



Attention Deficit/ Hyperactivity Disorder

ABSTRACT: Dr Vishpala Parthasarathy talked about the ADHD in a pre-SSMS workshop, held at The TATA hospital auditorium on Saturday the 3rd of Feb 2007. She detailed ADHD as a triad of Inattentiveness, Hyperactivity, Impulsiveness. And gave some various approach to understanding of ADHD. In this paper, she is only going to focus on what she contributed different in the seminar, chopping off the repetition which has been covered by other speakers.



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CLINICAL PRESENTATION OF ADHD

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|-----------------------|-------------------------|
| <i>The Good side:</i> | <i>The Bad:</i> Fearful |
| Intelligent | Talkative |
| Inquisitive | Asks too many Questions |
| Expressive | Expert at Bargaining |
| Trusting/Loyal | Fidgety, Active |
| | Hard to instruct |
| | Curious |

DIFFERENTIAL DIAGNOSIS AND COMORBID CONDITIONS

Oppositional Defiant Disorder
Tic Disorders
Learning Disabilities
Mental Retardation
Family Dysfunction/Discord
Other Medical and Mental Disorders

USEFUL QUESTIONS

Is the child more apt to

- Do things without thinking ahead, or plan to misbehave?
- Refuse to do things or try to do things, but fails to finish?

Does the child display aggression toward people or animals, destructiveness or theft?
(Not ADHD)

TREATMENT AND MANAGEMENT

Education is required to be given to all who is handling the child.

- Patient
- Parents
- Teachers and Caregivers
- Physician

Various treatments are available to handle the child.

→ Behavioral Treatment = STRUCTURE

HOW TO PROVIDE STRUCTURE?

- Make a list of tasks to be accomplished
- 1st Tell the child how to do, then show him and then let him do
- Address their "needs" at appropriate time
- Be in charge, set the rules
- Give them choices (your choices) to make
- Stick by your list, and count each task accomplished.
- Praise throughout the procedure

Ex 1: TOOTH EXTRACTION

I will tell you what we are doing today, show you the list (don't go over the list)-you check them as we go: First you will sit in dentist's chair, lay down, and sit on your hands. Wear our special mask, close your lips together, and



breathe through your nose. Squirt sleepy juice inside your tooth, then give a break - ask Only ONE question. Now I would scratch all around your teeth, make a big twist around your tooth, I would push and wiggle your tooth and it would be done.

Ex 2: HOMOEOPATHIC HISTORY

Doctor will ask some Qs about you – the REAL you! You have to tell all.

Doc will ask some questions to your mother about you, at which time you will have a break. Then he will lie you on the couch and examine you.

Discuss your likes and what you don't like. Ask your problems and how to solve them. Would you like that?

FARM /ANIMAL TREATMENT

CHARACTERISTICS OF MODERN LIFE

The hypothesis is, that we have problems as we have lost contact with plants and animals (2.5% on farms)

Loss of capacity to perform for others (dominance of media)

Increase in narcissism and loss of the sense of the real world.

TREATMENT METHOD AT ANIMAL FARM

Children seen for about 2 hours once a week.

UNITS OF LEARNING: Sets of skills necessary to care for animals. Knowledge is based on animal's biology, habitat and social behavior.

Each animal becomes a unit of learning.

THE TEACHING ENVIRONMENT -classroom of large variety of small animals, barns and stalls for larger animals, a garden and ponds.

Children are encouraged to reason about the animal's needs, signs of his comfort and evidence of fear or aggression.

Child is asked to reason reciprocally, from the animal's wants and needs to his wants and needs, from what makes an animal comfortable to what makes him comfortable.

Where possible, learning in the farm programme is integrated into classroom teaching.

Children's skills are recognized by having them demonstrate their animals in the classroom and become active in projects. Bring the farm experience into the classroom.

OBSERVED RESULTS

Increased attention to the external environment

Increased capacity for behavioural inhibition

Increased calmness

Decreased aggression

Need for information

Increased social interaction

Increased co-operation

Increased learning

Increased social competence

Decreased symptoms

Increased inclusive dialogue

Increased moral concern

WHY DO ANIMALS INCREASE HUMAN SOCIAL ATTRACTIVENESS?

There is a reliable increase in human social attractiveness produced when people are paired with animals. Called the "handicap principle" - the presence of the animal is a reliable sign that the person is capable of nurturing another. Another explanation concept of "Liminality"

CONCEPT OF LIMINALITY

It is derived from phenomena observed during initiation rites, ceremonies, group behaviour during threat, and theatrical performances.

Observations include

- Group cohesion (communities)
- Emphasis on lateral bonds and loss of significance of vertical bonds
- Sense of being charged with energy and enthusiasm



WHAT I ACTUALLY DO IN THE CLINIC AND ASK MO TO CONTINUE AT HOME

1) Teach to sit quiet for short periods beginning with 5 mins to 30 mins. Then extend to being alone and quiet. I do it in the clinic with all ages of ADHD. 2) Rewards: Combine with stars: collect stars and buy what they want eg 15 stars buy a – crazy ball

These kind of stimulants improves concentration which is evidenced by better grades, etc. All other benefits are secondary.

PROBLEMS OF STIMULANTS USED AS A THERAPY

- Misinformation, Unrealistic Expectations
- Controlled Substance
- Adverse Effects
 - Sleep disturbance
 - Appetite Suppression
 - Tics
 - Anaemias (rare)

SUPPORTIVE THERAPY

Counselling/ Psychotherapy for Behaviour Modification

Structured Schedule and Environment

Regular Follow-ups (Not necessarily in person!). Social Service: on-base support programmes, training

SUMMARY

ADHD diagnosis and therapy is complex and labour intensive.

There are NO short-cuts. Emphasis is on

- Diagnostic Accuracy by HISTORY
- Realistic Expectations of Therapies
- Multidisciplinary Approach

I now present few cases here from an LD project I did at Nalanda School where all children's grades had gone up by 5-10%. Those that are continuing are doing well in general health and better in scholastic health .

CASE 1

Mast DV, 9 yrs old came on 03/03/05

CHIEF COMPLAINT

Poor Concentration. Freq colds, Eye irritation.

Hates reading³, Skips words³, Substitutes³ wrong alphabets, lot of spelling mistakes³. Cannot read one full page, skips lines², grammatical mistakes³ Poor vocabulary, poor comprehension, loss of sequence. Bad handwriting. Poor pen grip. Good at maths.

SUMMARY OF THE CASE

Poor memory. Dependent on mother for studies. Would not sit more than 15 seconds with Educational Psychologist.

Attention span ½ hour when studies with mother; when alone- 10 mins, repeats the same lesson for 1 week. Cannot tell time.

Easily distracted. Poor in tying shoe laces. Uses opposite words eg, for hot says cold.

MIND

Irritable. Sensitive to scolding.

Affectionate, needs extra attention³ hugs and kisses.

Fear -being beaten, ghost³, alone³, dogs³, snakes².

Timid³. Cannot express.

Possessive about his things, does not share.

Confidence poor.

Obedient. Disorganized < Reproached.

During the interview, mother gave history; pt did not once correct her. Spoke only when asked.

PATIENT AS A PERSON

Small frame, lean, wore spectacles.

Slightly hanging jaw. Bites nails.

Scanty perspiration: On palms and soles², offensive.

APPETITE AND THIRST: Decreased.

DESIRE: Egg², fried², salty³, sweets.

BOWELS: Regular. Sleep: Deep.

DREAMS: Animals, ghost, pleasant, water

THERMALS: Chilly

FAMILY HISTORY: Cancer, Thyroid, Cirrhosis.

TREATMENT

ACUTE: *Puls*

CHRONIC: *Sil*

INTER-CURRENT: *Tuberculinum-bov*

Under *Sil* 1/wk and *Tub-bov* 1/mth, his attention span increased from 30 mins to an hour. School grades have improved 50%. Takes interest in reading.

FOLLOW-UP IN 2006

Is more confident.

Colds which were very frequent are now mild and once a month.

CASE 2

Miss SV, 4 yrs old, came to us on 16/3/06.

Recurrent colds and cough, nose block, rattling cough, breathlessness, tonsillitis.

< COW, < HS, > AC³, > carried being.

Irritable³, Cranky³, Feels Hot, Ear pain, weak and chilly. Once in 3 months gets high grade fever.

GIT: Diarrhoea 1/2yrs, < hot weather, < traveling, > Only Antibiotics.

SKIN: Very dry and rough. Needs lubricant daily.

MIND

Very Restless³ Jealous. Tears brothers things.

Day starts with crying for almost an hour.

Tantrums³, Throws, Does exactly opposite.

Concentration for minutes but toys for hours.

Very particular about what she wears and how she looks. Spends whole day looking in mirror, even while crying! Changes 8 times /day. Very Stylish.

Very expressive³- With Gestures and eye movements.

Loves dancing and singing

Aggressive³. Beats and bites³

Clings³ to mother.

Goes to school since 2 yrs. Likes one teacher who is protective of her. She knows the names of all 25 classmates.

Never hurts herself, hurts others. Punished every single day. Teachers fed up of her.

Talks as if she is the Grand Mom of the house.

Loquacious³. Loves to scribble.

Understands right and wrong but chooses wrong. Manipulative-gets work done. Imitates

Anger³ Hits, slaps, screams, yells, pulls hair. Na-

ture is very hyper. Hits³. Back answers. Contrary. Weeps a lot. Not better by consolation. Brooding³, Obstinate³, Dominating³.

Affectionate. Fear³ of water-even in shower, Fear doctors and injections.

PATIENT AS A PERSON

Ht: 36". Wt: 12 Kgs. PERSPIRATION: Less

TEETH: 3 Root Canals APPETITE: Good³

CRAVING: Tea³, Coffee, Ice cream, Chocolate³, Fruits³, Pica³. AVERSION: Milk

THIRST: LESS³: STOOL: Normal

SLEEP: Good. Talks in sleep-says poem. Kicks. Restless. THERMALS: Hot

DEVELOPMENTAL HISTORY: Born 1 mth premature. Early Milestones.

FAMILY HISTORY: Thyroid, Cancer.

MOTHER'S PREGNANCY HISTORY

Morning Sickness for 4 months. On bed rest for 4 months. Depressed. As nature is very hyper, scolds, shouts, hits children especially son- the first case.

TREATMENT

ACUTE: *Puls*

CHRONIC: *Tarentula Nat-mur*

INTERCURRENT: *Tuberculinum-bov*

No dryness of skin and her fears are gone
Mind much better.

CASE 3: ANXIETY NEUROSIS

Girl 17y. Came on 26-1-06 for Pre-exam stress³. Forgets 50%. Poor confidence. Nervous. Blanks out in exams.

She got 85% in 10th. 12th finals on 25-2-06. She wants me to help her do well!

Very shy. Does not mix.

Obese. HT: 4'11' and wt 57.8 kg

PERSPIRATION: Palms, soles. Sun headaches, urticaria

TREATMENT

Arg-nitricum and *Silicea*.

Was much better by next visit itself.

Did well in 12th exams at 89%

April CET got 85%