

Welcome to Project ECHO Population Health Network: Child and Adolescent ADHD Series

Series 1: Session 4

“Sleep, learning, emotions and relationships: understanding the impact of commonly co-occurring conditions on function and wellbeing”



Supporting general practice, commissioning health services into gaps and driving service integration.

phn
WESTERN VICTORIA
An Australian Government Initiative

Acknowledgement of Countries



I'd like to begin by acknowledging the Traditional Owners and custodians of the unceded lands and waterways

- the Wadda Wurrung, Gulidjan, Gadubanud, Keeray Wurrung, Peek Wurrung, Gunditjmarra, Djab Wurrung, Wotjobaluk, Dja Dja Wurrung, Jadawadjarli, Wergaia, Jupagalk and Jaadwa peoples.

We recognise their diversity, resilience, and the ongoing place that First Peoples hold in our communities. We pay our respects to the Elders, both past and present and commit to working together in the spirit of mutual understanding, respect and reconciliation. We support self determination for First Nations Peoples and organisations.



Ask the question. Do you identify as Aboriginal or Torres Strait Islander?

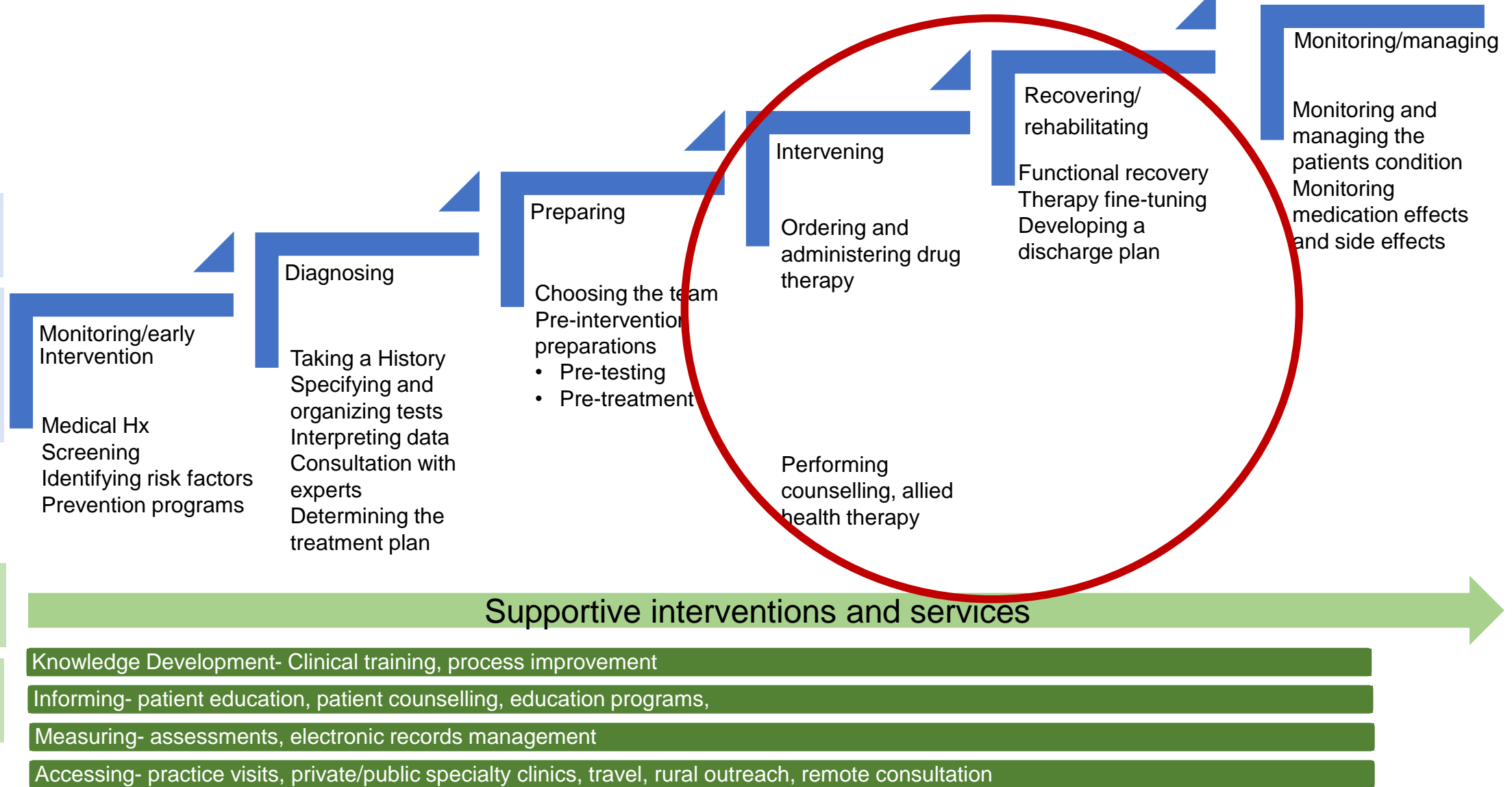
The care delivery value chain for an integrated practice unit

Stages on the value chain

Job to be done
"Clinical workflow"

"Consumer Journey"

Consumer value



Session 4 Learning outcomes & Key Questions

- Describe the commonly occurring issues that children and adolescents with diagnosed ADHD (or undiagnosed ADHD) struggle with in relation to sleep, learning, emotional regulation and peer relationships.
 - Discuss the common management strategies used to support these issues in the home and in the school setting.
 - Examine the role of allied health providers, early intervention services and school wellbeing teams in developing team based care plans.
 - Participate in a community of learning and practice.
-
- How can we support this work through primary care?
 - Is there a role for MHCP and CDM/TCA in kids
 - What other pathways to support and care can patients access?
 - How can we work with schools?





Etiquette/Zoom use

- Clearly name yourself with first name and surname.
- Introduce yourself / Role / Region / Organisation in "chat"
- Use chat to ask questions
- Please remain on 'mute' except when speaking
- **Please turn video on**
- In-session Evaluation at the end



- These sessions will be recorded for ongoing training and quality improvement purposes.
- The didactic presentations ONLY will be disseminated on our learning channel.
- Discussions will be de-identified where used for QI or research purposes.
- Please let us know if you would not like your comments recorded.

Data gathered from these sessions will not be shared publicly.
For internal reporting only.

Poll

- What does sustainability in healthcare mean to you?



Agenda– Child and Adolescent ADHD Series 1: Session 4

“Sleep, learning, emotions and relationships: understanding the impact of commonly co-occurring conditions on function and wellbeing”

Facilitator: Dr Bianca Forrester, Clinical Lead of Innovation and Learning, Western Victoria Primary Health Network

Didactic presentation:

Dr Austen Erasmus, Paediatrician, Grampians Health Service

Panel for discussion:

Dr Kate Graham, Clinical Editor HealthPathways and COVID Clinical Advisor, Western Victoria Primary Health Network

Ha Le, Senior Research Fellow, School of Health and Social Development, Deakin University, Consumer/Carer advocate

Case presentation: Dr Jess Zimmerman, GP, Nightingale Clinic

Network Co-ordinator: Jemma Missbach, Western Victoria Primary Health Network



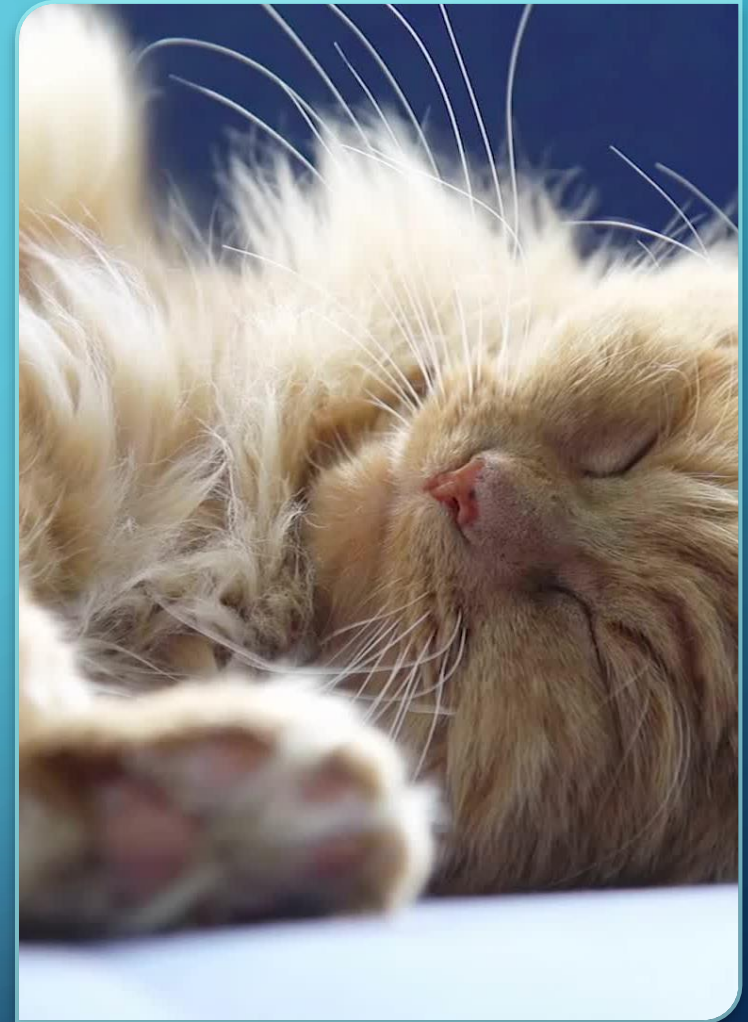


ADHD CHILD AND ADOLESCENT HEALTH

**SLEEP, LEARNING, EMOTIONS AND RELATIONSHIPS:
UNDERSTANDING THE IMPACT OF COMMONLY CO-OCCURRING CONDITIONS
ON FUNCTION AND WELLBEING**

SLEEP

- Sleep disturbances have been reported in as many as 70% of children with ADHD
- Evaluate sleep habits, behavioural contributors and circadian rhythm
- Assess for comorbid psychiatric disturbances.





SLEEP HYGIENE AFFECTED BY:

- **Sleep environment**

Light noise temp and comfort

- **Behaviour**

Habits, electronic devices,
large meals, caffeine,
exercise



NO SLEEP

NO GOOD!



LEARNING DIFFICULTIES

- Very common in ADHD, as many as 50%
- Reading difficulties
- Look for poor working memory and slow processing



EMOTIONS

- Very very important
- Always ask the young person
- There are scales for anxiety/depression
- Validate the emotion

RELATIONSHIPS

- A sense of belonging
- Been challenged in a positive way by peer level friends
- Building up self-confidence and resilience
- Learning to work as a team



MANAGEMENT PLAN



- Individualize
- Thoroughly evaluate comorbid conditions
- Cognitive and language testing
- Specify treatment goals
- Must be developmentally appropriate
- Acceptable and Doable

LEARNING POINTS

- Enough restful sleep crucial
- Evaluate Learning Difficulties and make plans for supporting the child
- Emotional well-being key

17 yo cis female

Situation:

17 yro girl with likely ADHD however mum doesn't agree, thinks she's just lazy & has a motivation problem.

Background:

- Lives at home with Mum, Stepdad & younger sister.
- Family are all very practical.
- Biological dad died when she was 1yro.

- Highly intelligent, In year 11 at local high school, Wanting to become a doctor.
- Currently working part time as pharmacy assistant.

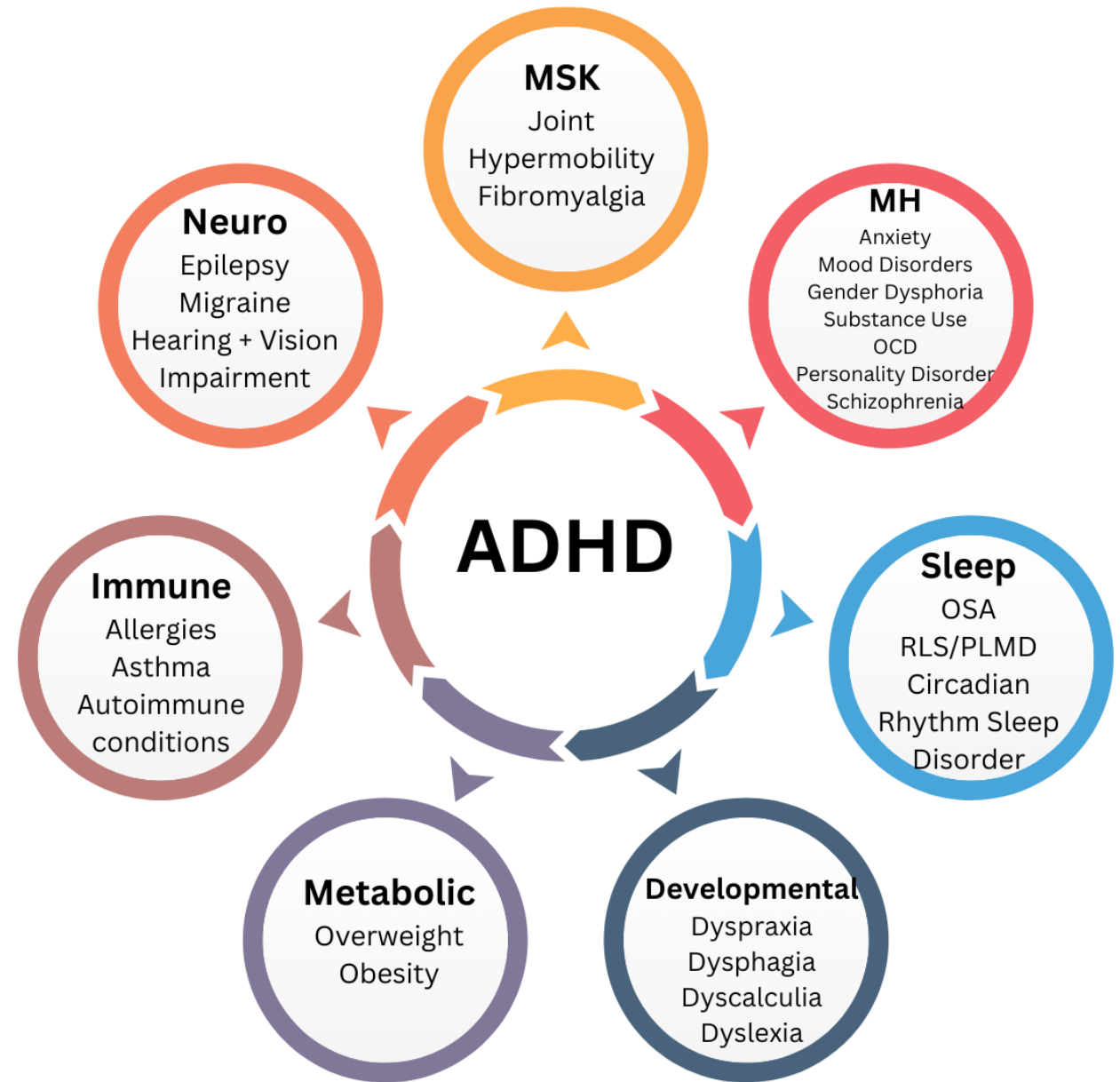
Update:

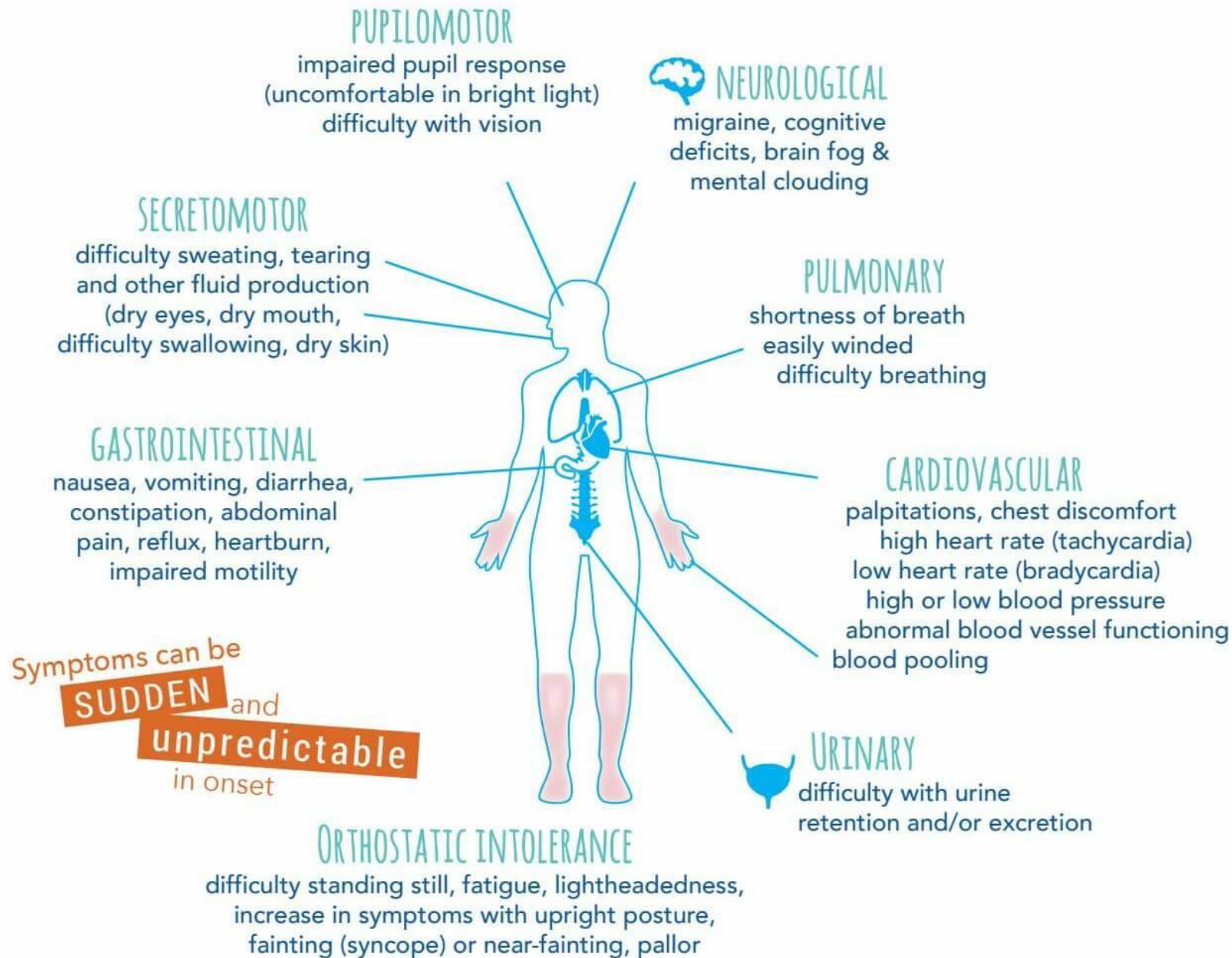
- Eventually did get mum on board with assessment.
- Saw Paediatrician who confirmed diagnosis and trialed stimulants with good effect.
- Initially trialed on IR Methylphenidate –got a bit of reflux, palpitations (just when medication kicks in), and appetite loss.
- Swapped over to Methylphenidate LA + top up IR Methylphenidate PRN

Question for the group

- What strategies should I use for getting families on board when there is some conflict?

ADHD & Co-morbid Conditions





Fun Facts: ADHD Medication + Dysautonomia

- Clondine
 - Decreases blood pressure and hyperadrenergic responses. – can be helpful in subtype of POTS (**Hyperadrenergic POTS** - high levels of noradrenalin)
 - Decreases sympathetic adrenergic stimulation. – decreases tachcardia
- Stimulants
 - Tighten blood vessels- decreases orthostatic intolerance

www.TheDysautonomiaProject.org

THE BEIGHTON SCORING SYSTEM

Measuring joint hypermobility

A. 5th FINGER / 'PINKIES'

Test **both sides**: Rest palm of the hand and forearm a **flat surface** with palm side down and fingers out straight.

Can the **fifth finger** be bent/lifted upwards at the knuckle to go back **beyond 90 degrees**?

If yes, add **one point** for each hand.



B. THUMBS

Test **both sides**: With the arm out straight, the palm facing down, and the wrist then fully bent downward, can the thumb be pushed back to touch the forearm?

If yes, add **one point** for each thumb.



C. ELBOWS

Test **both sides**: With arms outstretched and palms facing upwards, does the elbow extend (bend too far) upwards **more than an extra 10 degrees** beyond a normal outstretched position?

If yes, add **one point** for each side.



D. KNEES

Test **both sides**: While standing, with knees locked (bent backwards as far as possible), does the lower part of either leg extend **more than 10 degrees forward**?

If yes, add **one point** for each side.

E. SPINE

Bend forward, can you place the palms of your hands **flat on the floor in front of your feet** without bending your knees?

If yes, add **one point**.



Useful resources

- ADHD

- <https://adhdguideline.aadpa.com.au/>
- <https://childhood-developmental-disorders.imedpub.com/why-do-we-find-it-so-hard-to-calculate-the-burden-of-neurodevelopmental-disorders.php?aid=23252>

- Assessing joint hypermobility

- <https://www.ehlers-danlos.com/assessing-joint-hypermobility/>

- Dysautonomia (including POTS)

- <https://thedysautonomiaproject.org/>
- <https://www.potsuk.org/>
- <https://potsfoundation.org.au/> (relatively new, only established in 2021)
- <https://www.ausdoc.com.au/therapy-update/postural-orthostatic-tachycardia-syndrome/>

HealthPathways

Project ECHO – Child ADHD

WHAT IS HEALTHPATHWAYS?

A web-based information portal providing locally agreed, evidence-based clinical guidelines and referral pathways designed to support primary health care providers, in particular General Practitioners, in the assessment, management and referral of patients.

Provides information on:

- How to assess and manage a range of conditions
- How to refer patients to local specialists and services in the timeliest manner
- Reference materials
- Educational resources
- Patient resources

A dynamic website with new pathways constantly under development and existing pathways regularly reviewed by local GPs and specialists to ensure they remain aligned with best practice, relevant to the local context.

CLINICAL

[ADHD in Children and Youth](#)

[ADHD Medications for Children](#)

[Behavioral Concerns in Children Under 6 Years](#)

[Behavioural Concerns in Children Aged 6 to 12 Years](#)

[Developmental Concerns in Young Children](#)

REFERRAL

[Non-acute Paediatric Medicine Assessment \(> 24 hours\)](#)

[Non-urgent Mental Health Referrals](#)

[Occupational Therapy](#)

[Urgent Mental Health Referrals](#)

[Mental Health Advice](#)

CONTACT

•New to HealthPathways?

Visit <https://westvic.communityhealthpathways.org/> and select 'register now'

•Use the "send feedback" button on the website or email: healthpathways@westvicphn.com.au

•The HealthPathways team can arrange for passwords to be bypassed if you provide your practice IP address.

WHO CAN USE HEALTHPATHWAYS?

•GPs and Health Professionals within the Western Victoria region can access HealthPathways. The portal is not designed to be used by the general public and can only be accessed by using a secure login and password. There is no cost to access.

Session Evaluation

- Please take the time to evaluate this **session**
- [Link](#) pasted into the chat

Upcoming Sessions

- Weekly from **22 February** until **21 March**



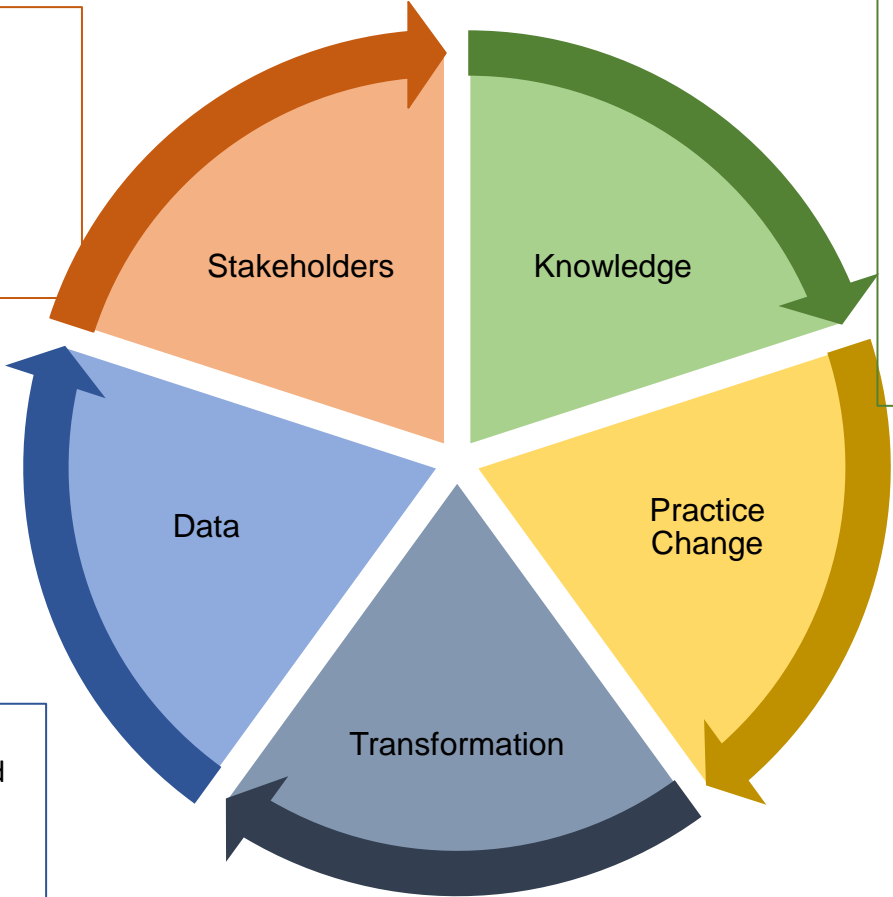
If you have a case, you would like to discuss with the group:

- **Case template** [here](#)
- Email echo@westvicphn.com.au
- Use the comment box in the evaluation form

Scoping the *design problem- inputs into this series*

- Barwon Paediatric team
- Grampians Paediatrics team
- Victorian Paediatric Clinical Network
- Barwon Area Mental Health Service
- Centre Community Child Health Royal RCH
- Consumer advocates
- GPs with special interest

- Australian ADHD Clinical Practice Guidelines
- Senate Inquiry report
- RACGP statement to the Inquir
- Annual Research Review: Perspectives on progress in ADHD science—from characterization to cause
- Recent Attitudes toward ADHD in the Broader Community: A Systematic Review



- Referrals to Private and Public Paediatric services both Ballarat and Geelong
- Lack of service options in Outer regions
- GP demand for referral options

- National ADHD shared care model network
- Consumer engagement in co-design
- Clinician engagement in co-design
- PHN co-design framework

- WVPHN Design Labs
- Digital
 - Data
 - Health Pathways
 - Co-design
- Statewide sector meetings
Emerging Minds



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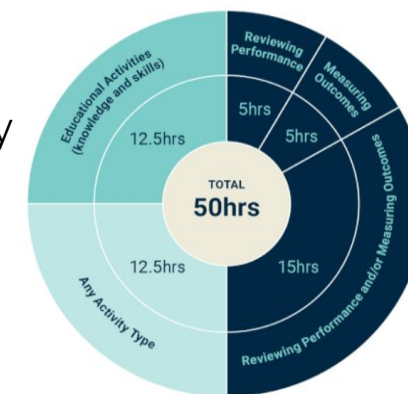
Learning outcomes

WVPHN Your CPD Centre

ECHO is a Peer Group Learning Activity

EA- Passive activity

RP- Interactive activity



Series Learning outcomes

- Describe the diagnostic classification of ADHD and identify commonly co-occurring conditions.
- Recognise the diverse experiences of children, adolescents and their caregivers and describe a patient centred and biopsychosocial approach to functional recovery and well-being.
- Discuss the potential role of primary care in ADHD identification, assessment, management, and support.
- Evaluate the barriers to providing best practice ADHD care for children, adolescents and their families.
- Participate in a community of interest, learning and practice.

Series Project Outputs

To generate design ideas and implementation solutions for Shared ADHD care models:

Case report of our region (not for publication or dissemination in public sites)

- Barriers and enablers
- Action ideas for investment

Health Pathways

- Scoping review of community child health pathways

Don't forget to fill out our session evaluation at the end of the session.



ADHD care for children and young people in Western Victoria

The Problem statement:

Children, teens and their carers (with ADHD or undiagnosed ADHD) in Western Victoria need access to early intervention, assessment, information/education, coaching, medications, allied health care, care co-ordination, environmental supports and ongoing monitoring.

Solutions discussed to date:

- Identification and parent information resources by primary care
- Assessment support by primary care
- Good communication between primary care and paediatrics to support referrals
- Provisional diagnosis by primary care to support the psycho-social therapies and support options
- Prepare the family for the visit to the Paediatrician for prescribing
- Communication between primary care and paediatricians to support co-prescribing
- Established co-prescribing options in primary care
- GP education about prescribing and common SEs