

General Practitioner Symposium

— WEST MORETON — 2025 —



10:35am – 11:05am

Paediatric and ADHD Update
Dr Lauren Rolley



Symposium
organisers



West
Moreton
Health



Queensland
Government

Got a question?
LOG IT HERE:

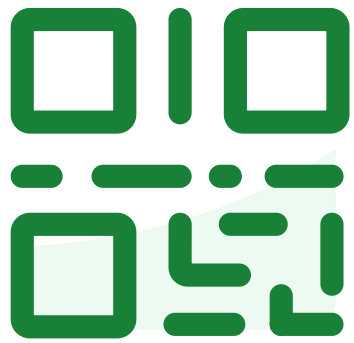


ADHD and Behaviour

Dr Lauren Rolley

Paediatrician, Ipswich Hospital

Lauren.rolley@health.qld.gov.au



**Join at slido.com
#2245702**

Overview

Common behavioural concerns

Medical considerations

Red flags

ADHD

ASD

Other

What to do in the meantime?

ADHD Medications

West Moreton Service: Audit, Shared Care Pathway, Requests for Advice

Resources

Summary

Questions



What are some common behaviour concerns you are asked about?




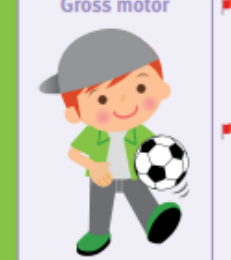


**How comfortable are you with
assessing and managing behaviour
concerns for children?**

Medical Considerations

- ▶ General medical
- ▶ Sleep (Sleep-disordered breathing SDB - ask about snoring, screentime, sleep environment)
- ▶ Hearing and vision
- ▶ Bowels/bladder
- ▶ Intake/diet
- ▶ Activities
- ▶ Allergies
- ▶ Nutrition
- ▶ Review growth
- ▶ Other: hyperthyroid, absence seizures, lead poisoning, substance abuse

Red Flags Early Identification Guide

Area	6 months	9 months	12 months	18 months	2 years	3 years	4 years	5 years	Red flags at any age
Social emotional 	<ul style="list-style-type: none"> Does not smile or interact with people 	<ul style="list-style-type: none"> Not sharing enjoyment with others using eye contact or facial expression 	<ul style="list-style-type: none"> Does not notice someone new Does not play early turn-taking games (e.g. peekaboo, rolling a ball) 	<ul style="list-style-type: none"> Lacks interest in playing and interacting with others 	<ul style="list-style-type: none"> When playing with toys tends to bang, drop or throw them rather than use them for their purpose (e.g. cuddle dolls, build blocks) 	<ul style="list-style-type: none"> No interest in pretend play or interacting with other children Difficulty noticing and understanding feelings in themselves and others (e.g. happy, sad) 	<ul style="list-style-type: none"> Unwilling or unable to play cooperatively 	<ul style="list-style-type: none"> Play is different than their friends 	<ul style="list-style-type: none"> Strong parental concerns Significant loss of skills Lack of response to sound or visual stimuli Poor interaction with adults or other children Lack of, or limited eye contact Differences between right and left sides of body in strength, movement or tone Marked low tone (floppy) or high tone (stiff and tense) and significantly impacting on development and functional motor skills
Communication 	<ul style="list-style-type: none"> Not starting to babble (e.g. aahh; oohh) 	<ul style="list-style-type: none"> Not using gestures (e.g. pointing, showing, waving) Not using two part babble (e.g. bubu, dada) 	<ul style="list-style-type: none"> No babbled phrases that sound like talking No response to familiar words (e.g. bottle, daddy) 	<ul style="list-style-type: none"> No clear words Not able to understand short requests (e.g. 'Where is the ball?') 	<ul style="list-style-type: none"> Not learning new words Not putting words together (e.g. 'push car') 	<ul style="list-style-type: none"> Speech difficult for familiar people to understand Not using simple sentences (e.g. 'Big car go') 	<ul style="list-style-type: none"> Speech difficult to understand Not able to follow directions with two steps (e.g. 'Put your bag away and then go play') 	<ul style="list-style-type: none"> Difficulty telling a parent what is wrong Not able to answer questions in a simple conversation (e.g. 'What's your name? Who is your family? What do you like to watch on TV?') 	
Cognition, fine motor and self care 	<ul style="list-style-type: none"> Not reaching for and holding (grasping) toys Hands frequently clenched Does not explore objects with hands, eyes and mouth Does not bring hands together at midline 	<ul style="list-style-type: none"> Does not hold objects Does not 'give' objects on request Cannot move toy from one hand to another 	<ul style="list-style-type: none"> Does not feed self finger foods or hold own bottle/cup Unable to pick up small items using index finger and thumb 	<ul style="list-style-type: none"> Does not scribble with a crayon Does not attempt to stack blocks after demonstration 	<ul style="list-style-type: none"> Does not attempt to feed self using a spoon and/or help with dressing 	<ul style="list-style-type: none"> Does not attempt everyday self care skills (such as feeding or dressing) Difficulty in manipulating small objects (e.g. threading beads) 	<ul style="list-style-type: none"> Not toilet trained by day Not able to draw lines and circles 	<ul style="list-style-type: none"> Concerns from teacher about school readiness Not able to independently complete everyday routines such as feeding and dressing Not able to draw simple pictures (e.g. stick person) 	
Gross motor 	<ul style="list-style-type: none"> Not holding head and shoulders up with good control when lying on tummy Not holding head with control in supported sitting 	<ul style="list-style-type: none"> Not rolling Not sitting independently/without support Not moving (e.g. creeping, crawling) Not taking weight on legs when held in standing 	<ul style="list-style-type: none"> No form of independent mobility (e.g. crawling, commando crawling, bottom shuffle) Not pulling to stand independently and holding on for support 	<ul style="list-style-type: none"> Not standing independently At 15 months – not attempting to walk without support Not able to walk independently 	<ul style="list-style-type: none"> Not able to walk up and down stairs holding on 	<ul style="list-style-type: none"> Not able to walk up and down stairs independently Not able to run or jump 	<ul style="list-style-type: none"> Not able to walk, run, climb, jump and use stairs confidently Not able to catch, throw or kick a ball 	<ul style="list-style-type: none"> Not able to walk, run, climb, jump and use stairs confidently Not able to hop five times on one leg and stand on one leg for five seconds 	

When someone gets mad at
you for being late, careless,
messy, spacey, etc.



Attention Deficit Hyperactivity Disorder ADHD

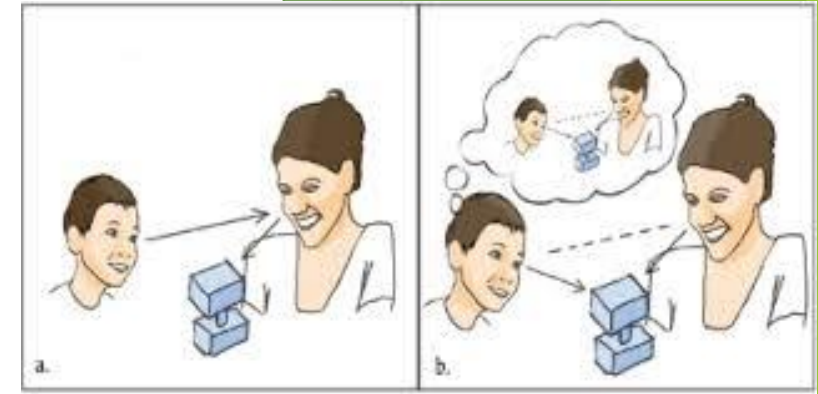
- ▶ 7% of children
- ▶ Issues:
 - ▶ Working memory
 - ▶ Flexibility
 - ▶ Impulse Control
- ▶ DSM V criteria
 - ▶ Inattentive symptoms
 - ▶ Hyperactive symptoms
 - ▶ Functional impairment
- ▶ Behaviours: motor activity, difficulty engaging in activities, disorganised, reckless behaviours, easily distracted, talkative

- ❏ Not able to follow directions with two steps (e.g. 'Put your bag away and then go play')

4 years	5 years
<ul style="list-style-type: none">❏ Unwilling or unable to play cooperatively	<ul style="list-style-type: none">❏ Play is different than their friends

- ❏ Concerns from teacher about school readiness
- ❏ Not able to independently complete everyday routines such as feeding and dressing

Autism Spectrum Disorder



- ▶ Most recent estimate in Australian population is 1 in 40 (previously 1 in 70)
- ▶ Social communication
- ▶ Restricted repetitive patterns of behaviour, interests, or activities
- ▶ Functional impairment
- ▶ Early symptoms and signs: social skill deficits, language, frequent tantrums, intolerance to change, lack of orientation to name by 12 months, lack of protodeclarative pointing/joint attention by 14 months, lack of pretend play, avoiding eye contact or wanting to be alone, echolalia, giving unrelated answers to questions, idiosyncratic or stereotypical speech, getting upset by minor changes, obsessive interests, unusual movements, unusual reactions to sensory stimuli

Other - may be co-existing

- ▶ Intellectual impairment
- ▶ Specific learning disorder
- ▶ Anxiety
- ▶ Depression
- ▶ Developmental language disorder
- ▶ Developmental coordination disorder
- ▶ Developmental trauma e.g., exposure to domestic violence

What to do in the meantime?

- ▶ Identify the problems (not the diagnosis)
- ▶ Investigate for any contributing factors e.g., medical (coeliac, iron deficiency!, TFTs, consider lead level), social, sleep, nutrition, constipation
- ▶ Manage medical issues
- ▶ Make sure the support people understand what the problems are
 - ▶ School
 - ▶ Therapists
 - ▶ Consider assessments (Vanderbilt, M-CHAT)
- ▶ If they have therapist already, suggest tackling one problem - make a plan and practice ++ when not in the actual situation
- ▶ Regular physical and non-physical activities to build islands of competence
- ▶ Build parenting capacity
- ▶ Would psychology input be helpful?

Assessments

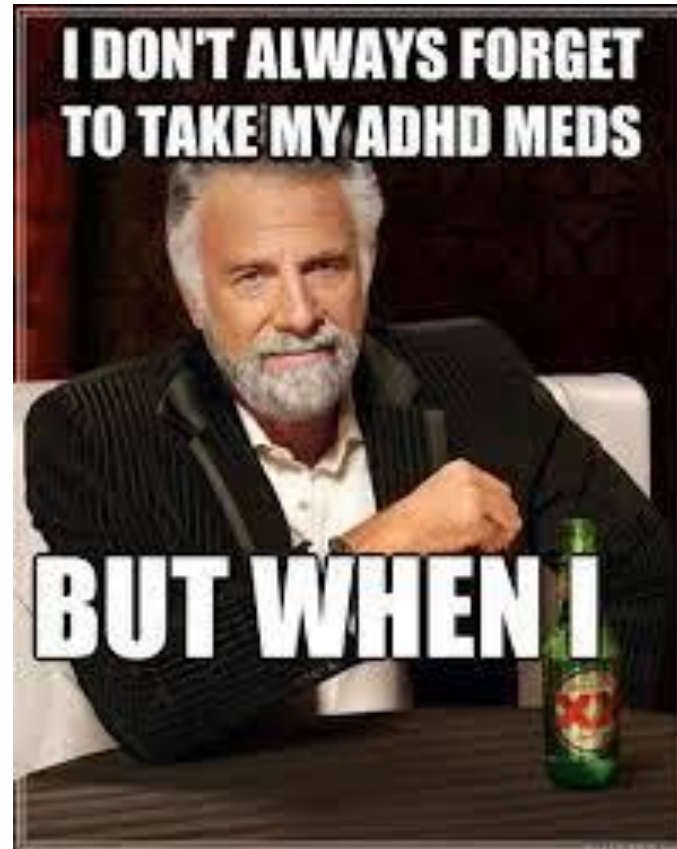
- ▶ To provide extra information and possibly reassurance
- ▶ If you think ADHD - consider Vanderbilt questionnaires for parent and school
- ▶ If you think ASD and aged 16-30 months, consider M-CHAT questionnaire - free, online 20 questions.

Reasonable Adjustments

► Types of reasonable adjustments – Qld Education Website

- Reasonable adjustments are different in each school and for each student according to their different strengths and needs. The reasonable adjustments will be made to support your child to attend, learn and participate in school activities. They may be required in the classroom, the playground, the school environment or during school excursions and camps.
- Examples of adjustments could include:
 - teaching in a different way, for example, using diagrams and charts
 - providing extra learning to address areas of difficulty, for example, small group learning
 - using different resources and materials, for example, larger print, reference material, Braille
 - using different approaches to assessment
 - involving a teacher aide to support the classroom teacher at some times
 - using assistive technology, for example, speech to text tool, slope board
 - teaching a different year level in an age-appropriate way and developing an Individual Curriculum Plan
 - providing personal care supports, for example, to facilitate health or daily living needs
 - arranging the classroom or other learning environments so that all students can access what they need and move around the environment
 - making changes to areas of the school environment such as playgrounds or eating areas
 - providing a quiet area for students that responds to sensory issues or to support emotional regulation
 - using different strategies to ensure that all students are safe in emergency situations such as fire alarms
 - providing additional supports to students during school or out-of-school activities.
- There are a range of [podcasts](#) on the NCCD website that outline the types of adjustments that could be made to respond to a range of conditions, disorders or disabilities, e.g., undiagnosed social/emotional disability

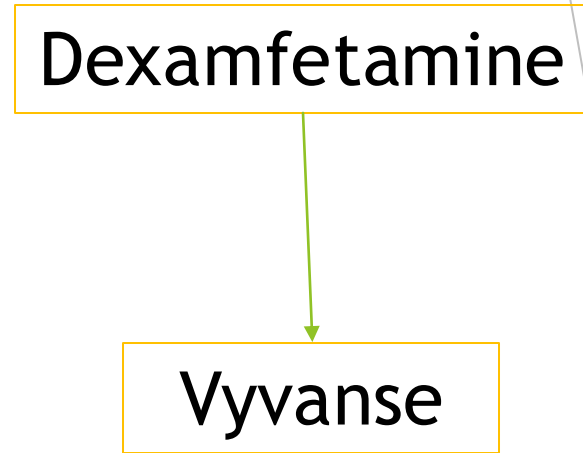
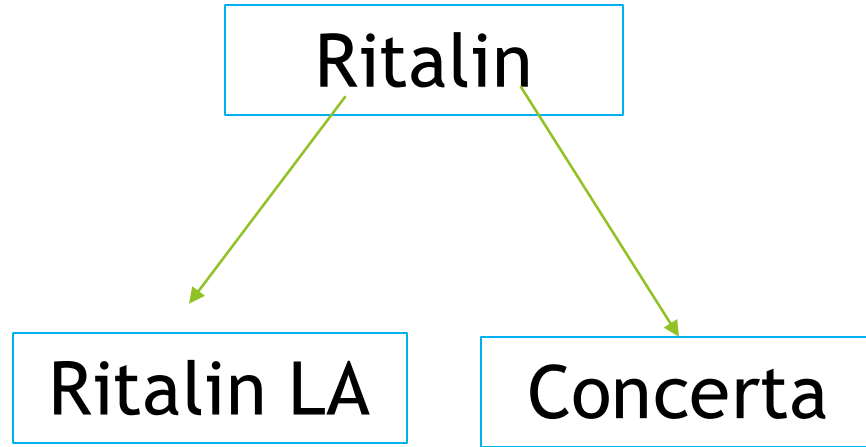
Medications for ADHD



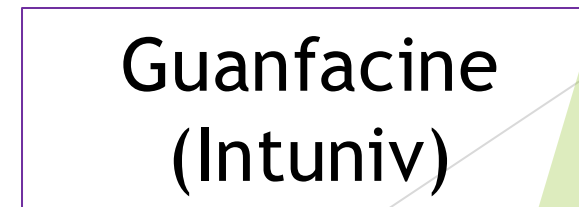


How well do you understand what medications are available for ADHD?

STIMULANTS



NON- STIMULANTS

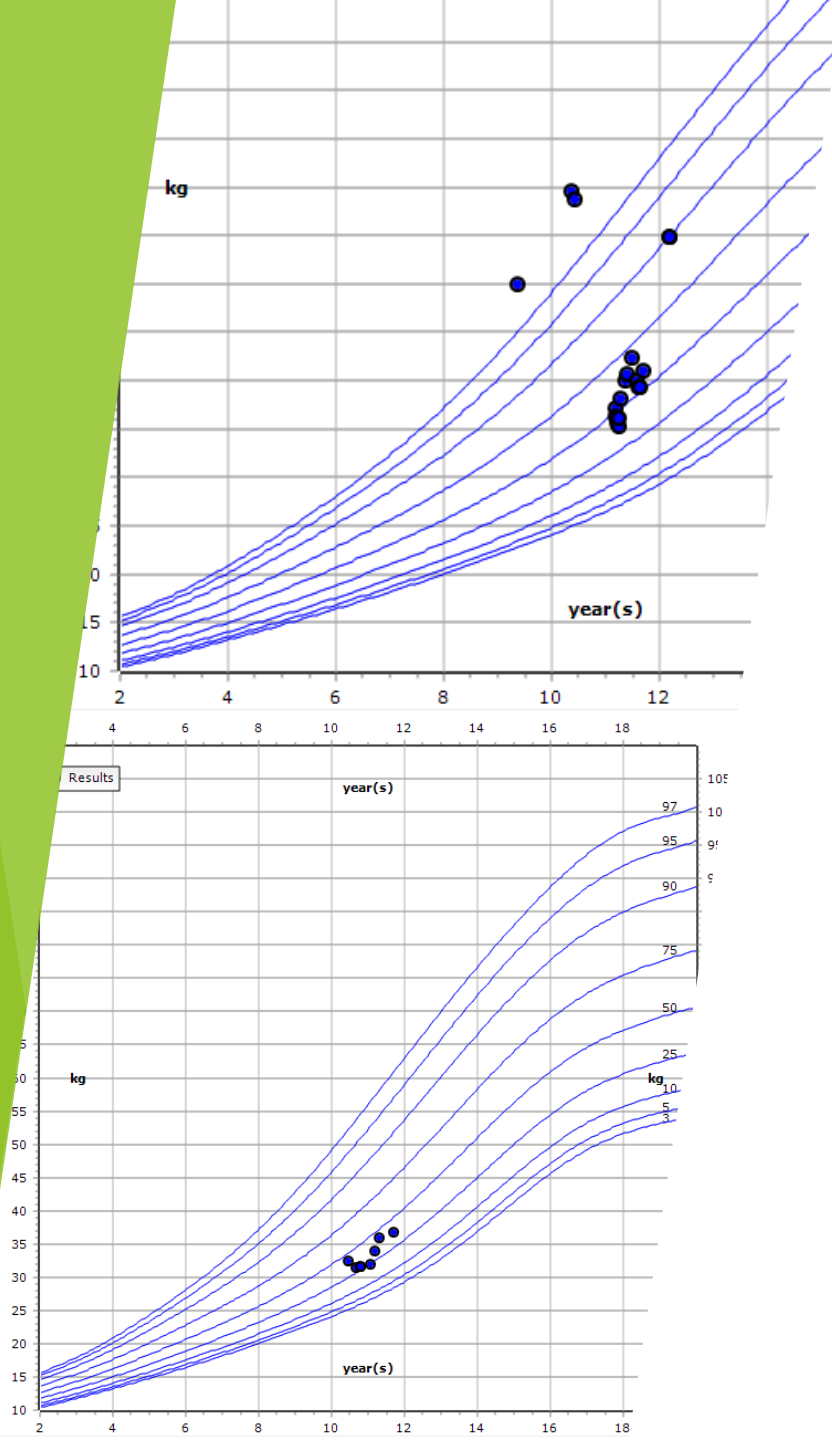


Stimulants

- ▶ MOA: noradrenaline reuptake inhibitors and releasers
- ▶ Considerations: cardiac risk factors eg congenital heart disease → ECG and cardiology advice
- ▶ Start low and titrate up as tolerated/required
- ▶ Do not require tapering to cease
- ▶ Usually ~1mg/kg/day

Side effects:

- ▶ Appetite suppression
- ▶ Weight loss/stagnation
- ▶ Sleep disturbance
- ▶ Wearing off effects
- ▶ Anxiety



Stimulant pitfalls

- ▶ Modest improvement
- ▶ Not all weight loss is due to stimulants
- ▶ Not all inattention/hyperactivity is due to ADHD
- ▶ Parents reporting no improvement
- ▶ Diversion

Second-line agents

▶ Guanfacine (Intuniv)

- ▶ Noradrenaline receptor antagonist, CNS alpha 2A agonist
- ▶ Side effects: sedation, hypotension, abdominal pain, nausea
- ▶ Wean up/down
- ▶ Not given with clonidine

▶ Atomoxetine (Strattera)

- ▶ Noradrenaline reuptake inhibitor
- ▶ Takes 8-12 weeks for full effect
- ▶ Not commonly used
- ▶ Side effects: fatigue, headache, nausea, vomiting, abdominal pain, suicidal ideation

Follow up

- ▶ Check BP and HR
- ▶ Check growth
- ▶ Tell them to eat breakfast
- ▶ Check adherence
- ▶ Monitor for side effects
- ▶ Monitor efficacy (attention, hyperactivity, impulsivity, academic progress), consider repeating Vanderbilt on medication

West Moreton Paediatric Service

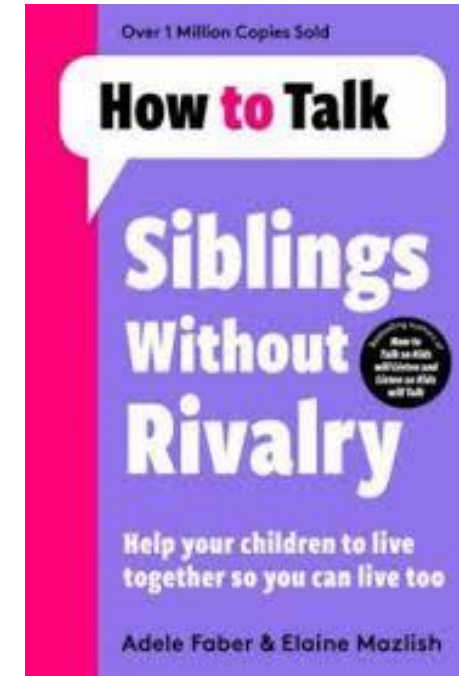
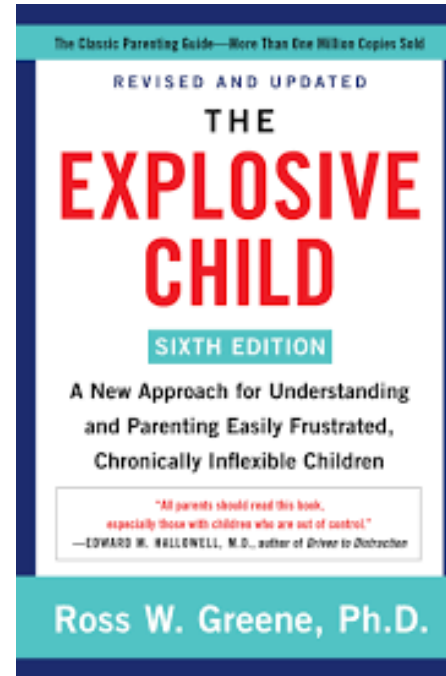
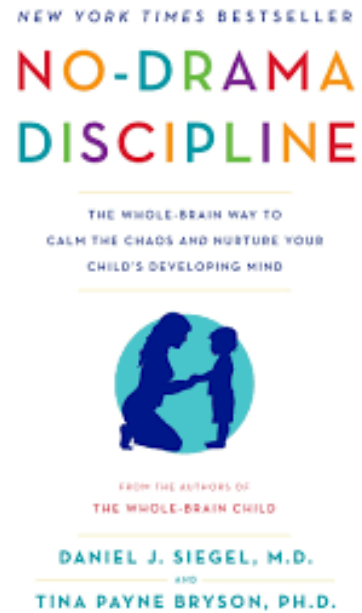
► Audit

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- Requests for advice

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- ▶ Shared care pathway



Resources - 1

- ▶ Books:
 - ▶ No Drama Discipline
 - ▶ Siblings Without Rivalry
 - ▶ The explosive child

POP CULTURE PARENTING



Resources - 2

- ▶ Podcasts
 - ▶ Popculture parenting
 - ▶ Maggie Dent - Parental as Anything
 - ▶ Hamish Blake - How other dads dad (less practical)

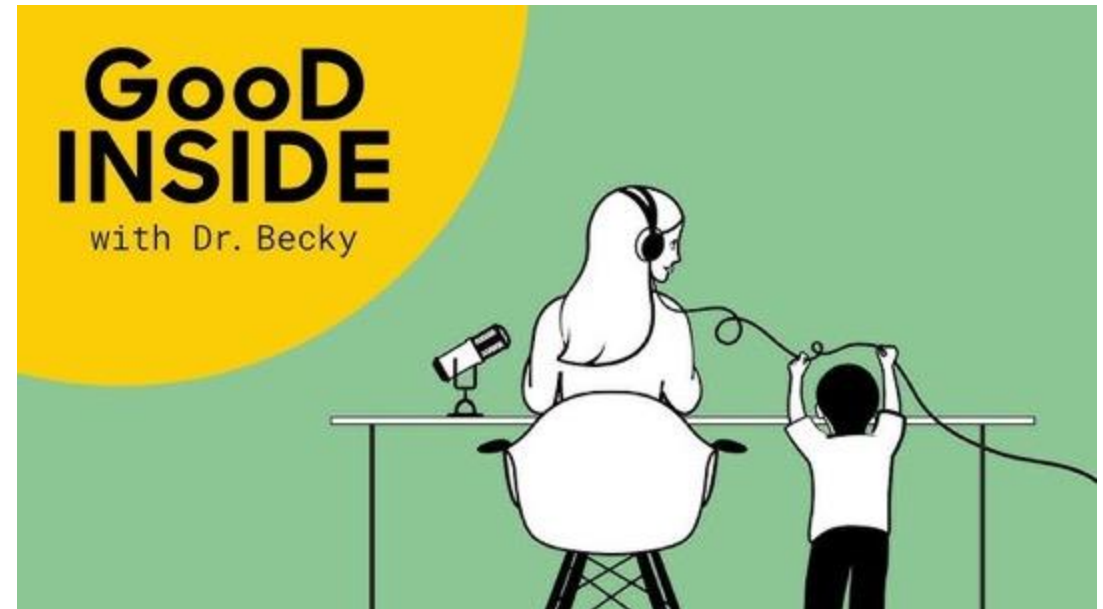


Resources - 3

- ▶ Programs/courses:
 - ▶ The Brave Program - free interactive online program for prevention and treatment of anxiety.
 - ▶ Triple P (Positive Parenting Program)
 - ▶ Circle of Security parenting program

Resources - 4

- ▶ Social Media:
 - ▶ Dr Becky - Instagram (also has a podcast)



West Moreton Area



- ▶ Mission Australia - Intensive family support
- ▶ Early Intervention Parenting Service
- ▶ Uniting care - free family case management program
- ▶ Kummara - parenting support for Indigenous families
- ▶ Play matters (play groups)
- ▶ Anglicare



Any Questions?