients who have self-diagnosed, but our diagnostic impression is different?
4. Treatment recommendations in patients with a history of substance use disorder?

And other questions you add in the Q&A box… 

Your Panelists

Dr. Devon Shewfelt

London, ON

Dr. Kyle Lee

Toronto, ON

Best practices for treating and diagnosing ADHD in primary care

Lessons Learned in 6 years

Devon Shewfelt, MD, CCFP

ADHD in Primary Care

What we often hear in Primary Care…

"Assessment and Management of X diagnosis can be done by family doctors"

Find topics that are:

Gratifying

Rewarding

Fun

"Fill your Cup"

Burden of Waiting

- Case #1 – Patient with history of anxiety/depression +/- ADHD?
  - Referral to Psychiatry – rejected x2, then accepted but 9/12/18mo wait
  - In interim –patient struggles with their symptoms
  - Q1-3 month visits
  - Get ADHD evaluation, diagnosis, then discharged to your care anyway

  - How much time, energy, frustration for subtherapeutic results?

Burden of Learning & Applying

- Scenario #2 - Patient with history of anxiety/depression +/- ADHD?
  - Complete GAD/PHQ, add ASRS
  - Focused interview and history taking
  - Review report cards if available, collaborative history if available
  - Trial of Medication
  - Improve over 2-4 visits
  - Well managed, grateful, largely stable long term

Assessing & Treating ourselves = often easier, more gratitude expressed, more rewarding, than waiting option.

Lessons Learned in ADHD Assessment

1. ADHD has ALWAYS been there:
   - Take your time! Not a rush!
   - Adults – unrecognize in high school, Transition out/independence
   - School, Work, Parenting, Household – high cognitive demands
   - Getting out of bed, Lazy student, “Didn’t live up to potential,” Social challenges

2. “Present in more than one context” BUT
   - Ex. Managing well at work = Tank is drained
   - Bedroom is a mess, dishes pile up, license expired, personal care tasks

3. Adult ADHD Self-Report Scale (ASRS)
   - History taking guide
   - Example of Question #1?
   - What came to mind when you read #3?

Lessons Learned in ADHD Assessment

4. Family History – ADHD = HIGHLY heritable
   - Parents, Siblings, Children with diagnosis
   - “How can my son have ADHD? He’s just like me and I don’t…have…ADHD….do I?”

5. Response to Substances
   - Coffee – Many + Cut off @ 3pm OR Coffee @ 10pm, Bed at 10:30pm
   - Cocaine, Methamphetamine, Nicotine
     - Preface Nonjudgmentally***
     - Their reaction compared to others?
     - Friends stimulated BUT patient could read a book

Lessons Learned in ADHD Assessment

6. Not all ADHD is Hyperactive!
   - Inattentive less obvious, more disruptive as an adult
   - Children w/ inattention go undiagnosed → Adult

7. Substance Use History?
   - Untreated ADHD = Risk Factor for SUD
   - Why did they use substances?
   - How did the substances benefit them?
   - Can dispense Rx daily, weekly if preferred

8. Most patients asking for ADHD evaluation – Have ADHD

Lessons Learned in ADHD Treatment

1. Manage most distressing diagnosis FIRST:
   - Anxiety, Depression, PTSD, Substance use disorder
   - Ex. SSRIs – reduce Dopamine/Norepinephrine
     - ADHD patients often fail SSRIs
   - SNRIs, Vortioxetine, Vilazodone, Buproprion better choice for ADHD pts

THEN if ADHD symptoms still present/distressing:

2. Pills & Skills
   - CBT, DBT, Patient resources (Links provided)

Lessons Learned in ADHD Treatment

3. First-Line Therapy (CADDRA medication chart)
   - Amphetamine-based = Vyvanse, Adderall XR
   - Methylphenidate-based = Biphentin, Concerta, Foquest
   - If side-effects = Switch families

4. Common Side-Effects
   - Appetite reduction – eat for NEED vs. WANT
   - Headache
   - Hypertension
   - Abdominal Pain

Lessons Learned in ADHD Treatment

5. Starter dose x2 weeks + Follow up
    - VS. Starter x2 weeks, Dose #2 x2 weeks + Follow up
    - Response Diagnostic – No ADHD = WORSE anxiety/focus
    - If tolerated well USUALLY:
        - Not worse, but not better = SUBTHERAPEUTIC
        - Getting better = NEAR THERAPEUTIC
        - Continue titrating q2-4 weeks UNTIL
6. Final AM Dose =
    - Content – they tell you, organized, tasks done, emotionally regulated
    - Got WORSE with last increase = previous dose was right dose
    - Follow up q3-6months - with Blood Pressure, Body Weight
    - Often WELL check-ins – quick, easy, gratifying

Lessons Learned in ADHD Treatment

7. Reassessment
   - Most ADHD meds = BID dosing
   - Patient still struggling, irritable, difficulty focusing?
   - Question – Well AM but wears off?
     - Keep AM dose, ADD small afternoon dose & titrate
     - Common Mistake is divide AM dose = Subtherapeutic in AM too
   - Dose change as an Adult = Cognitive/Emotional demand change
     - New job, back to school, have kids etc.
8. Dual-Diagnosis
   - Well-Managed ADHD – Can still have anxiety, depression, adjustment d/o

Your Panelists

Dr. Devon Shewfelt

London, ON

Dr. Kyle Lee

Toronto, ON

Best practices for treating and diagnosing ADHD in primary care

ADHD in Primary Care

Kyle Lee, BMLSc BMBS CCFP

Sumac Creek Health Centre
St. Michael's Academic Family Health Team

Assistant Professor, University of Toronto

Objectives

- Reviewing post-diagnosis troubleshooting and monitoring
- Recognize and manage common ADHD co-morbidities
- Discuss team-work approach and collaboration
- FAQs
- Resources

Post-Diagnosis: Troubleshooting Phase

- What are some common challenges after ADHD diagnosis?
- Issues:
  - Monitoring treatment effectiveness:
    - ASRS
    - PHQ-9, GAD-7
  - Adjusting or switch medication as needed:
    - Dose
  - Behavioral interventions and lifestyle management.
  - Managing expectations with patients and families.

Post-Diagnosis: Troubleshooting Phase

- What are some common challenges after ADHD diagnosis?
- Issues:
  - Managing common side effects
    - Cardiovascular: tachycardia
    - GI: appetite suppression, diarrhea, dry mouth, n/v
    - CNS: headache, tics, Raynaud's
    - Psych:
    - Derm: excoriation disorder, eczema/dry skin

Recognize and manage common ADHD comorbidities

- Generalized anxiety disorder, social anxiety disorder, depression
- Autism Spectrum Disorders, learning disabilities, oppositional defiant disorder
- Tailoring treatment plans based on co-morbidities as symptoms overlap
- Tackling whichever issue is most pressing or severe first

Team-work

- Psychiatry support most helpful for managing complex patients with co-morbidities
  - personality disorders
  - bipolar disorders
  - substance use disorders
  - learning/developmental disorders
  - tic disorders

- Requires ongoing re-assessment and collaboration with a team eg. family members, teachers, and allied health (coaching, psychoeducational, psychologists)

FAQs

- Does ADHD only occur in boys?

- Do I need to refer patients for formal testing to diagnose ADHD?

FAQs

- ADHD is over-diagnosed. Doesn't everyone have inattention and ADHD, especially since the pandemic and with so much screen time?

- Many parents don't want to treat all their children with medications. What are other methods?

FAQs

- Can I combine different types of stimulants or medications together?
- Can I prescribe non-stimulant medications instead?
- Do I need to order bloodwork or an ECG before starting psychostimulanlts?

Resources:

CADDRA
Canadian ADHD
Practice Guidelines

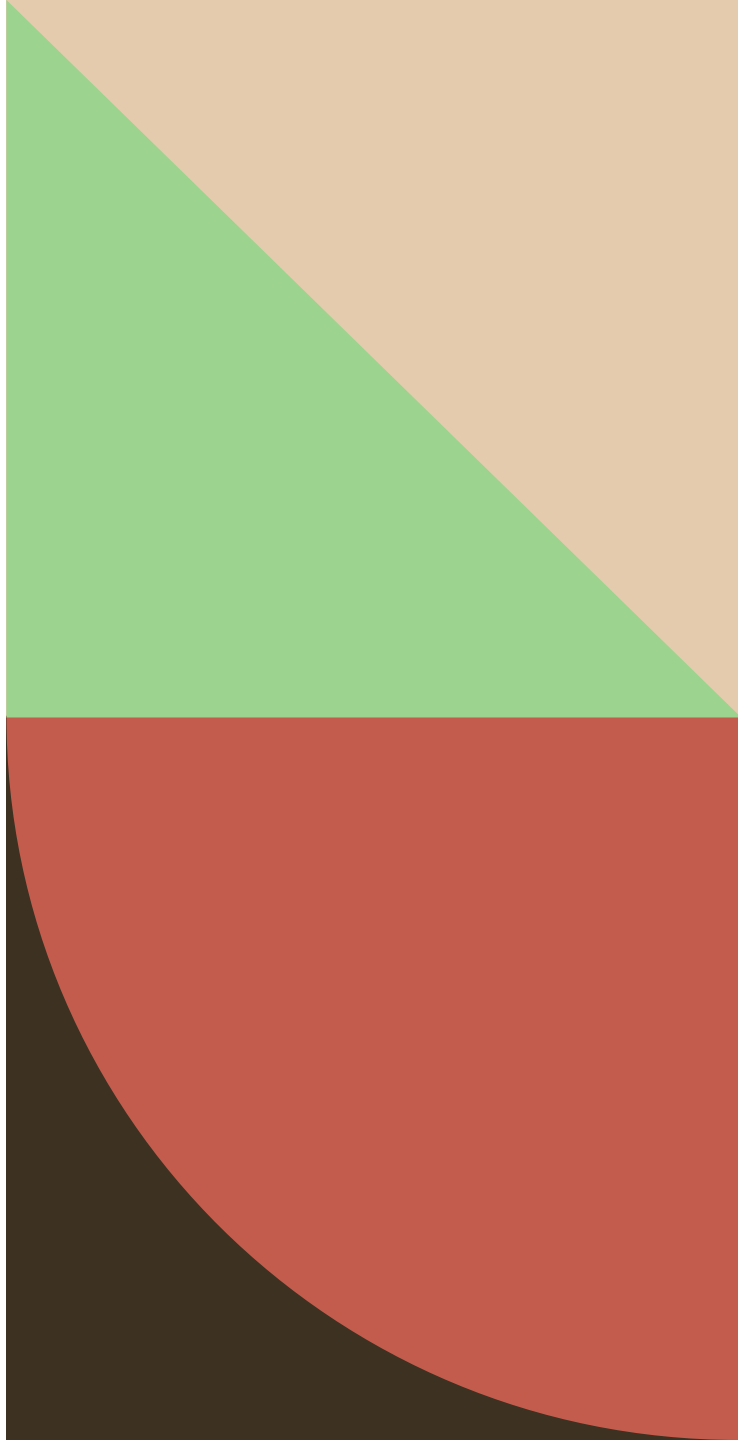
CADDRA
CANADIAN ADHD RESOURCE ALLIANCE

Canadian ADHD Practice Guidelines

4.1 Edition

CADDRA Resources

- ASRS
- WEISS FUNCTIONAL IMPAIRMENT RATING SCALE – SELF REPORT (WFIRS-S)
- WEISS FUNCTIONAL IMPAIRMENT RATING SCALE – PARENT REPORT (WFIRS-P)
- ADHD Medication Chart



Resources:

CADDRA
ADHDLearn

Resources:

F/U Template

MEDICATION TITRATION F/U

PATIENT NAME:

Informed verbal consent was obtained to communicate and provide care using virtual tools. This patient has been told about: risks related to unauthorized disclosure or interception of PHI; steps they can take to help protect their information; that care provided through video or audio communication cannot replace the need for physical examination or an in person visit for some disorders or urgent problems; and that the patient must seek urgent care in an Emergency Department as necessary.

DATE: 2020 START TIME:

Subjective

Patient here for medication titration/adjustment after psychiatric consultation with MRP Dr. Doron Almagor; consented to visit.

CURRENT MEDICATIONS	Vyvanse 40mg
ADHERENCE	**Full** / Partial / None
CURRENT SIDE EFFECTS	no palpitations, no dizziness, no insomnia, no headache, no appetite change, no mood change

Objective

WEIGHT: Weight stable

AMBULATORY BLOOD PRESSURE (Patient reported):

PULSE (Patient reported):

Assessment

ADHD, Inattentive

MDD

Plan

1. Medication:	Reviewed alternative and options of medication and treatment plan. Discussed extensively options of increasing, decreasing, staying at the same medication dose or discontinuing. Patient prefers to **increase to Vyvanse 30mg** at today's visit. Pharmacy information confirmed for e-faxing.
2. Lifestyle and psychosocial:	ADHD coaching, therapy, behavioural, environmental changes reviewed.
3. Follow up:	- with myself - with Dr. Almagor - with family MD PRN

STOP TIME

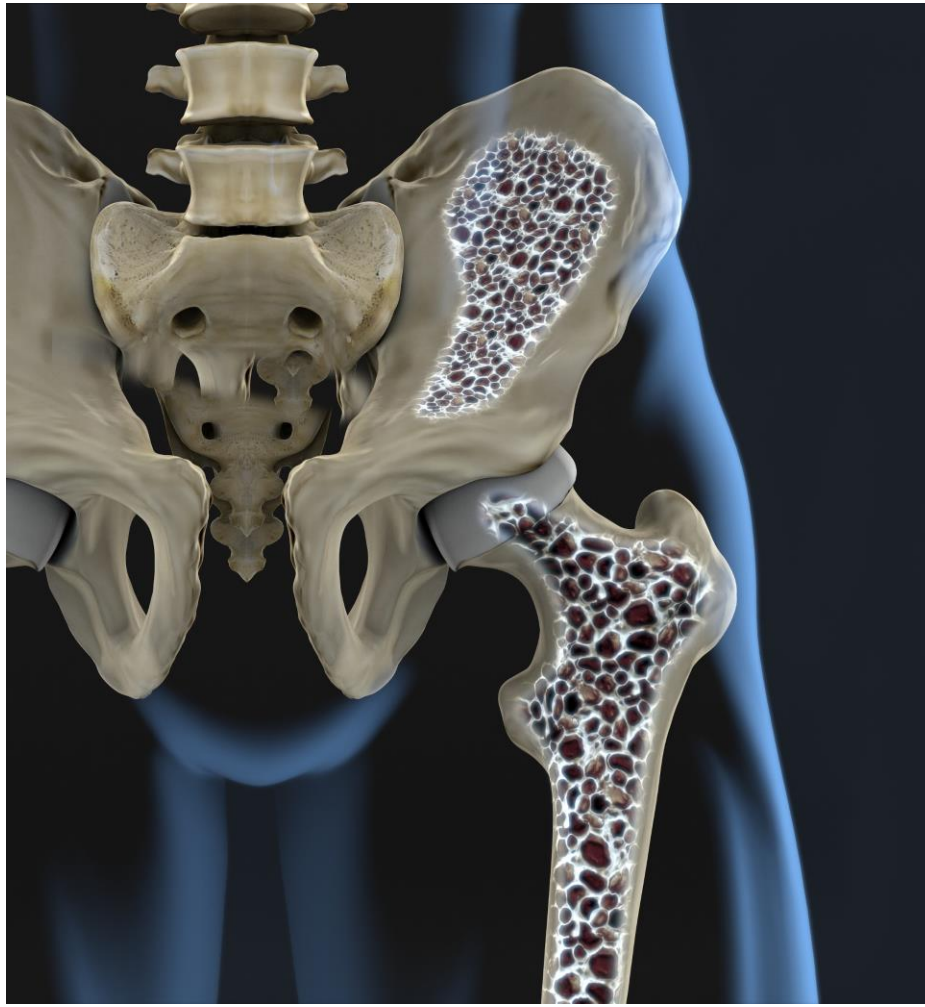
Resources

Education

Links to resources shared today will be sent to participants following the session.

NEW!

Osteoporosis and Fracture Prevention Workshop



Scan to learn more

October 30, 2024
1 p.m. – 4 p.m.
Registration is now open

$195 + HST
Early bird: $175 + HST until September 20

This is a three-credit-per-hour Mainpro+ certified program

Practising Well CoP – Self Learning Program

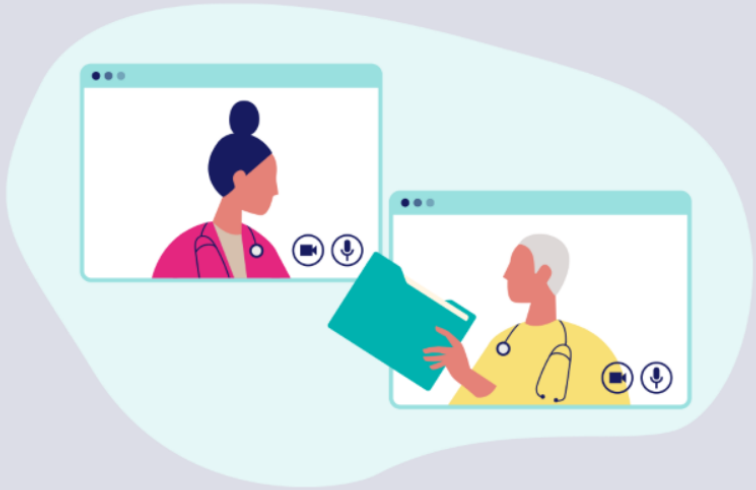
The Practising Well CoP is now certified for self learning credits!

Earn **1-credit-per-hour** for reviewing the recording and resources from **past CoP sessions**. The self learning program is certified for up to 50 Mainpro+ credits.

Learn More and Participate

Peer Connect

Enabling you to connect, share and learn from your fellow family physicians.



Mentorship Program - Connect with a Peer Guide!

An opportunity to partner with another family physician, **one-to-one or in a small group**, for support as you **explore clinical complexity and increase your confidence** caring for patients with mental health challenges, substance use, and chronic pain. A focus can be on your well-being as you engage in this challenging work.

Peer Connect

practisingwell@ocfp.on.ca

Resources

Supports

Resources

Supports

OMA Physician Health Program
https://php.oma.org

Centre for Addiction and Mental Health Health Care Provider (HCP) Resource Site
http://www.camh.ca/covid19hcw

CMA Wellness Hub
https://www.cma.ca/physician-wellness-hub

PARO

- PARO 24/7 Helpline for Residents, Family Members, Medical Students
- 1-866-HELP-DOC

Ontario

- https://www.ontario.ca/#support-health-care-worker
  - Self-led / With peers / Talk to a clinician
- Ontario Shores Centre for Mental Health Sciences, Whitby
- St. Joseph's Healthcare, Hamilton
- The Royal Ottawa Mental Health Centre, Ottawa
- Waypoint Centre for Mental Health Care, Penetanguishene
- Centre for Addictions and Mental Health (CAMH), Toronto

ECHO·ONMH
Project ECHO® Ontario Mental Health at CAMH & The University of Toronto

- ECHO Coping with COVID
  - for health providers (educational credits)
  - Fridays 2-3pm EST

https://camh.echoontario.ca/echo-coping-with-covid/

Support for you and those you care about.

Upcoming Community of Practice

Integrating AI and technology into family practice
with Dr. Cody Jackson and Ariane Siegel

October 23, 2024
8:00am – 9:00am

Register Now

practisingwell@ocfp.on.ca

This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credit. The Practising Well Community of Practice includes a series of planned live, interactive sessions. Each session is worth 1 Mainpro+ credits, for up to a total of 12 credits.