

# CNS SPECTRUMS<sup>®</sup>

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## EXPERT PANEL SUPPLEMENT

# ***THE CASE FOR EMERGING THERAPIES IN ATTENTION-DEFICIT/HYPERACTIVITY DISORDER***

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### ABSTRACT

The most commonly diagnosed neurobehavioral disorder in children, attention-deficit/hyperactivity disorder (ADHD) also has a high incidence in adolescence and adulthood. Symptoms of inattention and hyperactivity in a child—restlessness, interrupting others—have been shown to migrate to adolescence and adulthood in patients, creating a condition whose symptoms are long-lasting and critical to treat to restore a patient's positive quality of life. In addition, ADHD throughout the life cycle does not present alone; the disorder more commonly occurs with comorbid conditions, including oppositional defiant disorder (ODD) in children, substance abuse in adolescence and early adulthood, and major depressive disorder in adulthood, among other comorbidities, which can complicate diagnosis and treatment. Thus, clinicians should have an understanding of not only current methods to diagnose and treat ADHD across the lifecycle, but also advanced and emerging tools to utilize in the management of the disorder.

In this Expert Panel Supplement, Craig L. Donnelly, MD, discusses the presentation and treatment of ADHD in children, and evaluates a case of a child with comorbid ODD. Next, Margaret Weiss, MD, PhD, provides a case presentation of a patient with ADHD through adolescence into early adulthood detailing how use of varied assessment techniques and multiple treatment modalities can affect patients in this age group, particularly those with comorbid learning disabilities and substance abuse. Lastly, Michael J. Manos, PhD, discusses the presentation of adults with ADHD and comorbid MDD, focusing on use of different treatments for best outcome.



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## Statement of Need and Purpose

Attention-deficit/hyperactivity disorder (ADHD) is the most commonly diagnosed neurobehavioral disorder in children, with most children maintaining symptoms of ADHD as adolescents and adults. The clinical and functional consequences of this disorder affect individuals throughout their lifespan, causing impairments in academic and work achievement, family relationships and health outcomes. Unfortunately, ADHD treatment continues to confound clinicians. Lack of detail in recommendations from treatment guidelines and issues of comorbidity present treatment challenges for physicians. The presence of psychiatric comorbidity complicates the accurate diagnosis of ADHD in patients of all ages and makes the selection of the most appropriate treatment difficult. Physicians must consider which condition is most impairing for the patient, the effects of ADHD medications on the comorbidities, and the effects of the comorbidities on the response to ADHD treatment. In addition, the number and variety of available and emerging treatment options for ADHD can be overwhelming for physicians. Clear presentation of the clinical evidence supporting the use of currently available agents will equip psychiatrists to make informed treatment decisions.

## Learning Objectives

At the completion of this activity, participants should be better able to:

- Diagnose attention deficit/hyperactivity disorder (ADHD) and distinguish ADHD from comorbid psychiatric disorders in children, adolescents, and adults
- Prioritize treatment of ADHD and other co-occurring psychiatric disorders to optimize treatment for individual patients
- Choose appropriate therapy for children, adolescents, and adults with ADHD based on clinical evidence

## Target Audience

This activity is designed to meet the educational needs of psychiatrists.

## Faculty Affiliations and Disclosures

**Craig L. Donnelly, MD**, is associate professor of child and adolescent psychiatry, chief of the Section of Child & Adolescent Psychiatry, and director of Pediatric Psychopharmacology in the Department of Psychiatry at Dartmouth-Hitchcock Medical Center in Hanover, New Hampshire. Dr. Donnelly is a consultant to, on the advisory board of, is an independent contractor of, and has received honoraria from Eli Lilly and Shire; and has received research support from Eli Lilly. Dr. Donnelly discusses unapproved/investigational uses of aripiprazole, bupropion, clonidine, guanfacine, quetiapine, risperidone, and venlafaxine in the treatment of attention-deficit/hyperactivity disorder and oppositional defiance disorder.

**Margaret Weiss, MD, PhD**, is clinical professor at the University of British Columbia, and director of the Provincial ADHD Program at the Children's and Women's Health Centre, both in Vancouver. Dr. Weiss is a consultant to Abbott, Eli Lilly, Janssen, Novartis, Purdue, Shire, and Takeda; is on the speakers or advisory boards of Eli Lilly, Janssen, Purdue, and Shire; receives grant/research support from Eli Lilly, Janssen, Purdue, and Shire; and has received honoraria from Eli Lilly, Janssen, Purdue, and Shire.

**Michael J. Manos, PhD**, is Head of the Center for Pediatric Behavioral Health, Children's Hospital, the Cleveland Clinic; adjunct faculty in the Department of Psychiatry, Case Western Reserve University School of Medicine; and clinical and program director of the ADHD Center for Evaluation and Treatment at the Cleveland Clinic. Dr. Manos has been a consultant to McNeil, Novartis, and Shire; serves on the advisory board of Shire; has received research support from Shire; and has received honoraria from McNeil and Shire. Dr. Manos discusses unapproved/investigational use of stimulants for the treatment of depression and use of antidepressants for the treatment of attention-deficit/hyperactivity disorder.

CME Course Director **James C.-Y. Chou, MD**, is associate professor of psychiatry at Mount Sinai School of Medicine. Dr. Chou has received honoraria from AstraZeneca, Bristol-Myers Squibb, Eli Lilly, GlaxoSmithKline, Janssen, and Pfizer.

## Activity Review Information

The activity content has been peer-reviewed and approved by James C.-Y. Chou, MD.

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## To Receive Credit for this Activity

Read this Expert Panel Supplement, reflect on the information presented, and complete the CME posttest and evaluation on pages 15 and 16. To obtain credit, you should score 70% or better. Early submission of this posttest is encouraged. Please submit this posttest by November 1, 2011 to be eligible for credit.

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The estimated time to complete this activity is 2 hours.