

Center for ADHD Connection

A newsletter for parents of children with ADHD,
our collaborators and community partners



Fall 2011

www.cincinnatichildrens.org/adhd

Tips for managing sleep problems in children and teens with ADHD

Richard E. A. Loren, PhD

Difficulties with sleep are common in individuals with ADHD, although they are often overlooked or viewed as being unrelated to ADHD. While sleep problems in children with ADHD are often attributed to their taking a stimulant medication, in some cases their sleep problems pre-date when they started using medication.

Up to 25% of children with ADHD under age 12, and over 50% of those over age 12, experience difficulties with getting to sleep within 30 minutes of settling down in their bed each night for sleep. Once they get to sleep, they often toss and turn, and are prone to awakening easily and repeatedly during the night until about 4 AM. Interestingly, many children with ADHD fall into the “sleep of the dead” around 4 AM, which makes it extremely difficult for them to be awakened in the morning (particularly if they are getting less than 9-10 hours of sleep), resulting in irritability and even combativeness first thing in the morning.

Chronic sleep problems, especially those that consistently result in getting less than the 9 to 10 hours of sleep most children and adolescents need each night to be fully rested, can result in an exacerbation of some of the core difficulties experienced by individuals with ADHD, including difficulties with concentration and attention, increased irritability and oppositionality, low frustration tolerance, and increased impulsive and hyperactive behavior. *Continued page 7*



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Should teens with ADHD be using cell phones while driving?

Megan Narad, MA & Annie Garner, MA

Teenage drivers are one of the most at-risk groups for being involved in motor vehicle accidents. In fact, 41% of all teenage deaths are attributable to motor vehicle accidents. While there are a number of factors that contribute to this increased risk of teen drivers, driver inattention is the most common reason for car crashes.

All teens are at a higher risk for attention-related crashes as their skills are not yet fully automatic; however, teenagers with ADHD are at an even greater risk for poor driving outcomes. Research has shown that individuals with ADHD receive twice as many tickets as individuals without ADHD and are six times more likely than drivers without ADHD to be repeatedly involved in motor vehicle crashes. *Continued page 7*

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Contact Information

For more information about Cincinnati Children's Center for ADHD, please contact the Division of Behavioral Medicine and Clinical Psychology Intake Line at 513-636-4336, and press #. The center is located on our Oak Campus at:

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www.cincinnatichildrens.org/adhd

The Center for ADHD Connection newsletter is published two times each year. To be added or removed from the mailing list for this newsletter, email us at ADHD@cchmc.org.

To give feedback about the newsletter or if you have a story idea, email us at ADHD@cchmc.org.

Tell Us What You Think

Would you prefer to receive future newsletters through U.S. mail or via email, as an e-newsletter?

Email us at ADHD@cchmc.org to let us know.

From The Director

Jeff N. Epstein, PhD



Please welcome our second newsletter. We hope that you received our inaugural Spring edition and want to remind you that you are receiving this newsletter because you were either a patient or research participant at our Center for ADHD, or because you are a community partner with our Center. The purpose of this newsletter is to inform our current and former patients, collaborators, and our community partners about our clinical and research activities.

We received some very positive feedback about the Spring edition. We look forward to continued feedback from our readers about articles you'd like to see included in our newsletter.

Center for ADHD Update

Our Center has been quite productive in the last six months. Highlights include:

- The results of a randomized trial of our "myADHDportal.com Improvement Program" (described in the Spring newsletter) were accepted for publication in *Pediatrics*. This intervention is designed to help community-based pediatricians provide high quality ADHD care to patients.
- A research study describing the interaction between physicians and parents when discussing ADHD treatment options was accepted for publication in *Archives of Pediatrics and Adolescent Medicine*.
- One of the first studies examining genetic predictors of medication response in children with ADHD using a placebo-controlled trial was accepted for publication in the *Journal of the American Academy of Child and Adolescent Psychiatry*. The results of this study will be described in an upcoming newsletter.
- A review article about environmental risk factors and ADHD was accepted for publication in *Current Psychiatry Reports*. A summary about the effects of one ADHD environmental risk factor - organophosphate insecticides - is included in this newsletter.
- Our development of a school-based intervention that targets organizational skills in adolescents with ADHD was accepted for publication in *School Mental Health*.
- We have hired a new clinical psychologist, Dr. Aaron Vaughn, who has begun to see patients at our Center for ADHD beginning in August, '11.
- We have hired a new pediatrician, Nicholas Newman, DO, who began seeing patients at our ADHD Medication Consultation Clinic in June, '11.

Our clinical and research operations keep growing, as we continue to explore the expansion of our clinical services. One such intervention that is currently in development is an academic skills intervention for high school-aged children with ADHD. Look in future newsletters for more information about this potential new service.

On the research side, Center for ADHD researchers are currently recruiting patients for a range of research studies. Please see our research section - page 5 and the back page - in this newsletter for more information.

Finally, if you have suggestions for our Center, please email us at ADHD@cchmc.org.

Center for ADHD Clinical Services

The Center for ADHD currently provides the following evidence-based services for the families of children and adolescents with ADHD:

- ADHD Evaluations
- Parent training groups for parents of children with ADHD between the ages of 6 and 12 years
- Managing frustration group for children with ADHD between the ages of 8 and 11 years (in third through fifth grades)
- Academic success group for young adolescents with ADHD between the ages of 12-15 years
- Individual/Family therapy services
- Medication consultation clinic designed to provide families and their physicians with a structured plan to find the best medication regimen for each child, with the goal of maximizing behavioral gain while minimizing side effects (requires referral from pediatrician/primary care physician).

Learn more about our clinical services by visiting our web site at www.cincinnatichildrens.org/adhd, or call the Division of Behavioral Medicine and Clinical Psychology Intake Line at 513-636-4336, and press #.



Save the Dates

Mark Your Calendars!

What: Dr. Russell Barkley, internationally recognized ADHD authority, to speak at Parent and Professional Development Programs

Presented By: Center for ADHD at Cincinnati Children's and Springer School and Center

Where: Cintas Center, Xavier University - Schiff Family Conference Center

Parent Evenings

Monday – April 16, 2012

7:00-9:00 pm

Executive Function, ADHD and the Struggling Child: What does It All Mean?

Tuesday - April 17, 2012

7:00-9:00 pm

Executive Function, ADHD and the Struggling Child: Strategies for Managing At Home and School

Professional Development Seminar

Tuesday - April 17, 2012

9:30 am-4:00 pm

Emotional Dysregulation, Executive Function and the ADHD Child: Current Research and Practical Application



Dr. Russell Barkley

**For more information
or to register, go to
www.springer-LD.org.**

Upcoming Group Meeting Schedule

Understanding and Managing ADHD Parent Group Program

This program is an eight-session behavioral management course for parents of children 6 to 12 years old who have a primary diagnosis of ADHD. Parents obtain an up-to-date understanding of ADHD and how it affects their child's behavior, as well as specific evidence-based techniques for providing the structure and guidance that children with ADHD need to succeed behaviorally, academically, and socially. Sessions are held on the same day each week for a total of 8 sessions, with each session lasting 90 minutes. As material in each session builds on that covered in prior sessions, it is important for parents to attend all sessions to get the most benefit from the program.

Day/Dates	Time	CCHMC Location	Therapist
Wed 10/19/11 to 12/14/11	12:30–2:00 pm	Mason Campus	Beverly H. Smolyansky, PhD
Thu 10/20/11 to 12/14/11	4:30–6:00 pm	Oak Campus	Richard E. A. Loren, PhD
Tue 10/25/11 to 12/13/11	6:00–7:30 pm	Fairfield	Ann Moser, PhD & William Sirbu, PhD
2012			
Wed 01/25/12 to 03/14/12	4:30–6:00 pm	Oak Campus	S. Rachelle Plummer, PsyD
Wed 02/08/12 to 03/28/12	4:00–5:30 pm	Oak Campus	Richard E. A. Loren, PhD
Mon 02/20/12 to 04/09/12	6:00–7:30 pm	Mason Campus	Sanford Chertock, PhD
Thu 03/01/12 to 04/19/12	6:00–7:30 pm	Eastgate	James D. Myers, PhD
Tue 03/13/12 to 05/08/12	4:30–6:00 pm	Oak Campus	Jessica E. M. Cyran, PhD
Tue 03/13/12 to 05/01/12	6:00–7:30 pm	Fairfield	Ann Moser, PhD & William Sirbu, PhD
Wed 04/11/12 to 05/30/12	4:00–5:30 pm	Oak Campus	Richard E. A. Loren, PhD
Thu 04/12/12 to 05/31/12	4:00–5:30 pm	Mason Campus	Beverly H. Smolyansky, PhD
Thu 05/08/12 to 06/26/12	5:30–7:00 pm	Fairfield	Ann Moser, PhD & William Sirbu, PhD

Go to www.cincinnatichildrens.org/adhd for additional information and schedule updates.

Managing Frustration for Children with ADHD Group Program

This program is designed for children 8 to 11 years old (who are currently in third through fifth grades) who experience difficulties with frustration despite treatment of their ADHD. These groups are held only at the Center for ADHD on CCHMC's Oak Campus and are scheduled on Monday afternoons starting at 4:30 pm. Sessions last for 90 minutes, and there are a total of 12 sessions in the program. The child attends 11 sessions, while parents attend a session without the child midway through the program. There is also an interview with the parent and child prior to the first group session to learn about the child's specific difficulties and to make sure that the group is appropriate for them.

Dates	Start Time	CCHMC Location	Therapist
Mon 02/20/12 to 05/21/12	4:30–6:00 pm	Oak Campus	Richard E. A. Loren, PhD

Go to www.cincinnatichildrens.org/adhd for additional information and schedule updates.

Academic Success for Young Adolescent with ADHD Group Program

This program is designed for young adolescents 12 to 15 years old who are experiencing academic difficulties as a result of ADHD. This group teaches specific strategies such as organizational skills, time management, and study skills. This group is held only at the Center for ADHD on CCHMC's Oak Campus. There are a total of 7 sessions, each lasting 90 minutes. Adolescents and their parent(s) attend group sessions.

Dates	Start Time	CCHMC Location	Therapist
Tue 01/17/12 to 02/28/12	4:30–6:00 pm	Oak Campus	Jessica E. M. Cyran, PhD

Go to www.cincinnatichildrens.org/adhd for additional information and schedule updates.

Join an ADHD Research Study

Our researchers conduct studies to learn more about and treatments for ADHD. Parents and kids can help by joining a research study.

Current research studies include:



ADHD and Reading Intervention Study

What

This is a research study to learn more about ways to treat children who have ADHD (either diagnosed or not yet diagnosed) and also struggle with reading.

- > After being screened at school, children who qualify will receive an ADHD evaluation and reading assessment followed by 16 weeks of intervention at no cost to families.

Who

Children in grades 2 to 5 who have attention problems and struggle with reading (noticed by a parent or teacher) may be eligible to participate.

Pay

Families will receive up to \$200 for time and effort.

Details

For more information, email us at ICARD@cchmc.org or call 513-803-0068.

ADHD Attention Training Study

What

This is a research study to look at the effectiveness of a variety of attention-training interventions, in treating children with ADHD.

Who

Children 7-12 years old may participate who:

- Have been diagnosed with ADHD
- Or*
- Have ADHD symptoms including: short attention span for age, difficulty listening to others, easily distracted, excessive fidgeting and/or talking, or often interrupting others

Pay

Families will receive up to \$60 and the ADHD intervention free of charge.

Details

Contact the study coordinator at ctadhd@cchmc.org or 513-803-1506.

ADD Medication Study

What

Researchers at Cincinnati Children's are studying response to medication in children with attention deficit disorder (ADD). During the study, children undergo a full diagnostic evaluation for ADD.

Who

Children 7 to 11 years old who:

- Have ADD symptoms including short attention span for age, difficulty listening to others, and/or being easily distracted
- Or*
- Have been diagnosed with ADD and have not previously taken medications for ADD

Pay

Study participants will be paid for time and travel.

Details

Contact Heather Matheson at 513-636-6632.

ADHD Study for Children 7 to 12

What

This is a research study to find out if:

- Children with ADHD have a difference in how their brain cells react to stimulation and if these differences can reveal the severity of ADHD symptoms.
- The medication atomoxetine can relieve ADHD symptoms and if studying brain cell reaction can help doctors predict how well atomoxetine will work in advance.

Who

Children 7 to 12 years old who have been diagnosed with ADHD or are suspected of having ADHD may be eligible to participate. Those with ADHD must have never taken ADHD medication or have not received ADHD medication that works well without side effects.

Pay

Families will be paid up to \$90 for time and travel.

Details

For more information, contact Katherine Eaton at katherine.eaton@uc.edu or 513-558-3161.

Do insecticides contribute to ADHD symptoms?

L. Eugene Arnold, MD, MEd and Tanya Froehlich, MD, MS

Two recent articles in respected medical journals have shed new light on a possible link between organophosphate insecticides, the most widely used insecticides worldwide today, and ADHD. Organophosphate pesticides include the over-the-counter products malathion and parathion.

What have we learned?

A study published in *Pediatrics* found that a diagnosis of ADHD was more likely in children with higher current levels of organophosphate insecticide breakdown products in their urine. The authors thought that the most likely source of the organophosphate exposure was fruits and vegetables, especially unwashed produce. They point out that up to a fourth of frozen fruits and vegetables have been reported to have organophosphate residue.

Similarly, a study published in *Environmental Health Perspectives* found that higher organophosphate levels in expectant mothers were linked to higher levels of inattention and overactivity in their children at 5 years of age. Higher child organophosphate levels at 5 years of age were also linked to increased ADHD symptoms at the same age, although to a lesser extent than prenatal levels. Interestingly, the link between increased organophosphate exposure and higher levels of ADHD symptoms was stronger in boys compared to girls in this study.

Study Limitations

These studies by themselves do not prove that organophosphates cause ADHD. The connection between ADHD and organophosphate exposure could have resulted from things other than a direct cause. For example, children with ADHD may get into things that expose them more to insecticides, or families with a lot of ADHD may neglect washing fruit and vegetables before eating them. Mothers exposed to insecticides while pregnant may also have other health hazards that are the real cause of offspring ADHD. Environments contaminated with insecticides may also be contaminated in other ways, such as with heavy metals or other chemicals. Nevertheless, these studies were well done and certainly establish a compelling case for further study. They also suggest some common-sense precautions to take in the meantime, just to be safe.

References

Bouchard MF, Bellinger DC, Wright RO, Weisskopf MG: Attention-deficit/hyperactivity disorder and urinary metabolites of organophosphate pesticides. *Pediatrics*. 2010, 125:e1270-1277.

Marks AR, Harley K, Bradman A, et al.: Organophosphate pesticide exposure and attention in young Mexican-American children: the CHAMACOS study. *Environ Health Perspect*. 2010, 118:1768-1774.

This article is adapted from one which originally appeared in the December 2010 issue of *Attention* magazine. Copyright © 2010 by Children and Adults with Attention Deficit Hyperactivity Disorder (CHADD). All rights reserved.



Some Common-Sense Precautions

- Don't panic. This new knowledge does not change the real risk (or lack of risk) that already exists. It just provides a starting point for finding ways to improve future safety.
- Remember that with any environmental toxin, it is the amount that counts. Tiny amounts do not pose a risk unless they accumulate over time to a large amount.
- Wash fruits and vegetables thoroughly, using soap or another cleansing method where practical. A vegetable scrubber may help with hard-skinned fruits and vegetables such as apples or squash. This includes produce where one eats the skin, but also applies to melons, potatoes, and other produce that is routinely cut or peeled, so that the knife does not carry contaminants from the skin into the edible part.
- Organic produce, which is grown without synthetic chemicals, has lower levels of insecticide residue than conventional produce. If organic produce is too expensive for your budget, the most important organic items to purchase would be those that cannot be scrubbed, such as leafy vegetables or berries. These should be gently washed.
- Grow your own produce without insecticides.
- Be sparing in use of household insecticides. In many cases, a sticky trap may substitute for a spray chemical. Boron may sometimes manage a roach problem without known human toxicity.

Tips for managing sleep problems in children and teens with ADHD

continued

To reduce the negative impact of sleep problems on the daily functioning of children and adolescents with ADHD, it is important for their parents to help them establish good sleep habits (sometimes referred to as *good sleep hygiene*).

Universal rules of good sleep hygiene for children and teens with ADHD include:

- Scheduling for 9-10 hours of sleep each night (yes, even for teens). Naps during the day should be avoided if at all possible as they can interfere with sleeping at night. If a nap is absolutely necessary on a particular day, limit it to no more than 20 minutes.
- Avoiding caffeine (common in many beverages and candies with chocolate), especially after mid-afternoon (3 pm or later).
- Spending time outside every day. Exposure to daylight (even on a cloudy day) helps to strengthen the circadian rhythm, our body's internal clock that helps to maintain a regular sleep schedule.
- Engaging in daily exercise, as several studies suggest this can help promote better quality sleep. Keep very vigorous exercise to the early part of the day. Mild exercise (e.g., riding a bike, walking the dog) four hours before bedtime is appropriate and may help improve sleep onset. Exercise closer to bedtime may make it more difficult to fall asleep.
- Setting a set bedtime and a bedtime routine for the hour or so before bedtime, and stick to it.
- Engaging in relaxing pre-bedtime routines that help your child to “wind down” and prepare for sleep. This may include taking a warm bath or shower, reading a relaxing story, listening to relaxing or soothing music, or other low-intensity activities (does NOT include watching television or anything else which has a lit screen).
- Eliminating all high-intensity activities (e.g., television, video games, playing on a computer, rough-and-tumble play) for at least one hour before bedtime.
- Having a comfortable bedroom (temperature <72 degrees) during the night, as excessive heat can interfere with sleep.
- Providing a source of “white noise” (such as a small fan running) to mask other noises that may interfere with sleep onset.
- Making sure the child or adolescent's bed is used only for sleep – no television, studying, reading, playing video games, text messaging, etc.
- Have your child get into the habit of getting up at approximately the same time each day of the week (including weekends and vacations/holidays).

Should teens with ADHD be using cell phones while driving? *continued*

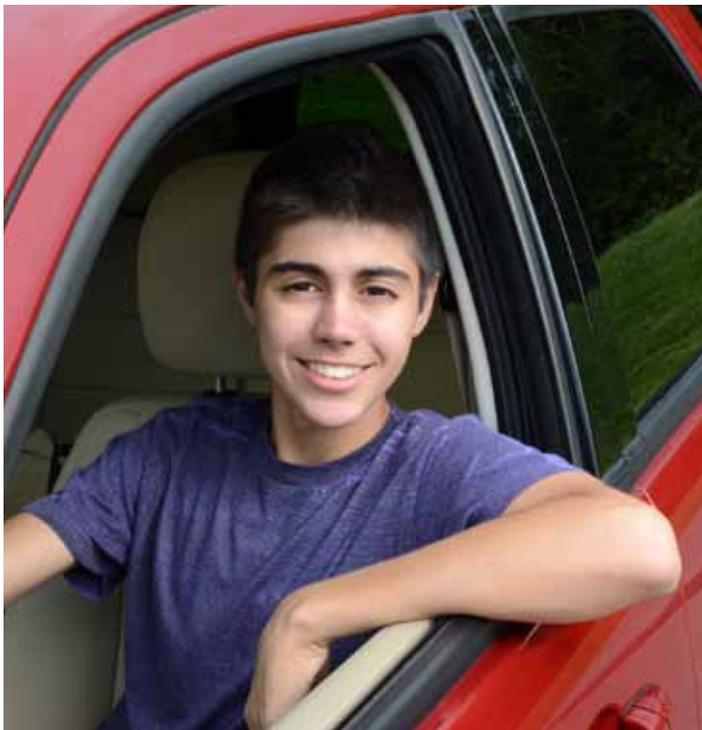
Equally concerning is the concept of distracted driving among teenagers. With the use of technology increasing, the number of electronic distractions which drivers are exposed to continues to increase.

- Cell phones play a major role in the social lives of adolescents, and 50% of teens admit to texting while driving.
- Only 28% of adolescents responded that using a cell phone while driving “made a lot of difference” in driving safety, when, in fact, an estimated 138 adolescents died and 4,958 adolescents were injured in motor vehicle crashes involving cell phones in 2009.

Researchers are beginning to investigate how the driving performance of teenagers with ADHD is negatively impacted by the use of cell phones while driving. Studies show that among the general population, use of a cell phone nearly triples the risk of being involved in an accident, and the risk increases 6 times when engaged in text messaging. Given the combined risks of being a novice driver and having inherent difficulties with inattention, it is reasonable to believe that teens with ADHD experience a greater level of distraction from cell phone use while driving compared to teens without ADHD.

It is important to know that there are effective means of preventing cell phones from impacting driving performance. For example, there are numerous applications (apps) for cell phones which block various functions of the phone from working while a car is in motion, including phone calls, text messages, web surfing, or a combination of these. Contact the Center for ADHD for a list of links to apps that block cell phone usage while driving. Also, look for the Center's current research study recruiting teen drivers to evaluate the impact of cell phone usage on such drivers with ADHD (see back page of this newsletter).

Join an ADHD Research Study *continued*



ADHD Study for Teens 16 or 17 Years Old

What

This is a research study aimed at looking at how adolescents perform on a number of simulated driving tasks.

Who

Teens ages 16 or 17 may participate who:

- Have a valid driver's license

and either

1. Have not been diagnosed with ADHD and do not have difficulties with paying attention or hyperactivity

or

2. Have been diagnosed with ADHD

Pay

Study participants will be paid up to \$50 for completing the simulated driving tasks.

Details

Contact Megan Narad at megan.narad@cchmc.org or 513-636-9580.

Address Service Requested

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