

ADHD Across the Lifespan | Resources

Presenters: Dr. Alice Leung, Dr. Alec Oskin, and Dr. Tania Oommen October 2022

Resources and links for healthcare providers

- **Assessment scales used to help diagnose ADHD**
 - NICHQ - Vanderbilt Assessment Scales - (ages 6-12): <https://nichq.org/resource/nichq-vanderbilt-assessment-scales>
 - SNAP-IV 26-Item Teacher and Parent Rating Scale - (ages 8-18): https://www.shared-care.ca/files/Scoring_for_SNAP_IV_Guide_26-item.pdf
- **Diagnosis of depression in adolescents:**
 - Columbia Depression Scale - used to help diagnose Depression in children aged 11 and over. Scale is completed by the adolescent: https://thereachinstitute.org/wpcontent/uploads/2021/06/columbia_depression_scale_teen_parent.pdf
 - PHQ-9 (ages 12 and over) - screens for major depressive disorder, suicide risk, dysthymia, and general depression symptoms: <https://www.childrenshospital.org/sites/default/files/2022-03/PHQ%20Form.pdf>
- **Assessment of mental health:**
 - Pediatric Symptom Checklist-17 - assesses the likelihood of finding any mental health disorder in their patients: <https://depts.washington.edu/dbpeds/Screening%20Tools/PSC-17.pdf>
- **Assessment of Anxiety Disorders:**
 - Screen for Child Anxiety Related Disorders (SCARED) - (ages 8-11) assesses childhood anxiety based on parent and child report: <https://www.ohsu.edu/sites/default/files/2019-06/SCARED-form-Parent-and-Child-version.pdf>
- **Pharmacological Treatments:**
 - CADDRA guide to ADHD pharmacological treatments in Canada: <https://www.caddra.ca/wp-content/uploads/Nov-2022-Medication-laminar-1.pdf>

CADDRA GUIDE TO ADHD PHARMACOLOGICAL TREATMENTS IN CANADA - FEBRUARY 2020						
	Medications & Illustrations	Delivery	Duration of action ¹	Starting dose ²	Release mode Immediate/ Delayed (%)	Dose titration per product monograph ³
AMPHETAMINE-BASED PSYCHOSTIMULANTS						
First Line	Adderall XR [®] Capsules 5, 15, 20, 25, 30 mg	Granules can be sprinkled	~12 h	5-10 mg q.d. a.m.	50/50	▲ 5-10 mg at weekly intervals Max. dose/day: Children & Adolescents = 30 mg Adults & Adolescents = 20-30 mg
First Line	Vyvanse [®] Capsules 10, 20, 30, 40, 50, 60, 70 mg Chewable Tablets 10, 20, 30, 40, 50, 60 mg	Capsule content can be diluted in liquid or sprinkled Chewable tablets should be chewed thoroughly	~13-14 h	20-30 mg q.d. a.m.	Not Applicable (Prodrug)	▲ 10-20 mg by clinical discretion at weekly intervals Max. dose/day: All ages = 60 mg
Second Line	Desoxine [®] Tablets 5 mg Spansules 10, 15 mg	Scored Tablet Beaded Formulation	~4 h ~6-8 h	Tablets = 2.5 to 5 mg BID Spansules = 10 mg q.d. a.m.	100/0 50/50	▲ 5 mg at weekly intervals Max. dose/day (q.d. or b.i.d.): Children & Adolescents = 20-30 mg Adults = 50 mg
METHYLPHENIDATE-BASED PSYCHOSTIMULANTS						
First Line	Ritalin [®] Capsules 10, 15, 20, 30, 40, 50, 60, 80 mg	Granules can be sprinkled	~10-12 h	10-20 mg q.d. a.m.	40/60	▲ 10 mg at weekly intervals Max. dose/day: Children & Adolescents = 60 mg Adults = 80 mg
First Line	Concerta [®] Extended Release Tablets 18, 27, 36, 54 mg	Osmotic-Controlled Release Oral Delivery System (OROS)	~12 h	18 mg q.d. a.m.	22/78	▲ 18 mg at weekly intervals Max. dose/day: Children & Adolescents = 54 mg Adults = 72 mg
First Line	Focalin [®] Capsules 25, 35, 45, 55, 70, 85, 100 mg	Granules can be sprinkled	~10 h	25 mg q.d. a.m.	20/80	▲ 10-15 mg in intervals of no less than 5 days Max. dose/day: Children & Adolescents = 70 mg Adults = 100 mg
Second Line	Methylphenidate short-acting Ritalin [®] SR Tablets 20 mg	Scored Tablet Wax Matrix Preparation	~3-4 h ~8 h	5 mg b.i.d. to t.i.d. Adult = consider q.i.d. 20 mg	100/0 100/0	▲ 5-10 mg at weekly intervals Max. dose/day: All ages = 60 mg
NON-PSYCHOSTIMULANT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR						
Second Line	Strattera [®] (Atomoxetine) Capsules 10, 18, 25, 40, 60, 80, 100 mg	Capsule needs to be swallowed whole to reduce GI side effects	Up to 24 h	Children & Adolescents = 0.5 mg/kg/day Adults = 40 mg q.d. for 7-14 days	Not Applicable	Maintain dose for a minimum of 7-14 days before adjusting by no more than 1 mg increment weekly Max. dose/day: Monotherapy 6-12 years = 4 mg 13-17 years = 7 mg As adjunctive therapy to psychostimulants 6-17 years = 4 mg
NON-PSYCHOSTIMULANT - SELECTIVE ALPHA-2A ADRENERGIC RECEPTOR AGONIST						
Second Line	Intensin XR [®] (Guanfacine XR) Extended Release Tablets 1, 2, 3, 4 mg	Pills need to be swallowed whole to keep delivery mechanism intact	Up to 24 h	1 mg q.d. (morning or evening)	Not Applicable	Maintain dose for a minimum of 7 days before adjusting by no more than 1 mg increment weekly 6-12 years = 4 mg 13-17 years = 7 mg As adjunctive therapy to psychostimulants 6-17 years = 4 mg

Illustrations do not reflect actual size of pills/capsules. Longer acting stimulants tend to have lower abuse potential than shorter acting formulations. Non-stimulant formulations have no abuse potential. Pharmacokinetics and pharmacodynamic responses vary from individual to individual. The clinician must use clinical judgment as to the duration of efficacy and not solely rely on reported values for PK, PD and duration of effect. Starting doses in table are taken from product monographs. CADDRA recommendations usually starting with the lowest dose available. For specific details on how to start, adjust and switch ADHD medications, clinicians should refer to the Canadian ADHD Practice Guidelines (www.caddra.ca). Vyvanse 70 mg is an off-label dosage for ADHD treatment in Canada. Original version of this sheet developed by Dr. Anick Vincent in collaboration with Direction des communications et de la pharmacopée, Laval University. Access provincial and federal formulary information at target.com/canada.

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Resources and links for parents

- **General websites for Professionals, Parents, Educators:**

- ADDitude magazine - Information for healthcare providers, parents, and patients. Includes: Symptom checklists, Information about treatment, resources for providers & parents, forums, information for clinicians, free webinars and podcasts: <https://www.additudemag.com/>
- CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder) - Information for healthcare providers, parents, and patients. Includes: Symptom checklists, Information about treatment, resources for parents, providers, teachers, forums, webinars and podcasts <https://chadd.org/>
- CADDAC (Center for ADHD Awareness Canada) - Information for healthcare providers, parents, and patients. Webinars, resources for patients, providers, parents or caregivers, teachers <https://caddac.ca/>
- How To ADHD - Jessica McCabe - Jessica is a Youtube personality who has ADHD herself. She posts helpful videos with strategies and information about ADHD. <https://www.youtube.com/c/HowtoADHD/about>

- **Support Groups**

- ADHD - What Now - Veronica Hunter - Veronica Hunter is a mother to boys with ADHD. She puts on virtual parenting summits with access to recorded videos with ADHD experts in a variety of areas. She also closely moderates a private facebook group for parents. <https://www.whatnowadhd.com/>. She also moderates a private facebook support group for parents <https://www.facebook.com/groups/adhdwhatnow>
- ADHD Village - Lara Dawn - Similar to Veronica Hunter, Lara Dawn is a mother of boys with ADHD. She also puts on virtual parenting summits with recorded interviews with ADHD experts. She also offers coaching, and closely moderates a private facebook group for parents. <https://theadhdvillage.com/>. She moderates a private facebook support group for parents: <https://www.facebook.com/groups/theadhdvillage>
- Edmonton ADHD Mom/Dad's group - Private facebook group for parents of kids with ADHD: <https://www.facebook.com/groups/154531287926897/>
- CADDAC Support Groups -The following link allows you to find support groups in your area. <https://caddac.ca/programs-and-events/#parenting-courses>

- **School Accommodations**

- <https://www.additudemag.com/download/adhd-school-accommodations-behaviors-card/>
- <https://chadd.org/for-educators/classroom-accommodations/>

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Resources and links for parents

- **Books**

- The Explosive Child - Dr. Ross Greene. Dr. Ross Greene is a clinical psychologist who has written many parenting books promoting proactive strategies for dealing with challenging behaviours. His website also provides information about resources and workshops. <https://drrossgreene.com/the-explosive-child.htm>
- ADHD 2.0 - Drs. Ned Hallowell & John Ratey. Dr. Ned Hallowell is a psychiatrist specializing in ADHD and also has ADHD himself. He also has a website with links to podcasts and talks that he has given. <https://drhallowell.com/>
- Attention Difference Disorder: How to Turn Your ADHD Child Or Teen's Differences Into Strengths in 7 Simple Steps - Dr.Kenny Handelman
- Connected Parenting: How to Raise a Great Kid - Jennifer Kolari. Jennifer Kolari is a child and family therapist and the mother to three boys with ADHD. In addition to her book, her website also offers links to podcasts, videos, and workshops. <https://connectedparenting.com/>