



**DR. JONES**

# MENTAL FITNESS UPDATE<sup>©</sup>

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## ATTENTION DEFICIT/HYPERACTIVITY DISORDER

### Wayne C. Jones, M.D.

A board certified Psychiatrist with 30+ years of clinical, research, and teaching experience. He is among the first Psychiatrists in the U.S. to be certified as a Psychopharmacologist. His specialties include anxiety and mood disorders, stress management, ADHD, innovative medication management, sleep and women's issues.

**"Do I have ADD?"** No, but you may *be* ADD. ADD/ADHD is a group of different combinations of temperament extremes. The intensity varies from mild to moderate to severe, and is unique for each person. Many people say they don't believe in ADD.

Good! ADD is not a religion. Attention Deficit Disorder is a phrase, (like Learning Differences), that is officially designated to represent a combination of symptoms that are frequently seen together. ADD symptoms can cause certain types of life challenges. The symptoms each respond to specific treatments. (see Treatment List below and Symptom List on p.3).

ADD and ADHD (with hyperactivity), are officially recognized in the American Disabilities Act, and therefore qualify for certain benefits and considerations. The benefits should especially be utilized in the school setting.

"Can I be tested for it?" No, there are no tests that reliably prove that ADD is present. The diagnosis can be made by:

- ⇒ Clinical interview with a Doctor or Therapist
- ⇒ Evaluation of Symptoms
- ⇒ Life consequences of symptoms
- ⇒ Current level of functioning/performance
- ⇒ Past history of functioning/performance
- ⇒ Input from spouses, teachers, parents, etc.

**Behavior is driven by interest more than importance**

Hallowell and other experts point out that ADD is not so much a deficit of attention as it is a "variability of attention". This means that a person is able to pay attention to things that they have a high interest in. An example of this theory would be the child that cannot read a history assignment no matter how hard they try. Their mind frequently wanders and the task is not completed. But the *same* child can play a video game, or watch cartoons with total concentration. Why does this happen? Is it because the child chooses to do one thing and not the other? The answer is, "NO". The more interesting, exciting activities stimulate, or turn on the brain's concentration, and therefore satisfy the need for internal stimulation. One expert says that the ADD person is a "prisoner of the present", because instant gratification isn't fast enough.

Every individual has a range of stimulation within which they function well. If stimulation is too low, boredom occurs. If stimulation is too high, stress occurs.

People that are ADD have a problem at both ends of the range. In other words, the ADD person needs above average stimulation, causing boredom with routine situations and tedious jobs or assignments that are low stimulation. Since they are typically unable to do one task at a time they often get stressed out.

If these problems cause the person to function below their optimal level, stimulants are proven to be very effective. Most patients prefer Adderall XR (which is effective about 8-12 hours) or Concerta (which is effective about 12 hours). Both Adderall XR and Concerta are three times more effective than Strattera, which is a drug that only works on Norepinephrine and is not a stimulant.❖

### STIMULANT MEDICATION OPTIONS

**Amphetamine Mixed Salt:**  
Adderall XR\* and Adderall tablets

**Methylphenidate:**  
Ritalin, Methylin, Ritalin LA  
Concerta, Metadate, Daytrana Patch

**Dextroamphetamine**  
Dexedrine, Dextrostat, Vyvanse\*

**Dextromethylphenidate**  
Focalin

**Methamphetamine**  
Desoxyn

\* FDA approved for adults

### NON STIMULANT MEDICATION OPTIONS

Strattera (approved for children and adults)  
Wellbutrin XL  
Effexor XR, Pristiq  
Provigil  
Clonidine  
Guanfacine

**Vyvanse** is the first prodrug to be FDA approved for ADHD in adults and children. It has a novel release mechanism that provides a smoother, long-lasting control of symptoms. It has replaced Adderall XR as the preferred medication by a majority of the patients in my practice.

## ABOUT OUR STAFF

### Paige Embrey, M.B.S.,

L.P.C. Clinical assistant to Dr. Jones, she is certified as a licensed professional therapist. She is available for personal counseling, including children, teens, social anxiety, and ADHD coaching.

**Penny Chaney, B.B.A.**, -does writing/editing, and research. She develops patient education materials, management of presentations, and web site production.

**Melissa King, B.F.A.** -Coordinator of our program for total fitness. She will serve as "coach" for patients that wish to initiate positive lifestyle changes.

**Chelsea Giddings**-A seasoned member of our administrative staff. She has advanced training in stress disorders.

## TWO LANDMARK STUDIES SUPPORT MEDICAL TREATMENT FOR ADHD

ADHD is one of the best-researched disorders, according to the Council on Scientific Affairs of the American Medical Association. This study is probably the most extensive study of ADHD to date. It concluded that ADHD has as much scientific validity and specificity as the best-known medical diseases, such as diabetes. They also found no evidence of over-prescribing or abuse of medication. The opposite was found; as few as 25% of grade school ADD children are diagnosed and treated.

A second study was sponsored by the National Institute of Mental Health. The study took place over a seven year period. It included 6 sites, 579 children with ADHD, and a 14 month treatment program for each child.

The children were randomly assigned to one of four groups:

- (A) Community treatment (70% got medication)
- (B) Intensive psychosocial treatment (no medication)
- (C) Study sponsored medication management (stimulants)
- (D) Both B and C

Results of the study clearly indicated that medication provides the greatest improvement of ADHD symptoms.

A report by the American Academy of Pediatricians asked its members to increase efforts to identify ADHD and related conditions and see that treatment is available.

**The findings of the studies are very important because they point to the fact that ADHD is primarily a medical disorder.** The study data also helps prove to those people that don't "believe" in ADHD that it does exist, and needs to be diagnosed and treated. ❖

## MEDICATIONS FOR TREATMENT OF ADD RELATED DISORDERS

Two-thirds of ADD/ADHD children have one or more other mental health disorders (comorbidity). The most common co-occurring condition with ADHD is Oppositional Defiant Disorder. These children are rebellious to a degree that causes problems for them at home and/or school. Their attitude is "you can't make me/you can't stop me." Some children also have Conduct Disorder. They violate rules, laws, damage property, commit theft, personal injury, etc. These disorders

require firm, consistent behavior management.

Mood/anxiety disorders are common with ADD, and need to be managed medically. Stress management and coping skills also need to be taught. (See suggestions on next page).

Underlying Bipolar (Manic-depressive) traits can be aggravated by stimulants. This can be managed with mood stabilizers, or cognitive enhancers. (see chart below left) These medications can be used with stimulants. ❖

### SECONDARY ADD MEDICATIONS

#### Antidepressants

Enhance Mood, Reduce anxiety

- Wellbutrin SR
- Effexor XR
- Tricyclics
- SSRI's-Zoloft, Celexa, Paxil, Prozac, Lexapro
- Remeron, Serzone, Trazodone

#### Tranquilizer/Hypnotics

- ↑GABA, ↓Hyperarousal
- Benzodiazepenes-Klonopin, Xanax, Ativan
- Hypnotics-Sonata, Ambien
- Neurontin

#### Anticonvulsants

Mood Stabilizers

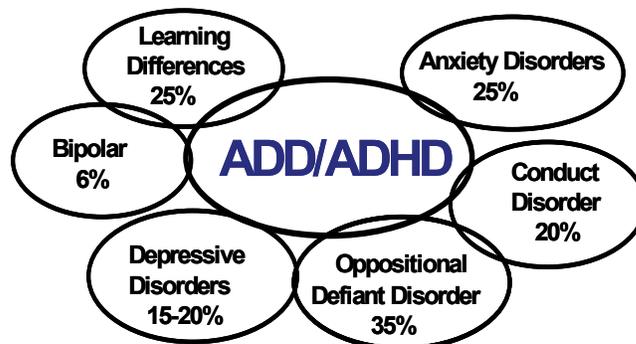
- Lamictal
- Gabatril
- Depakote
- Tegretol
- Lithium
- Trileptal
- Keppra

#### Cognitive Enhancers

Atypical Neuroleptics

- Seroquel
- Zyprexa
- Risperdal
- Seroquel
- Ziprasidone
- Geodon
- Abilify

### DISORDERS THAT COMMONLY OCCUR WITH ADD/ADHD



Pliszka 98, Barkley 98

## COPING SKILLS AND STRATEGIES FOR SUCCESSFULLY LIVING WITH ADD

"We were not made for this world." We adapted over thousands of years to a world of high physical activity outdoors. Now we have mental stimulation, complexity, and relatively sedentary lifestyles. As a result, a large amount of energy is being stored up within us that doesn't get used. This can cause stress symptoms. Practicing healthy stress management is especially important for the ADD person since they are more stress prone.

Being physically active as part of daily routine is essential to good stress management. Eating healthy foods, with adequate proteins and avoiding excess carbohydrates is also important.

Sleeping regularly 7-8 hours is probably the single most important health habit to practice. Developing and maintaining supportive relationships is also high on the list of stress reducers.

Cognitive/behavioral therapy for ADD is limited by the fact that people who are ADD usually know what to do,

they just can't do it! Russell Barkley, a specialist in ADD research, refers to this as a "disorder of intention." He says what the ADD person needs is assistance at the point of performance. Having a spouse, parent, co-worker, etc., that can help organize and prioritize for the ADD person is helpful.

Time management is "the curse" of the ADD person. Most are "near-sighted" about time and how to use it effectively. Rather than a therapist, the ADD person usually benefits the most from having a person that serves as a "Coach". The aid of a "Coach" can help turn chaos and stress into a well functioning, productive life. ❖

**"Human salvation lies in the hands of the creatively maladjusted"**  
**Martin Luther King, Jr.**

### HALLOWELL'S SIGNS AND SYMPTOMS OF ADD

#### Lack of Normal Inhibition

- Tactlessness
- Iconoclasm
- Impatience
- Impulsiveness
- Moodiness
- Distractibility
- Addiction Proneness

#### Hyperarousal

- Restlessness
- Impatience
- Impulsiveness

#### Frontal Lobe Underactivity

- Procrastination
- Stimulation hunger
- Boredom intolerance
- Distractible
- Worryaholic
- Restlessness
- Addiction Proneness

#### History/Consequences

- Underachievement
- Lack of Organization
- Projectorrhea
- Creativity

## DID YOU KNOW THAT...???

⇒3-6% of elementary children meet the criteria for ADD, but only 25% of those receive treatment

⇒The primary cause for ADD is genetic: 92% of identical twins are both ADD 33% of fraternal twins are both ADD

⇒As many females as males are ADD

⇒40-60% of ADD children remain so as adults and only 15% are symptom free

⇒ADD causes problems with social skills: fewer friends, more likely to divorce

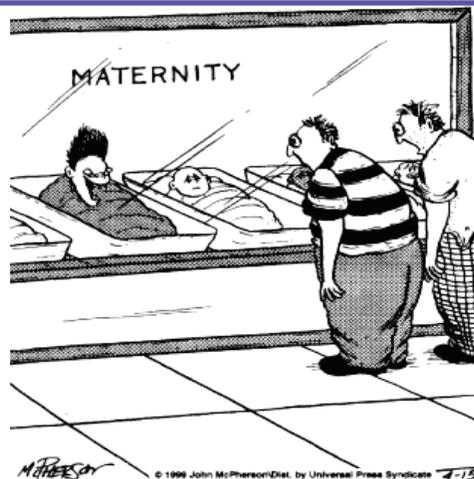
⇒3 X more job changes

⇒2 x more likely to run away from home

⇒2 1/2 times more serious auto accidents

⇒10 x more teen pregnancies

ADD kids can't pay attention and/or bounce around the classroom and become Adults that can't pay attention and/ or bounce around jobs/relationships



"He's 2 1/2 days old and he's already had nine time-outs!"

### ADD RESOURCES

*Shadow Syndromes,*  
by John Ratey, M.D.

*Driven to Distraction,*  
by Edward Hallowell, M.D.

*Women with Attention Deficit Disorder,* by Sari Solden

*Crazy Busy*  
by Edward Hallowell, M.D.

**Support Group:**  
North Texas CHADD  
972-406-1833

CHADD.org



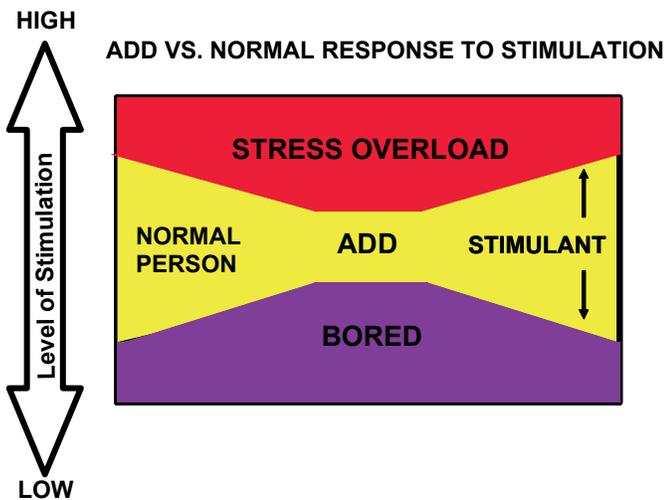
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A very insightful Neurologist once told me, *“the two most important things you can do for an ADHD child are to nurture their self esteem, and help them find something they are good at.”* As these words came out of his mouth, I had a flashback of the past years of my own life. He had described the road I have gone down with my two children. Because they inherited the genes for ADD from both parents (which is very common), parenthood was the most challenging job I have ever undertaken.

Now that they are grown, I can honestly say that all of the effort was worth it! They are intelligent, interesting, energetic (that’s putting it mildly) delightfully entertaining people.

We had to overcome many challenges as they were growing up. Although changes are slowly taking place, the school system we encountered was not adapted to the needs of children that didn’t learn by “conventional” teaching methods. Finding medication to facilitate optimal functioning with minimal side effects also took great perseverance.

If you and your child face the challenges of ADD, don’t give up the fight! Work with your school system and teachers to help your child find ways to successfully learn and feel good about school. Find ways to organize life so that chaos is not always causing anxiety and stress. And, if you feel that medication would be beneficial, find a doctor that understands ADD and is willing to work with you to find the “right medication at the right dose.” Good luck on your journey!



Everyone has a range of stimulation within which they function. They are excited at the higher end and relaxed at the lower end. But everyone also has a level of stimulation below which they are bored and above which they are overstressed.

ADD/ADHD people tend to have a problem at both ends. They need higher stimulation than normal people, and are bored with routine levels. This causes an inability to concentrate. But they are also overloaded or stressed too easily. It is hard for them to focus on one thing at a time when there are multiple stimuli.

Stimulants help both problems. They turn on the brain to enable concentration on the lower level stimuli. Stimulants also allow focus on one thing at a time when there are multiple stimuli, which helps the ADD person to be less hyper and more relaxed.

**Our main goal in writing this newsletter is to provide education that helps people have better quality lives and relationships! We would like to remind you however, our intention is not to personally advise anyone on treatment or medications. Please consult your physician before making any decisions concerning your own diagnosis and treatment plan. We would be delighted to hear comments/suggestions from you! Fax or E-Mail anyone on our staff at the numbers listed above. . . I HOPE SOMETHING INSIDE IS OF VALUE TO YOU!**