



Clinical Update

September 2007

ADHD: Too Risky to Ignore?

Left untreated, A.D.H.D. may predispose youngsters to mood disorders and substance abuse. In other words, say SUNY Upstate behavioral experts, it merits serious attention.

Page A2

Top Six Percent for Cancer Care

University Hospital is one of only 31 facilities nationwide to earn the Outstanding Achievement Award from the American College of Surgeons' Commission on Cancer.

Page A5

New Options for Acute Stroke Care

The designated Stroke Center at University Hospital expands its arsenal of treatments – and window of opportunity – for striking back at ischemic stroke.

Page A6

THE ACADEMIC DIFFERENCE

MD Direct: 800-544-1605: University Hospital's Physician-To-Physician Service

A1



ADHD

Attention Deficit Hyperactivity Disorder

Too Risky to Ignore?

P rimary care physicians are usually the first to be consulted about the condition known as Attention Deficit Hyperactivity Disorder. (ADHD). Behavioral experts at SUNY Upstate warn that this often-misunderstood condition merits serious attention. Left untreated, it may derail lives and predispose young patients to mood disorders and even substance abuse.

The condition we know as ADHD (Attention Deficit Hyperactivity Disorder) has been clinically observed for nearly 100 years and intensively studied for the past 30. The positive results of stimulant medication for affected children have been known for 70 years. However, it wasn't until the 1990s that awareness of the disease exploded, and ADHD began to be better understood – as well as misunderstood.

Evidence-Based

ADHD has longstanding acceptance in the scientific and medical community, and an increasing body of neurobiological evidence also shows physical differences in the ADHD brain. But ADHD – unlike other serious psychiatric conditions – has also been “diagnosed” via public opinion.

SUNY Upstate Professor of Psychiatry Michael Gordon PhD, who in 1986 started one of the nation's first ADHD clinics, says he appreciates why people may misunderstand the full impact of ADHD. “To some extent, we've all experienced distraction and lack of focus. It's part of being human.”

But, Gordon points out, ADHD goes far beyond normal distractibility or misplaced car keys.

“You can line up a set of ADHD symptoms and people think, ‘oh, I've experienced that.’ What they don't realize is that ADHD is not simply a checklist of symptoms. It is the serious impairment caused by those symptoms that we strive to address.”

Early & Often

ADHD is the most common psychiatric condition among children, and the one with the earliest onset. Between 3 and 7 percent of American children have the disorder, which is characterized by a lack of inhibition. ADHD kids have problems paying attention and are impulsive – think of the child who blurts out answers or interrupts. They can be wound up (hence the “hyper”) or dreamy (those with the inattentive type of ADHD). They have problems with organization, concentration and remembering information. Boys are more often diagnosed than girls, and nearly 75 percent of all ADHD children will eventually develop a second psychiatric disorder.

THE ACADEMIC DIFFERENCE

A2

MD Direct: 800-544-1605: University Hospital's Physician-To-Physician Service



Michael Gordon PhD



Stephen Faraone PhD



Russell Barkley PhD



Kevin Antshel PhD

For parents of ADHD children and the professionals who work with them, the impairment caused by ADHD is vexing. Because these children have trouble regulating their activity, the child's behavior – not following instructions, for example – may seem willful, even deliberate.

“Raising typically developing children can be a challenge,” comments Kevin Antshel PhD, assistant professor of psychiatry and director of the Adult ADHD program at SUNY Upstate. “But children with ADHD are even more challenging. It's been documented over time that the parents of ADHD children experience significant stress.”

Genetic Link

To compound matters, ADHD is highly heritable. So the parents dealing with an ADHD child may be suffering from the condition themselves. “It is not unusual to diagnose a parent along with the child,” says Antshel.

“Part of successful treatment includes a highly structured environment for the child. If a parent has untreated ADHD, that goal may be next to impossible.”

While children may outgrow aspects of their physical restlessness, problems remain. Adolescents with ADHD are more likely to suffer driving accidents, teen pregnancy and drop out of school. If their condition persists into adulthood – as is likely for 60 percent of them – they are prone to having greater difficulty with work, relationships and even the law.

Of major concern are ADHD's comorbidities, the other psychiatric problems that march alongside ADHD.

Heightened Risk

“Only 30 percent of those with ADHD have it alone,” reports Stephen Faraone PhD, SUNY Upstate professor of psychiatry and one of the most widely published authorities on ADHD. “The rest have some combination of other disorders, including Oppositional Defiance Disorder (ODD), anxiety, depression and tics.” He adds that children with ADHD are twice as likely to have conduct disorder, five times more likely to develop a mood disorder, and seven times more likely to have ODD than their non-ADHD peers.

“It doesn't mean that one disorder is primary and one is secondary,” he says, “but ADHD can be a harbinger of what's to come. It can allow us to educate patients and parents and screen for problems early.”

A serious problem affecting a higher percentage of teens and adults with ADHD than their peers is substance abuse. “This is among the most feared problems, as it is so difficult to treat.” Faraone said. “The risk starts later, but awareness can allow us to identify and treat those problems very early.”

Kindling Question

One concern that arises for parents is: will medications taken for ADHD somehow ‘kindle the brain’ and contribute to later substance abuse? “There have been

–continued on page A4

THE ACADEMIC DIFFERENCE

MD Direct: 800-544-1605: University Hospital's Physician-To-Physician Service

A3



A.D.H.D., continued from page A3

six large studies examining the link between those who take ADHD medication and subsequent substance abuse,” reports Faraone, noting that in three studies ADHD medication provided a protective effect against substance abuse, one study showed a slight negative influence, and two studies were neutral. “Proper medication can protect against substance abuse, as the person with ADHD is less tempted to self-medicate with illegal drugs,” he notes.

Another accompanying condition – oppositional defiant disorder – may eventually affect up to 65 percent of children within several years of ADHD onset. ODD is characterized by belligerent and stubborn behavior. Another 14 percent of those with ADHD may develop the more serious conduct disorder, an antisocial pattern of behavior which can include lying, stealing and bullying.

Family Factors

“We know that some ODD is related to disrupted parenting,” notes Russell Barkley PhD, SUNY Upstate professor of psychiatry, noted author and international speaker on ADHD.

“This is when a parent is inconsistent, using indiscriminate punishment, or veering between harsh and permissive. In some cases this disrupted parenting is related to a parent’s own ADHD. Between 25 and 35 percent of those parents qualify for ADHD themselves.”

In fact, Barkley’s studies show that a chaotic family life can accelerate the problems associated with ADHD.

“Major depression is more likely to coexist in these families, and the teens are more likely to drop out of school or be involved in a teen pregnancy,” he said, adding that students with ADHD drop out of high school at a rate three times above the national average.

Although the recent studies on ADHD comorbidities illustrate the downside to ADHD, the Upstate faculty are quick to point out that many people are coping well and are successful.

“The research shows us where we need to further focus our attention,” Gordon says. “We cannot minimize ADHD, nor can we romanticize it. There are people who are very positive about having ADHD, but the

reality is that a good diagnosis and good management make all the difference.”

Preferred Treatments

Medication, and medication with therapy, are the preferred treatments for ADHD. The Multimodal Treatment Study of Children with ADHD, which is the largest treatment study of any childhood psychiatric disorder, showed that these approaches were more effective than therapy alone.

“Stimulant medications are generally a frontline strategy, as the effect – if it is going to work – will usually be seen quite quickly,” reports Antshel. “But treatment should be very individualized for the child. One size does not fit all.”

Parental intervention – such as reinforcing appropriate behavior, applying consequences for misbehavior, and using time outs – must be consistent between home and school settings to be effective. Interestingly, research shows that social skills training is not terribly effective for children with ADHD.

“The kids know how to act,” says Antshel. “It’s the impulse control that keeps them from being able to use the skills.”

The faculty also comment on treatments which are not supported by evidence or discredited through research. “There are parents who are justifiably concerned about the use of medication, but they should also know what is likely a waste of time and money,” Antshel said. These approaches include removal of sugar, megavitamin therapy (which can also be dangerous to the liver), removal of fluorescent lights, sensory motor integration, treatment for inner ear disturbances and vision training.

For parents whose children receive a diagnosis of ADHD, the questions lurk. Is this really a problem or just a feature of my child’s personality? Where do you draw the line between natural exuberance and hyperactivity?

“We must ask the first question – is there an impairment?” Gordon concludes. “ADHD isn’t about someone who is doing okay but could be doing better. Instead we must ask, is this person functioning less well than others? That’s the lightning point for discussion and diagnosis.” ■

– Leah Caldwell

THE ACADEMIC DIFFERENCE



University Hospital: Top Six Percent Nationwide For Cancer Care



University Hospital has been selected as one of 31 facilities nationwide to receive the outstanding achievement award from the Commission on Cancer (CoC) of the American College of Surgeons.

Only six percent of the institutions surveyed received this honor. The CoC Outstanding Achievement Award recognizes cancer programs that strive for excellence in providing quality care to cancer patients. The award was presented in April at the 33rd Annual Education Conference of the National Cancer Registrars Association.

This is the second CoC honor University Hospital has recently received for its cancer care. In 2006, the hospital was granted a three-year commendation from the CoC in recognition of its cancer program.

Full Scope

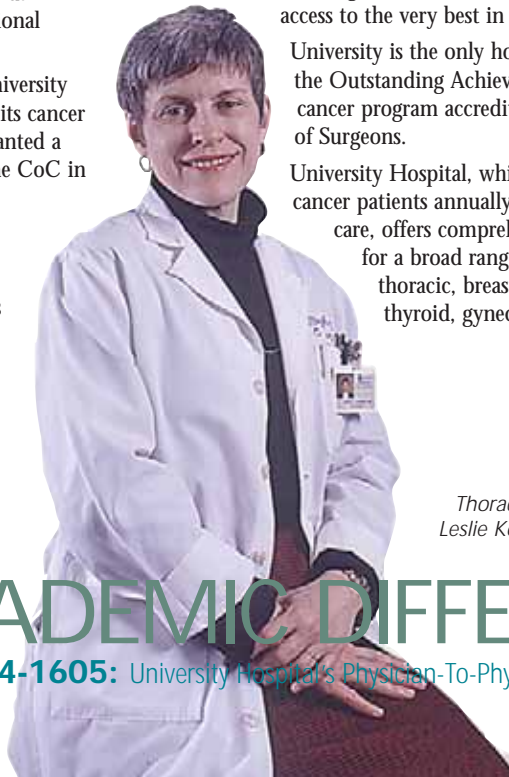
University Hospital received the most recent award after a rigorous on-site evaluation last year that reviewed the full scope of the hospital's cancer program, including cancer committee

leadership, cancer data management, clinical services, research, community outreach and quality improvement.

"This additional recognition from the Commission on Cancer is further evidence of the high level of integrated cancer care that patients receive here at University Hospital," notes Leslie J. Kohman MD, vice chair of the cancer committee at University Hospital. "The recognition also speaks volumes about our commitment to ensuring that the Central New York community has access to the very best in cancer care."

University is the only hospital in Syracuse to receive the Outstanding Achievement Award and to have a cancer program accredited by the American College of Surgeons.

University Hospital, which treats more than 16,000 cancer patients annually for current and supportive care, offers comprehensive cancer treatments for a broad range of cancers, including thoracic, breast, brain, spine, blood, bone, thyroid, gynecologic and genitourinary.



Thoracic surgeon
Leslie Kohman MD

THE ACADEMIC DIFFERENCE

MD Direct: 800-544-1605: University Hospital's Physician-To-Physician Service

A5



University Hospital Expands Scope of Acute Stroke Care

As Central New York's first designated Stroke Center, University Hospital has led the local charge against stroke. Now University Hospital is intensifying its counterattack on stroke by expanding its arsenal of stroke specialists and treatment options.

Enlarged Window

In addition to offering tPA treatment – the gold standard for ischemic stroke patients who reach the hospital within three hours of stroke onset – University Hospital now offers neuro-interventional treatment options that may extend the window of treatment time to eight hours and expand the number of patients eligible for acute stroke therapies.

“When stroke patients arrive at the hospital beyond the three-hour window, or when patients are poor candidates for intravenous thrombolytics such as tPA, we continue to respond with the same sense of urgency,” explains Rochele Clark RN, stroke care coordinator at University Hospital.

Closer Look

“We triage those patients and rush them to our interventional radiology suite for a closer look at the blood vessels, using advanced imaging such as diagnostic cerebral angiogram,” adds Clark.

Depending on the presentation of the blood clot, University Hospital's interventional specialists may be able to deliver a smaller dose of thrombolytics directly

to the clot, rather than systemically. Other acute treatment options might include mechanical retrieval of the clot, angioplasty or stenting.

Only at University Hospital

These diagnostic and treatment options require resources that – in CNY – are available only in University Hospital's neuro-interventional radiology suite. They also require the expertise of specialists such as Yahia Lodi MD, who joined the University Hospital stroke team earlier this year.

Dr. Lodi is a stroke and neuro-critical care specialist who completed his residency in neurology at the Medical College of Wisconsin and two years of fellowship training in neuro-critical care and stroke at Johns Hopkins University. He also received neuro-interventional training at SUNY Buffalo and Harper University Hospital at Wayne State University in Detroit.



Rochele Clark RN

THE ACADEMIC DIFFERENCE

A6

MD Direct: 800-544-1605: University Hospital's Physician-To-Physician Service



At the Forefront

“Our comprehensive Stroke Center, while relatively young, is steadily expanding and routinely at the forefront of new advances in stroke care. Ours is one of the few facilities in the country with state-of-the-art diagnostic devices for the rapid and precise assessment of stroke patients. We are pioneering the use of new preventive medications and neuro-protective strategies, including advanced

surgical and neuroradiology procedures. We are collaborative in terms of both our multidisciplinary approach and our multiple missions of patient care, research and education. At University Hospital, we are on course to become one of the nation’s leading stroke centers.”

–Tarakad Ramachandran MD
Medical Director, Stroke Center
Professor of Neurology



“When stroke patients are treated at University Hospital, they have the advantage of being treated by specialists such as Dr. Lodi – stroke experts with highly advanced training in critical care neurology and neuro-interventional radiology,” adds Clark. “As stroke care advances – and as select primary stroke centers evolve into comprehensive stroke centers – these specialists play a central role in moving stroke care forward.”



Yahia Lodi MD

Comprehensive Stroke Care At University Hospital:

- 24-hour neurosurgery capability
- 24-hour vascular neurology capability
- stroke rehabilitation services
- advanced neuroimaging and diagnostic technology
- nurses with advanced neuroscience practice
- education and research



THE ACADEMIC DIFFERENCE

MD Direct: 800-544-1605: University Hospital’s Physician-To-Physician Service

A7