

ADHD OVERVIEW

What is attention-deficit/ hyperactivity disorder (ADHD)?

Key figures



3:1 Male to Female **Ratio** in ADHD patients

People with ADHD have weaker control over **attention** and **impulses** than similarly aged peers. ADHD is believed to be caused by **structural** and **functional** impairments in the brain.

Structural

Developmental impairment at the prefrontal cortex affects executive functioning



Functional

Dopamine deficiency limits the ability to regulate attention, emotion and behaviour

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Tendency of **lower sensitivity** in identifying **girls** with ADHD leading to **delay** in referral for professional **diagnosis**



Around 1-2 students with ADHD in a class of 30

How is ADHD classified?

ADHD is classified into **3 major subtypes** in the American Psychiatric Association's Diagnostic and Statistical Manual, fifth edition (DSM-5).

—— 1 ——

Predominantly inattentive

Mainly symptoms of inattentiveness with fewer symptoms of hyperactivity - 2 —

Predominantly hyperactive impulsive

Mainly symptoms of hyperactivity with fewer symptoms of inattentiveness - 3

Combined

Both inattentive and hyperactive presentation criteria are met

Preliminary tests for ADHD

SNAP-IV 26-item scale (Child) (modified by Alberta Counselling Centre)

https://bit.ly/3eLz2Zq



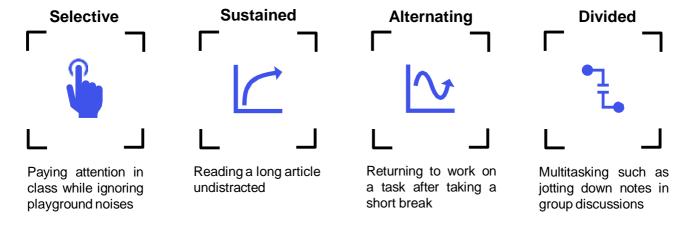
Adult ADHD Self-Report Scale - V1.1 (ASRS-V1.1) (World Health Organisation)

https://qrgo.page.link/BDQUw



Does being attentive mean sitting still?

Not necessarily! Attention is critical in many aspects of our daily lives. There are different subtypes of attention as well. Below are the different types and their respective examples:



Is sleeping in class or being active a sign of ADHD?

Not always! But close attention should be given if a student exhibits various signs and faces more difficulties compared to similarly aged peers and if these symptoms are persistent from a young age (before 12 years old). Factors include:

Symptoms present for ≥6 months in ≥2 settings

Symptoms directly impair quality of social, school, or work functions

Symptoms are not better explained by other mental issues

How is ADHD classified?

Inattentive

- Careless (e.g. submits incomplete tasks, leaves signed parent's letter at home)
- Does not appear to be listening during conversations.
- Unable to sustain attention in class, avoids tedious tasks and gives up easily
- Easily distracted with or without external stimuli, daydreams, unnecessarily slow at tasks
- · Unable to follow long and multi-step instructions
- Disorganised (e.g. messy drawer, overloaded bag)
- Poor time management and fails to follow routines

Hyperactive

- Prolonged hyperactivity and restlessness
- · Unable to remain seated and may stay off-seated
- · Fidgety limbs and difficulty working quietly
- Fails to wait for his/her turn, blurts out answers, interrupts conversations and cuts queues
- · Gets injured or breaks things easily
- Intrudes on others during tasks or fiddles with others' properties without permission

Being still while playing games ≠ having sustained attention as there are constant visual and auditory stimulation

Symptom HKU LKS Faculty of Medicine Department of Pharmacology 图 Pharmacy 图 Pharmacology P

ADHD symptoms over time

ADHD symptoms vary with age; hyperactivity and impulsivity may reduce while inattentiveness tends to impact daily life more significantly over time. Limitations in executive functioning can affect daily functions, social relationships, and mental health. Others may fail to see the difficulties faced by people with ADHD and may mistakenly attribute their symptoms to laziness or poor intentions. Repeated social failures in patients with ADHD can affect social acceptance and increase the risks of various mental health issues.

Preschool Years

Common comorbidities for preschool students with ADHD include oppositional defiant disorder (ODD) and speech and language disorder

Challenges

- Hyperactivity and restlessness
- · Inattentive to instructions or requests
- Argumentative, disobedient, impulsive, and impatient
- Prone to injuring self or others

Social-interpersonal Issues

- Strained relationships with parents, caregivers, and teachers
- Disciplined frequently for misconduct
- Arguments and fights with peers
- · Poor social skills and temper control

Mental Health Issues

- Loneliness
- Anger issues
- Lowered self-esteem
- Stress

Primary School

Common comorbidities for primary school students with ADHD include learning disabilities, ODD, conduct disorder, and Tourette's syndrome

Challenges

- Fail to follow instructions in class
- Poorer academic performance
- Hyperactive and restless in class
- Disorganised in various aspects of life (e.g. desk, room, missed submissions)

Social-interpersonal Issues

- · Similar with preschool years
- Potential school avoidance
- Judged by peers for incompetence and disruptive behaviours
- · Impulsive, impatient, and argumentative

Mental Health Issues

- Similar with preschool years
- Depression
- Anxiety

Adolescence

Common comorbidities for adolescents with ADHD include conduct disorder, depressive and anxiety disorders

Challenges

- Less hyperactive but still restless
- Academic and career difficulties
- Involvement in substance abuse, dangerous driving, or illegal activities
- Disobedient and resist supervision

Social-interpersonal Issues

- · Similar with primary school years
- Weak social skills, emotional control, and failure to recognise social cues
- Fail to maintain relationships
- · Offend others easily

Mental Health Issues

- Similar with primary school years
- Bipolar disorder
- Substance abuse

Adulthood

Common comorbidities for adults with ADHD include conduct disorder, mood and anxiety disorders

Challenges

- · Careless, disorganised, and tardiness
- Challenges with employment
- Involvement in addictive activities (e.g. gambling, gaming)
- · Treatment adherence issues

Social-interpersonal Issues

- · Impatient and impulsive
- Fail to care for family (e.g. bills, chores)
- Increased likelihood of having children with ADHD and difficulty in parenting
- Isolation; poor relationship with others

Mental Health Issues

· Similar with adolescence

Referral

ADHD services referral map

Preschool

Primary & Secondary School

Assessment in Maternal and Child Health Centre (MCHC), referred by preschool educators (Comprehensive Child Development Service)

→ Referral form for educators :
https://qrgo.page.link/d2kqy

→ MCHC sends final reply to the education centre



Evaluation by Educational Psychologists (EDB or school sponsoring body), referred by teachers or social worker

→ Provide referral letter and intervention recommendations and/ or assessment summaries to the school and parents

Educational Psychologists' evaluation (EDB or schoolbased), referred by Special Educational Needs Coordinator (SENCo) or social worker

→ Provide referral letter, intervention recommendations, or assessment summaries to the school and parents

Parents may raise concern to and request referral from the Student Health Service (SHS)

→ Provide assessment summary to parents

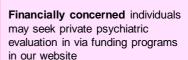
Adulthood

Private Psychiatrists¹

•Kowloon:

https://qrgo.page.link/JkfLP
•HK Island:

https://qrgo.page.link/QvmTW





Kowloon



HK Island

Evaluation at General Out-patient Clinics/ by registered medical practitioners

→ Provide referral letter to parents

Assessment by Clinical Psychologists/ Educational Psychologists in private clinics or other organizations

→ Provide referral letter and intervention recommendations and assessment reports to the school and parents

Integrated Community Centre for Mental Wellness (ICCMW) (target: in secondary school or beyond)

- → Referral to psychiatric evaluation
- · Self-application; or
- Referral through doctors, social workers, allied health professionals or government departments, etc.



List of ICCMW: https://qrgo.page.link/7XC6c

Below 6 years of age

Further Assessment: Department of Health Child Assessment Service (ages ≤12)

- → Provide assessment summaries for the school and parents; Diagnosis may be made if a psychiatrist is present
- → Please bring documents required (https://qrgo.page.link/ZWpcE) and complete registration form (https://qrgo.page.link/nVBoE)







Registration form

At or Above 6 years of age

Referred to Hospital Authority's Psychiatric Day Hospital/Child & Adolescent Psychiatric Day Hospital

New appointment booking documents:

- 1. HKID card (or a valid identity document)
- 2. Referral letter issued within the last 3 months from a Clinical Psychologist/ Educational Psychologist/local registered medical practitioner
- 3. Original local residential address proof issued within 6 months (e.g. utility bills, tax bills etc.)
- 4. School report/ exam or test paper samples (if applicable)

List of clinics:

https://qrgo.page.link/J9uE7

Waiting time for new case booking: https://grgo.page.link/DmC1f



List of clinics



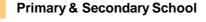
Waiting time for new case booking

Legend

The different colors and outlines represent each age group and the available services

¹Source from Hong Kong Association for AD/HD

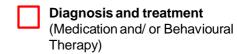


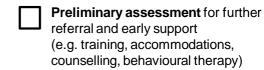














Treatment overview

Treatment for ADHD can be categorised into two groups – **pharmacological** and **non-pharmacological** (e.g. counselling, behavioural therapy, family education, etc.). While there is no cure for ADHD, combining therapy and medication treatments can effectively reduce ADHD symptoms. Treatment aims include reducing ADHD symptom severity and impairment and to improve quality of life (e.g. psychological well-being, occupational functioning, and educational functioning). Treatment strategies are age dependent. Patients are classified into the following 3 age groups for different treatment recommendations:

Age groups	First-line treatment	Alternatives
Pre-School Children (Ages 4-5)	Non-pharmacological interventions	Medication can be considered
Elementary and Middle School Children (Ages 6-11)	First-line medications for ADHD (e.g. Ritalin) Parent training in behavioural management and school interventions	Alternative medications for ADHD (e.g. Strattera)
Adolescents and Adults (Ages 12+)	Medications for ADHD	Non-pharmacological interventions

Treatment plans vary according to individual needs. Please discuss with a healthcare professional for the optimal treatment plan.

Pharmacological therapy

Pharmacological treatment for ADHD is mainly classified into 2 categories – **stimulants** and **non-stimulants**. In Hong Kong, **Ritalin** is a commonly used stimulant medication while **Strattera** is a commonly used non-stimulant medication. Treatment is typically initiated with stimulants. Non-stimulant medications are often the second choice of treatment if stimulants are not suitable (e.g. inadequate response or intolerance to stimulants).

Stimulant medication

Stimulants are first-line treatment for ADHD. They are also the most studied type of medical intervention. **Ritalin** is often considered as the first-line stimulant medication for ADHD.

Studies suggest that people with ADHD usually have lower levels of dopamine, which leads to symptoms of inattentiveness, impulsivity, and poor emotional regulation. Stimulants work by increasing dopamine (a chemical messenger that transmits signals) levels in the brain, which helps improve self-regulation and reduce symptoms associated with ADHD.

Non-stimulant medication

Non-stimulant medication is typically considered as second or third-line treatments for ADHD. They are generally less effective compared to stimulants and are usually used as an adjunct or as treatment for patients with inadequate drug response or the inability to tolerate stimulants. **Strattera** is a common long-acting non-stimulant used to treatADHD.

Strattera works by reducing the removal of the neurotransmitter noradrenaline, which is linked to enhanced working memory and concentration. Other neurotransmitters that regulate moods and functions, such as thinking and planning, are not affected.





Stimulant Drug Profile: Methylphenidate

Brand names	Ritalin	Ritalin LA	Concerta
Formulation	Immediate release	Long-acting	Extended release
Action duration	4 hours	8 hours	12 hours
	Short acting	Lon	g acting
Dosage frequency	2-3 times daily	Once daily	
Price estimate	Lower	Higher	
Advantages	 Quick effect onset (30-45 min) Can supplement doses if needed Ideal for dosage titration and testing patient drug tolerance and response 	effect may red	and wearing off of luce rebound effects osing which may adherence
Disadvantages	 Multiple dosing may reduce adherence and cause rebound effects Evening doses may lead to insomnia 	 Drug effect needs longer wait-time Drug effect may not last as long as required 	
Common side effects	Abdominal pain, appetite loss, headaches, sleep disturbances, and elevated blood pressure and heart rate		

Non-stimulant Drug Profile: Atomoxetine

Brand names	Strattera	
Available formulation	ailable formulation Long-acting (dosage subject to physician's evaluation)	
Dosage frequency	Usually once daily (dosage subject to physician's evaluation)	
Common side effects	Abdominal pain, appetite loss, and headaches	

Non-pharmacological interventions

Non-pharmacological interventions include behaviour therapy, parent training, classroom interventions, and more. People with ADHD benefit from consistent behavioural training in different settings (home & classroom). Therefore, parent and educator involvement is crucial in reaching optimal treatment results. Both parents and school personnel can take part in behavioural management training for children with ADHD. Training will cover how to respond to undesirable behaviours such as interruptions, aggression and incompliance with requests. For adults, Cognitive Behavioural Therapy (CBT) is the most clinically supported therapy for ADHD.



Behaviour therapy

Children

Therapists may conduct behaviour therapies (e.g. behaviour modification therapy, cognitive behavioural therapy), with parental involvement, for children. Parents may also refer to psychiatrists, psychologists, counsellors, or social workers for more information. Therapies usually involve:

- Establishing behavioural targets and rules
- · Teaching and reinforcing good behaviours
- Discouraging negative behaviours

Adults

Adults diagnosed with ADHD later in life may encounter setbacks that lead to negative thoughts; anxiety and depression are both associated with ADHD. Cognitive Behavioural Therapy (CBT) may help.

CBT is a short-term psychotherapy which helps change negative thinking patterns and develop appropriate behaviours through:

- Discussions and home exercises to resolve negative thoughts and beliefs
- Goal-setting to achieve specific behaviours / overcome difficulties
- Consistent therapist monitoring to help the patient keep themselves in check

Parent training

Parent Training for Behavioural Management (PTBM)

PTBM is recommended for families with young children with ADHD as their parents strongly impact and shape their children's behaviours. Parents can expect:

- Therapists may train parents in one-onone or group sessions
- Therapists may educate parents on positive ways to interact with their children and assign activities for them to practise; therapists will provide guidance, support, and strategy adjustments if needed

Parents should learn the following skills in guiding children under the guidance of a therapist:

- 1. Positive communication and interaction
- 2. Positive behaviour reinforcement (praise)
- 3. Effective and consistent discipline
- 4. Appropriate direction and command use
- 5. Set house rules, structure, and routines



Source: CDC Parent Training in Behaviour Management for ADHD

Social skills training

Social difficulties of children with ADHD are often much greater than in children without ADHD. This may be due to the slower development of social cognition. Social skill training involves coaching in communication, emotion regulation, ways of expressing opinions, problem solving skills, and more. However, the evidence of the effectiveness in such interventions are limited, due to a lack of research studies and inconsistent findings among the studies themselves.



Maximising the effectiveness of therapies

Combined Therapy

According to two research studies, (US MTA, 1999) (So, Leung & Hung, 2008) combined therapy provides the best treatment result.

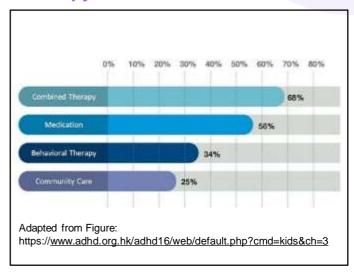
Medication Therapy Only

Medication therapy alone can effectively reduce ADHD symptoms but is not as effective in oppositional behaviour, anxiety problems, and learning disabilities

Behavioural Therapy Only

Insignificant impact with behavioural therapy alone

Therapy effectiveness



Treatment Q&A

Can I avoid medications and only receive behavioural therapy?

Non-pharmacological treatment alone is usually recommended for pre-school children only. Treatment with medication is recommended for people aged 6–17 due to strong evidence from studies which show their significant benefits in ADHD symptom management. Behavioural therapy alone is insignificant in its impact.

Can I opt for treatment with only medication?

Medication alone can be effective in reducing ADHD symptoms. Combining pharmacological and non-pharmacological treatments varies in effectiveness. Nevertheless, ADHD is best treated in a multimodal manner. Therapy can help establish healthy habits and structures, and reinforce training strategies, making treatment effects longer lasting. People with ADHD are encouraged to discuss with professionals about personalised treatment plans that account for concerns and limitations.

Do I need to take medications for life?

After reaching adulthood, the decision of continuing medication for the management of ADHD depends on the severity of symptoms and the mutual agreement between the patient, family, and doctor. Please consult a psychiatrist for more information.

Are there treatment alternatives?

A study (Sonuga-Barke et al., 2013) in the American journal of Psychiatry Journal reported that many non-pharmacological and alternative treatments (such as restricted elimination diets, neurofeedback trainings and attention/working memory cognitive trainings) showed no significant effects in reducing ADHD symptoms. The effectiveness of some other treatments (such as free fatty acid supplements (e.g. DHA) or artificial food colour exclusions) was small or limited to certain people. According to the UK National Institute for Health and Care Excellence (NICE) guideline, health professionals are not recommended to advise supplements or elimination of certain diets. Patients should discuss with psychiatrists before attempting alternative treatments for their children to avoid unnecessary costs in health, time, and money.



Treatment Q&A continued

Can I take a drug holiday?

Treatment with medication is most effective when patients fully adhere to the instructions of the psychiatrist. Stopping or reducing medication during treatment course may cause harm or undesirable symptoms. Therefore, while considering taking drug holiday or dose reduction, consult the professional opinions from a psychiatrist before amending the treatment plan.

Will drug treatment lead to drug abuse?

When medication is taken as prescribed, the medication will not induce euphoria and is unlikely to lead to abuse. For individuals with a risk of substance abuse, the prescriber will run assessments and follow close monitoring in order to minimise the risk. Studies have also found that children prescribed with medication for ADHD may have a lower risk of substance abuse later in life. This may be due to the greater control on impulsivity and overall behaviour that may come with prescribed medication.

Should I tell my employer that I have ADHD?

The decision to inform an employer is a personal one that must be carefully considered. Employers cannot accommodate unless notified, however, the individual may also be at risk for discrimination in the workplace.

Reasons for disclosure:

- Performance issues
- Workplace accommodations (e.g. resources / mentoring / work resource / environment adjustment) needed in order to excel at work

Reasons not to disclose:

- Job performance is satisfactory / up to expectations
- · Risk of discrimination

What can I do to help myself?

You can support yourself by improving your understanding of ADHD (through online resources, books, and support groups, etc) You can discuss about your ADHD condition with people you trust (e.g. family and friends). People around you may be able to help you observe your progress as you begin to work on managing your ADHD symptoms and keep you on track with goals and milestones.

If you are comfortable, you can seek support from therapists, self-help groups, and potentially your employer. Being proactive in creating habits and routines can help with organisation and structure; this can help with relaxation and processing emotions healthily.



Managing ADHD

Message to patients

Strategies for managing ADHD at Different Life Stages









Med Department of Pharmacology & Pharmacy 哲准大學業理及業種學系



Adolescents

Your teen years often come with new adjustments as you navigate through changes in school and relationships. Having ADHD and the difficulties that come with it may lead to misunderstandings or frustration. These challenges can be managed with effective treatment and support. Here are some tips to help you manage ADHD at school or work:

Talk to your teachers about ADHD

This will allow them to make accommodations that may benefit your learning

Tell your friends

- Impulsivity may lead to action that can hurt others' feelings which we regret later on; effective communication is extremely important in strengthening relationships with others
- Apologise when needed and let them know that this is something you are working to improve

Exercise and breaks

- Exercise can help release pent-up energy; ask teachers for breaks so that you can better focus in class
- Ensure that you take breaks while studying too

Organisational tools

- Utilise organisational resources such as mobile applications, planner, or task lists to keep track of your assignments
- Regularly review and prioritise tasks on hand

Daily routines

• Structure will allow for predictability in knowing what will happen next in your day, therefore leading to less unnecessary stress.

Adults

Adulthood brings independence and responsibilities in many aspects of life, including work, family, and finances, which all require balancing. Daily tasks may require focus and punctuality, often for long periods of time in order to meet deadlines. Having ADHD may have an impact on both work performance and relationships. Here are additional tactics that may be useful to ensure success in managing your day:

Organisation

- Declutter your space by disposing of things you don't need; this makes it easier to organise what you do need
- Categorise and group items together in different locations to make finding and organising easier
- When organising your things, divide the workload into smaller chunks so that the task is more manageable
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Adults (continued)

Set a daily routine

Structure allows for predictability which minimises unnecessary stress

Minimise distractions

- Remove yourself from distractions by wearing headphones, working in a quiet space, or turning on the "Do Not Disturb" mode on your phone
- A tidy workspace helps to reduce visual distractions

Take care of your body

 Healthy eating, exercise, and quality sleep, and eating healthy can all be beneficial for people with ADHD. Working out can reduce hyperactivity, inattention, as well as stress, allowing you to be better focused during longer tasks. Sleep deprivation and a poor diet can exacerbate ADHD symptoms, as well as reduce the ability to deal with stress and maintain focus

Task Management

- Planners may be helpful to keep track of tasks and appointments; reminders can be set up to avoid forgetting or overlapping appointments
- Avoid multitasking as staying focused on one task at a time can increase efficiency and productivity

Financial management

- Online banking allows for financial and expenditure tracking at all times and makes bill payments easier without paper clutter
- Budgeting apps may further help keep track of savings and spending and allow for bill payment reminders (such as for credit card bills)
- Reduce impulse purchases by asking yourself questions and obtaining second opinions beforehand (eg. "Do I really need this item?" "What scenarios will I use this item for?")

Mental health and stress management

Strategies for better mental health and management of stress

People with ADHD may experience higher levels of stress due to difficulties regulating emotions and negative reactions. Small stressors such as missing deadlines or appointments may compound into unhealthy levels of stress. Improved awareness of your emotions and utilisation of available resources can help you cope with stress and anxiety.

Reframing sources of stress

Sometimes, viewing the source or cause of stress in a different light can reduce the stressfulness of a situation. Below are three ways that research has found to be most helpful:

- 1. Positive reappraisal/reframing: re-evaluate stressful events into a more positive light. While figuring the best approach for reframing situations, several areas that may be helpful include:
 - I. Understand your behaviours and how they relate to your symptoms
 - II. View symptoms scientifically rather than personal character flaws
 - III. Recognise how ADHD impacts your life and goals
- 2. Support Seeking: Finding support from others in times of stress
- 3. Planning: Planning ahead for ways to deal with stressful situations before they occur



Coping Methods

- · Practicing mindfulness and meditating may help lower impulsivity and stress
- There is a misconception that mindfulness and meditation mean sitting in silence for long periods of time; rather, the goal is to reflect on experiences that highlight our habits and tendencies in a clearer manner
- Breath regulation may immediately reduce stress; studies have found that taking 10 deep breaths can reduce levels of stress
- Delegate or regulate your workload whenever possible, especially in areas where stress occurs

Supportive Parties for People with ADHD

Various parties are vital in supporting the growth and development of people with ADHD. Below are how different parties involved in people with ADHD can make a positive impact to their lives:



Parents

- Act as support at home
- Major player in behavioural modification practice
- Maintains clear communication with teachers and understands the child's learning progress
- Develop trust with children to strengthen relationships for mental/emotional support



Social Workers

- Mediator for families, teachers, and people with ADHD
- Act as a bridge for providing resources such as government and NGO support; assist in providing referrals for medical and clinical support
- Patient develops trust with social workers as reliable figures and confidants



Teachers

- Act as support at school
- Supports students with ADHD in mediating social interactions with their peers
- Providing an environment that supports education in students with ADHD by utilising specific tools and techniques in teaching
- Help manage students with ADHD outside home settings

The participation of the entire family in supporting the management of ADHD including parents, grandparents, siblings, and baby sitters, is essential. A standardised approach can help maintain consistency. Furthermore, look out for relatives who may display similar difficulties. Research has shown that genetic factors contribute to ADHD. If you notice a family member who appears to struggle with symptoms of ADHD, you can support them and advise them to seek support from healthcare professionals too.



Additional help for people with ADHD

Seek professional advice

During the pandemic, everyone, from parents to teachers to people with ADHD, may experience more stress and worries. Support from professionals should be sought. Below are some resources which may be helpful:

SENvice Resources during COVID (Chinese)

https://qrgo.page.link/NSogx

Education Bureau - ADHD Resources for Parents under School Suspension (Chinese)

https://qrgo.page.link/ick6Y

Hong Kong Red Cross: Psychological Support Service "Shall We Talk"

https://grgo.page.link/oz9qY

Hong Kong Red Cross: Psychological Support Service Publications

https://qrgo.page.link/EmTvQ

24-hour hotline support on mental and emotional health

Richmond Fellowship of Hong Kong Phone: 5164 5040

Social Welfare Department Phone: 2343 2255

Phone: 1828 8 Caritas Family Crisis Line

The Samaritan Befrienders Hong Kong Phone: 2896 0000

Phone: 2382 0000 Suicide Prevention Services

Join support groups and refer to reliable onlineresources

You can find other people in the community who encounter similar challenges as you. These organisations may also invite medication professionals to host regular educational talks.

Hong Kong Association for AD/HD (Chinese)

https://qrgo.page.link/V2jd6

Children and Adults with Attention-Deficit/Hyperactivity Disorder

https://grgo.page.link/NcWqD

(CHADD)

Education Bureau - ADHD Resources for Parents on selfdiscipline (Chinese): Review, Evaluate, Anticipate, Plan

https://qrgo.page.link/Rs9ua



Education Bureau - ADHD Resources for Parents on calming (Chinese): Impulse Control

Education Bureau - ADHD

https://grgo.page.link/jhrMT

Resources for Parents on calming (Chinese): Emotion Regulation

Telegram: @hkrcshallwetalk

https://qrgo.page.link/2xMRM

Education Bureau - ADHD Resources for Parents on calming (Chinese): Parent-Child Communication

https://qrgo.page.link/RiqxF



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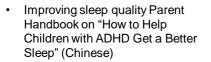












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References

- 1.Hodgkins, P., Shaw, M., Coghill, D., & Hechtman, L. (2012). Amfetamine and methylphenidate medications for attention-deficit/hyperactivity disorder: complementary treatment options. European Child & Adolescent Psychiatry, 21, 477 492.
- 2.Sonuga-Barke, E. J., Brandeis, D., Cortese, S., Daley, D., Ferrin, M., Holtmann, M., ... & European ADHD Guidelines Group. (2013). Nonpharmacological interventions for ADHD: systematic review and meta-analyses of randomized controlled trials of dietary and psychological treatments. American Journal of Psychiatry, 170(3),275-289.
- 3.Sprich, S. E., Knouse, L. E., Cooper-Vince, C., Burbridge, J., & Safren, S. A. (2012). Description and Demonstration of CBT for ADHD in Adults. Cognitive and behavioral practice, 17(1), 10.1016/j.cbpra.2009.09.002. https://doi.org/10.1016/j.cbpra.2009.09.002
- 4.Kendall, T., Taylor, E., Perez, A., & Taylor, C. (2008). Diagnosis and management of attention-deficit/hyperactivity disorder in children, young people, and adults: summary of NICE guidance. Bmj, 337.
- 5.Wolraich, M. L., Hagan, J. F., Allan, C., Chan, E., Davison, D., Earls, M., ... & Zurhellen, W. (2019). Clinical practice guideline for the diagnosis, evaluation, and treatment of attention-deficit/hyperactivity disorder in children and adolescents. Pediatrics, 144(4).
- 6. [About ADHD] (n.d.). Retrieved from https://chadd.org/about-adhd/overview/
- 7. CHADD. Parenting a Child with ADHD. https://chadd.org/for-parents/overview/
- 8. CHADD. Frequently Asked Questions. https://chadd.org/about-adhd/frequently-asked-questions/
- 9.CHADD. (2019, April 11). Reframe Your ADHD-Related Stress. CHADD. https://chadd.org/adhd-weekly/reframe-your-adhd-related-stress/
- 10. CDC. Parent Training in Behavior Management for ADHD. https://www.cdc.gov/ncbddd/adhd/behavior-therapy.html
- 11. Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents (https://pediatrics.aappublications.org/content/144/4/e20192528)

