

ADHD views and practices: child psychiatrists and paediatricians in Ireland and Brazil

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OVERVIEW OF RESEARCH: Examining ADHD Attitudes & Practice between child psychiatrist-led clinic and paediatric clinic in Ireland & Brazil

STAGE 1: clinicians
What they say they do?



STAGE 2: clinicians
What they actually do?



STAGE 3: service users
What's the satisfaction of their clients?



(A) NATIONAL SURVEY
of:
(1) community/general, neuro-paediatricians.
(2) Child and adolescent psychiatrists from CAMHS

QUANT & QUAL

(A) INTERVIEW with survey respondents- Qualitative aspects
(B) CASE NOTES REVIEW- Quantitative exploratory evaluation

QUANT & QUAL

(A) FOCUS GROUP or INTERVIEW with parents
(B) Individual INTERVIEW with children or adolescents with the use of **Drawing Method**

QUAL

Methods



STAGE 1: SURVEY
“What clinicians say they do?”

A) Study Design

- ✓ SR: 20 papers informed Q
- ✓ Review of 9 ADHD Guidelines
- ✓ Paper and electronic version
- ✓ Piloted

A) Study Design

- ✓ Same SR & Guidelines
- ✓ *Bilingual Technique & Back translation Method*
- ✓ Only electronic version
- ✓ Piloted

B) Data collection

- ✓ Participants:
Universal recruitment:
registered and active
population by HSE CAMHS/
Royal College of Physicians
- ✓ N= 71 child psych
- ✓ N= 72 paed

B) Data collection

- ✓ Participants:
Universal recruitment:
registered and active
population by BR College
of Psychiatrists/ Paeds:
- ✓ N= 272 child psych
- ✓ N~ 165 paed



C) Data analysis

- Statistical analysis (descriptive and Chi-square tests) + Thematic analysis of comments

C) Data Analysis

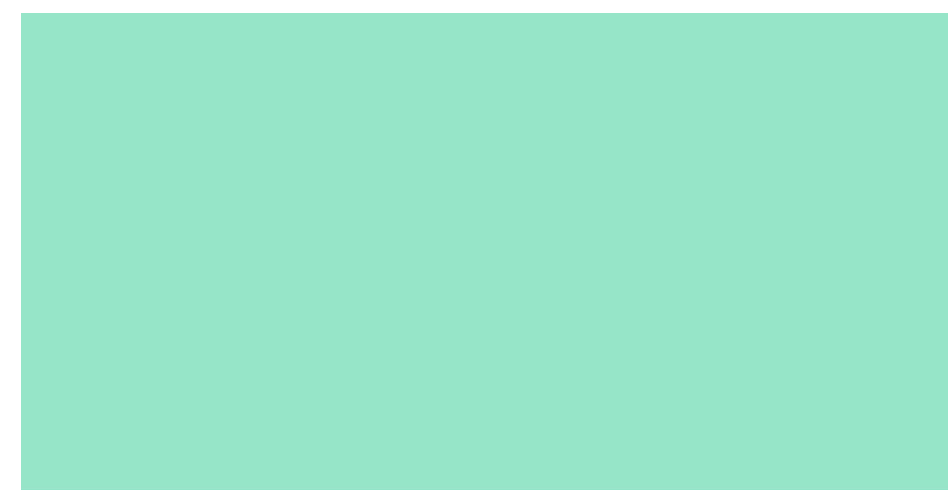
- Statistical analysis (descriptive and Chi-square tests) + Thematic Analysis of comments



overall response rate was 43%  

Demographic data	Paediatricians N= 28	Child Psychiatrists N= 34
Aged > 45	64%	59%
Female	61%	68%
Only Public Sector	79%	94%
HSE area	West (46%)	Dublin Mid-Leinster (32%)
Urban practice	32%	29%

ADHD Overall	Paediatricians	Child Psychiatrists
N of children with a confirmed ADHD diagnosis	15 (Mean)	102 (Mean)
Percentage of children with comorbidities	68%	58%
Dedicated ADHD clinic	3% (1)	79% (27)



Attitudes



Do they believe ADHD is a valid diagnosis?

- Child Psychiatrists: YES 88%
- Paediatricians: YES 96%



The factors which may cause ADHD are...

- Neurological/ biological/genetic:**
Child Psychiatrists (100%) Paediatricians (100%)
- Poor parenting:**
Child Psychiatrists (29%) Paediatricians (32%)
- Too much electronic media use:**
Child Psychiatrists (6%) Paediatricians (18%)

How confident do they feel in treating ADHD?



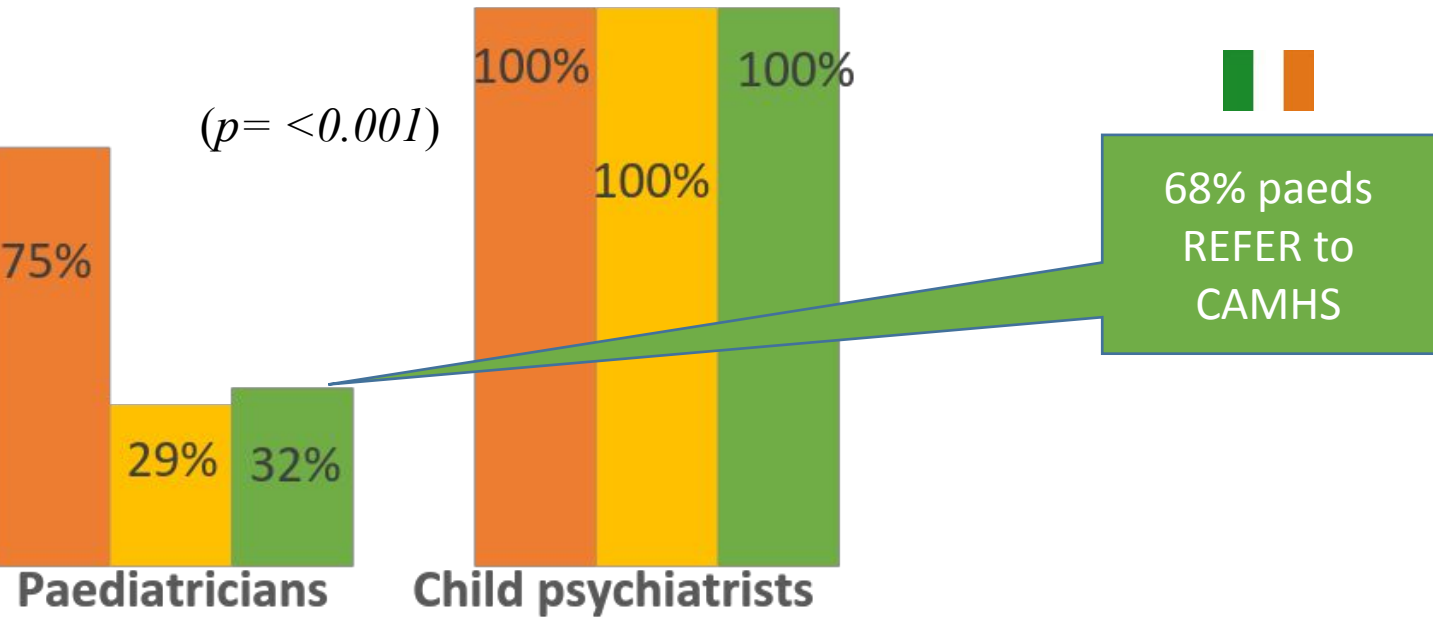
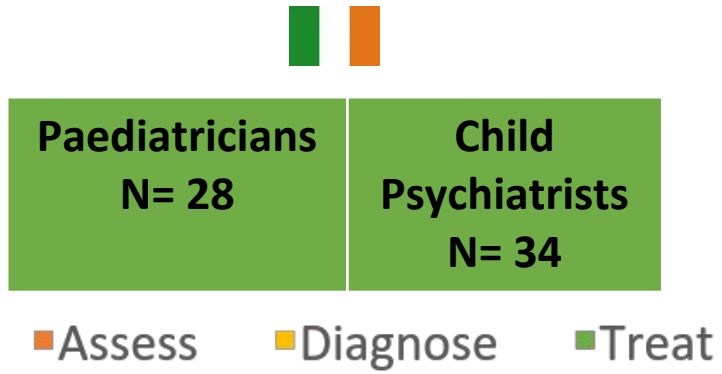
(very, fairly, a little, not at all)

- Child Psychiatrists: very (71%), fairly (24%)
- Paeds: very (14%), fairly (25%)

($p = < 0.001$)

Results

STAGE 1: SURVEY
“What clinicians say they do?”



ADHD Assessment

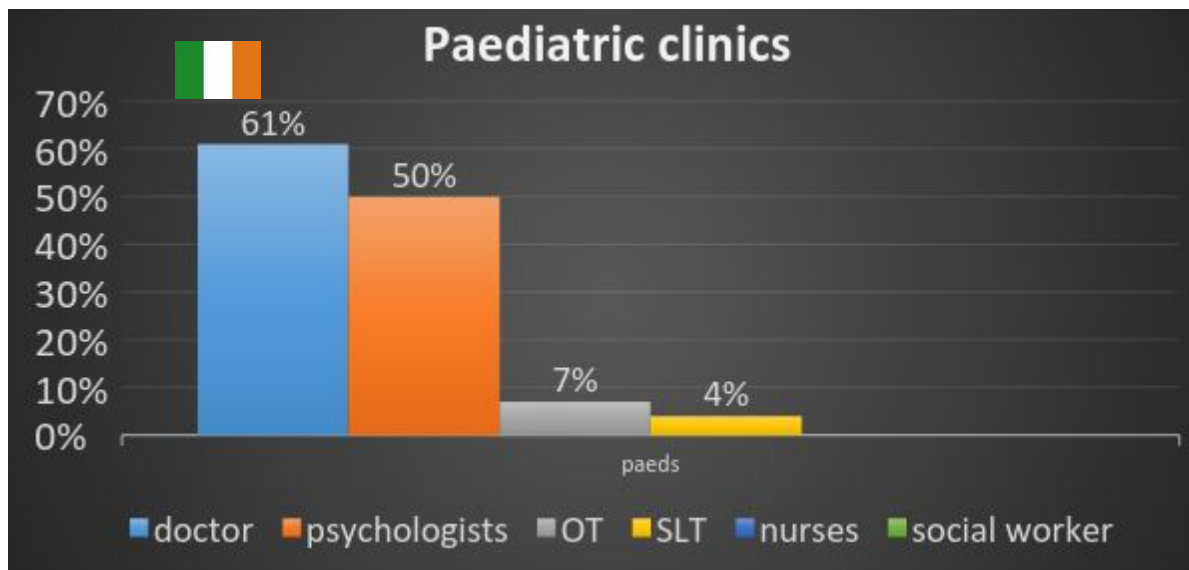
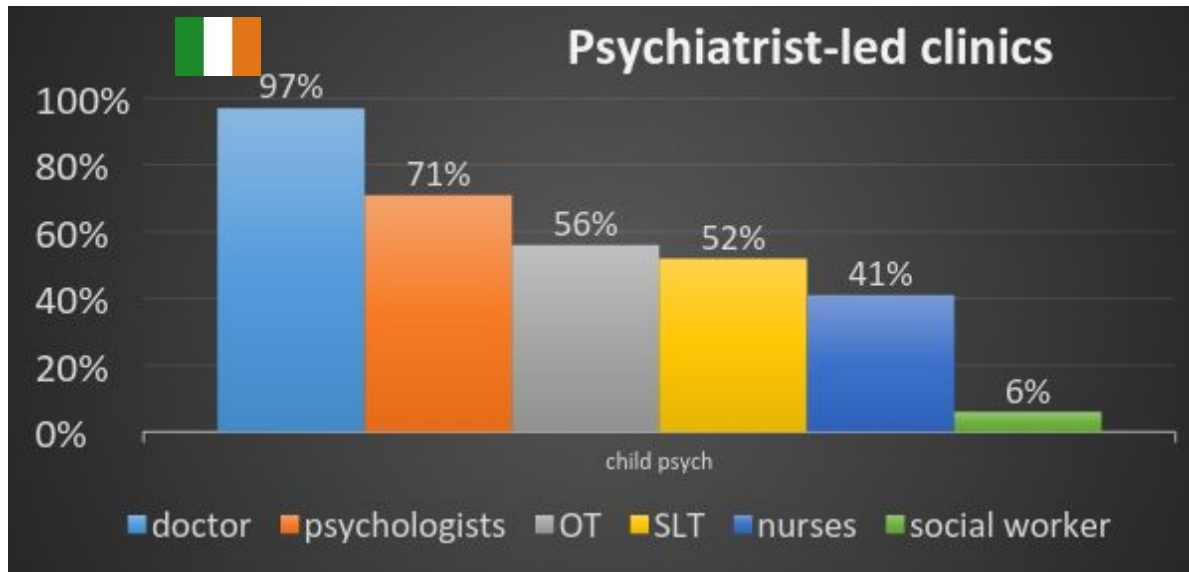
psych & paed reported equally to be following the guidelines for assessment:

Work-up tools most rated (medians scored 5 and 4)

- ✓ individual interview with the child
- ✓ child's history from parent
- ✓ developmental history
- ✓ family history of ADHD
- ✓ collateral information from school
- ✓ use of rating scales
- ✓ questionnaire completed by the school

ADHD Assessment

Who carries out?



ADHD Treatment

($p = < 0.001$)



Initiate Medication?

82% of child psychiatrists &
22% of paediatricians

($p = < 0.001$)

Most common 1st line medication:



1. **Methylphenidate**

56% of child psychiatrists, 21% paediatricians

2. **Atomoxetine**

18% of child psychiatrists, 11% of paediatricians

ADHD Treatment

psych & paedcs rated differently regarding the treatment:

■ ■ most rated (medians scored 4 for child psych)

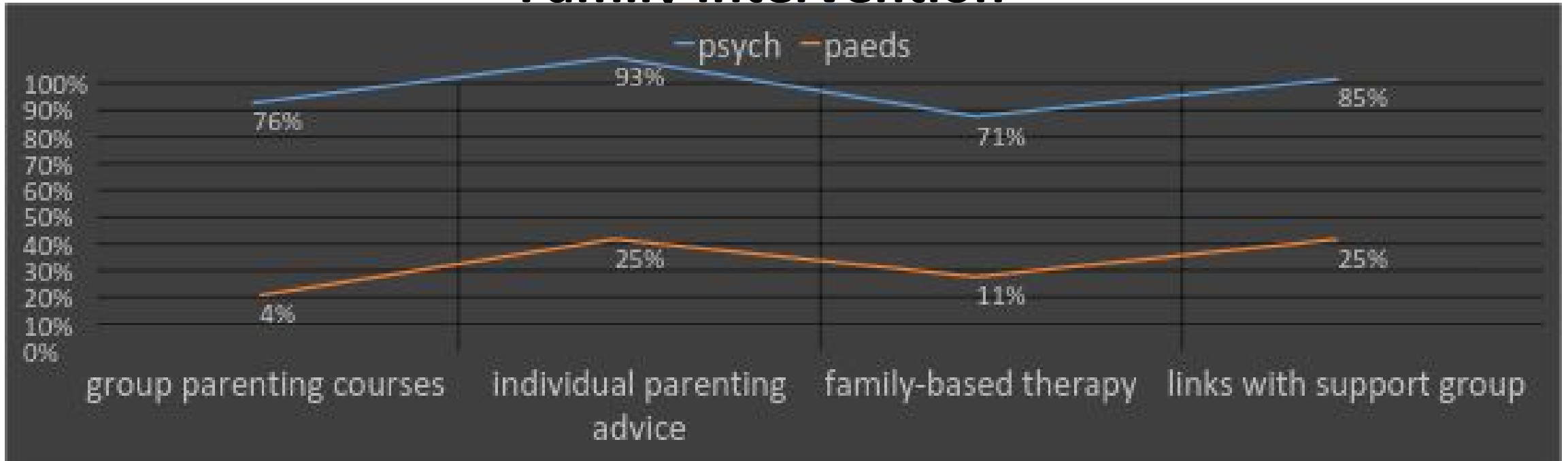
medians 1.5

medians 3

medians 2

1. Providing STATEMENT of DIAGNOSIS for the school
2. Initiate medication
3. Individual parent advice
4. Links with support group
5. Facilitating resources in the school

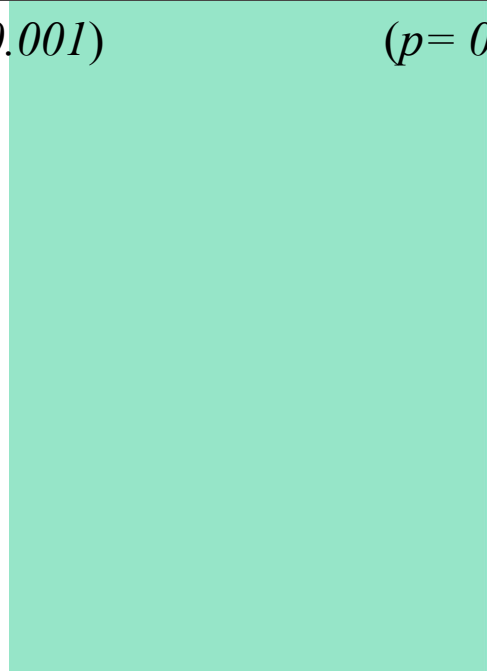
Family Intervention



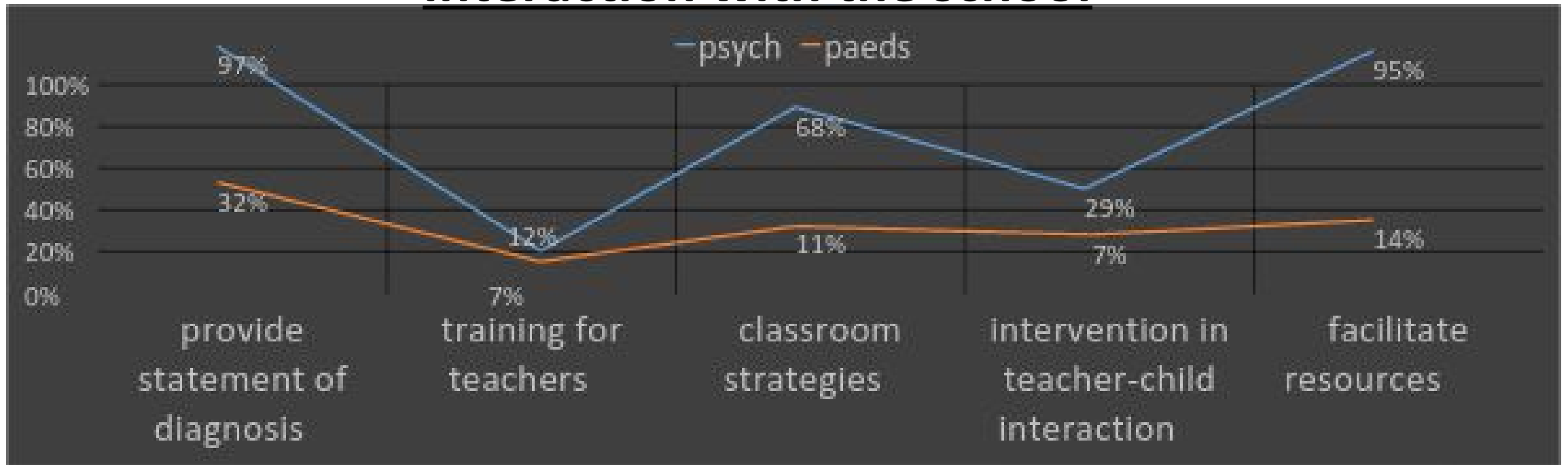
$(p = <0.001)$

$(p = 0.025)$

$(p = 0.007)$



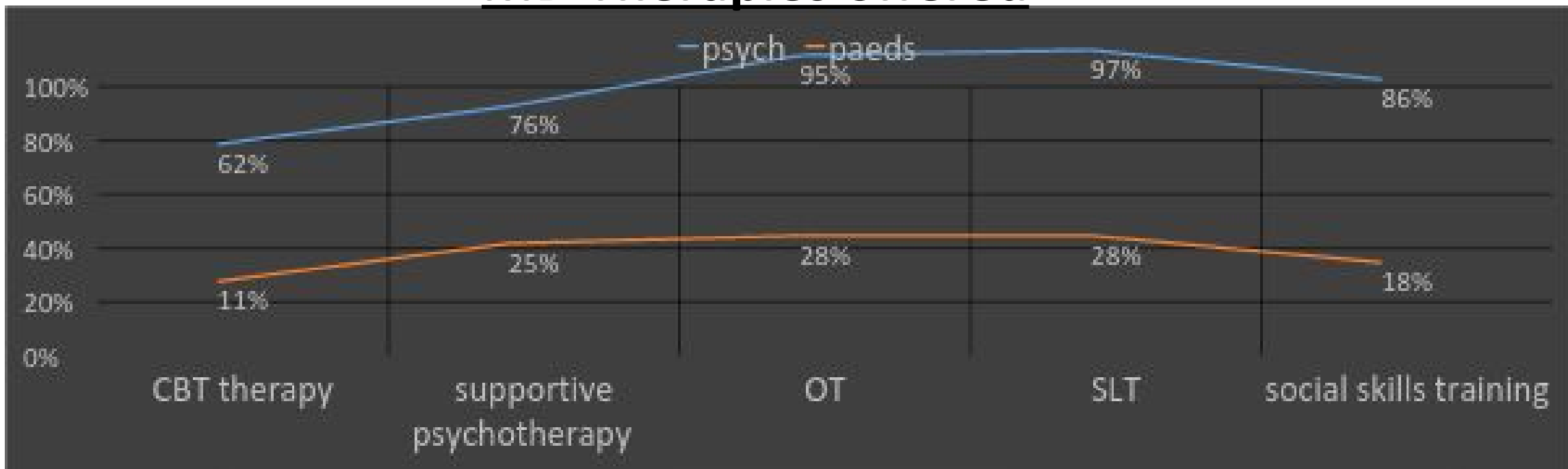
Interaction with the school



$(p = 0.018)$

$(p = <0.001)$

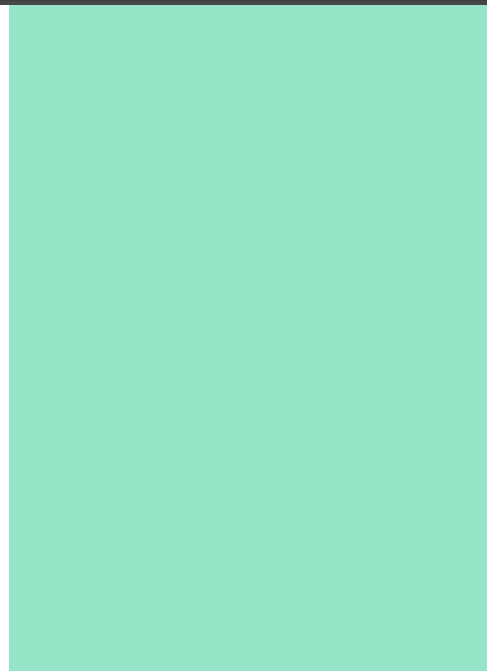
MD Therapies offered





$(p = 0.014)$

$(p = 0.013)$

$(p = <0.001)$



overall response rate was 43%  



overall response rate was ~ 23%

Demographic data	Paediatricians N= 28	Child Psychiatrists N= 34
Aged > 45	64%	59%
Female	61%	68%
Only Public Sector	79%	94%
HSE area	West (46%)	Dublin Mid-Leinster (32%)
Urban practice	32%	29%

Demographic data	Paediatricians N= 33	Child Psychiatrists N= 65
Aged > 45	65%	28%
Female	53%	55%
Only Public Sector	22%	18%
States & Region	São Paulo (28.5%) South & South-East (73%)	
Urban practice	91%	94%

ADHD Overall	Paediatricians	Child Psychiatrists
N of children with a confirmed ADHD diagnosis	15 (Mean)	102 (Mean)
Percentage of children with comorbidities	68%	58%
Dedicated ADHD clinic	3% (1)	79% (27)

ADHD Overall	Paediatricians	Child Psychiatrists
N of children with a confirmed ADHD diagnosis	53 (Mean)	61 (Mean)
Percentage of children with comorbidities	42%	60%
Dedicated ADHD clinic	16% (5)	38% (25)

Attitudes



Do they believe ADHD is a valid diagnosis?

- Child Psychiatrists: YES 88%
- Paediatricians: YES 96%



- Child Psychiatrists: YES 98%
- Paediatricians: YES 88%



The factors which may cause ADHD are...

- Neurological/ biological/genetic:**
Child Psychiatrists (100%) Paediatricians (100%)
- Poor parenting:**
Child Psychiatrists (29%) Paediatricians (32%)
- Too much electronic media use:**
Child Psychiatrists (6%) Paediatricians (18%)



- Neurological/ biological/genetic:**
Child Psychiatrists (98%) Paediatricians (100%)
- Poor parenting:**
Child Psychiatrists (29%) Paediatricians (32%)
- Current School Environment:**
Child Psychiatrists (14%) Paediatricians (16%)

How confident do they feel in treating ADHD?



(very, fairly, a little, not at all)

- Child Psychiatrists: very (71%), fairly (24%)
- Paeds: very (14%), fairly (25%)



- Child Psychiatrists: very (86%), fairly (9%)
- Paeds: very (38%), fairly (44%)

($p = 0.028$)

Results

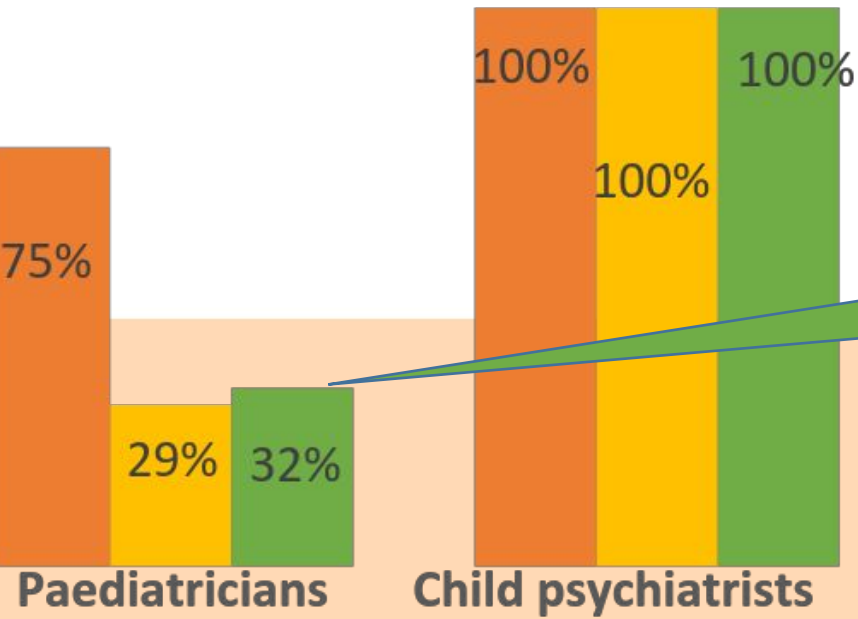
STAGE 1: SURVEY
“What clinicians say they do?”



Paediatricians
N= 28

Child Psychiatrists
N= 34

Assess Diagnose Treat



68% paed
REFER to
CAMHS



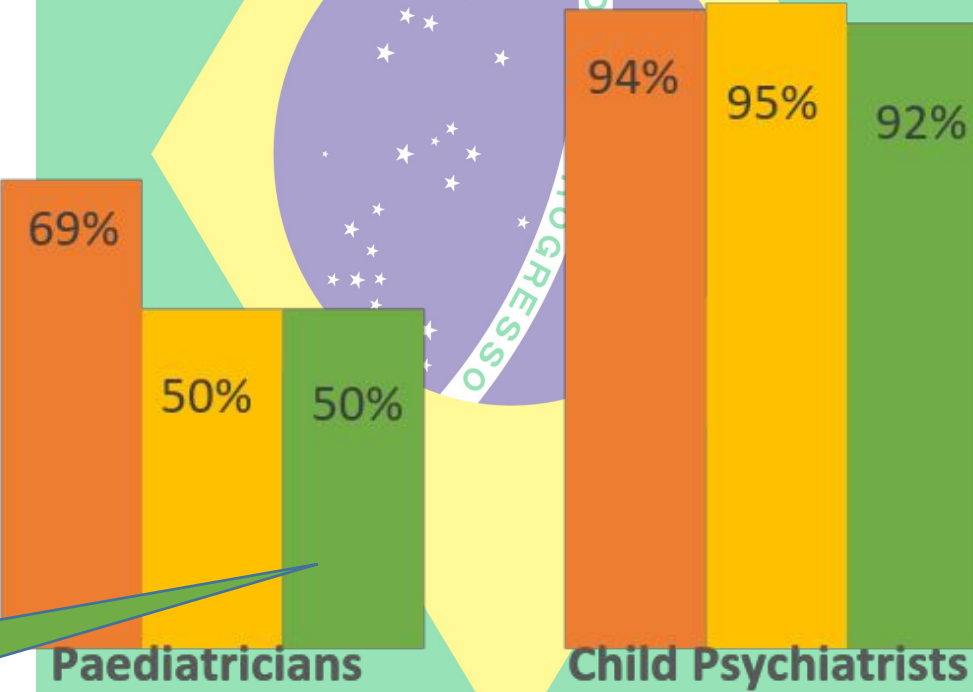
48% paed
REFER to
CAMHS



Paediatricians
N= 33

Child Psychiatrists
N= 65

Assess Diagnose Treat



Paediatricians

Child Psychiatrists

ADHD Assessment

psych & paed's reported equally to be following the guidelines for assessment:

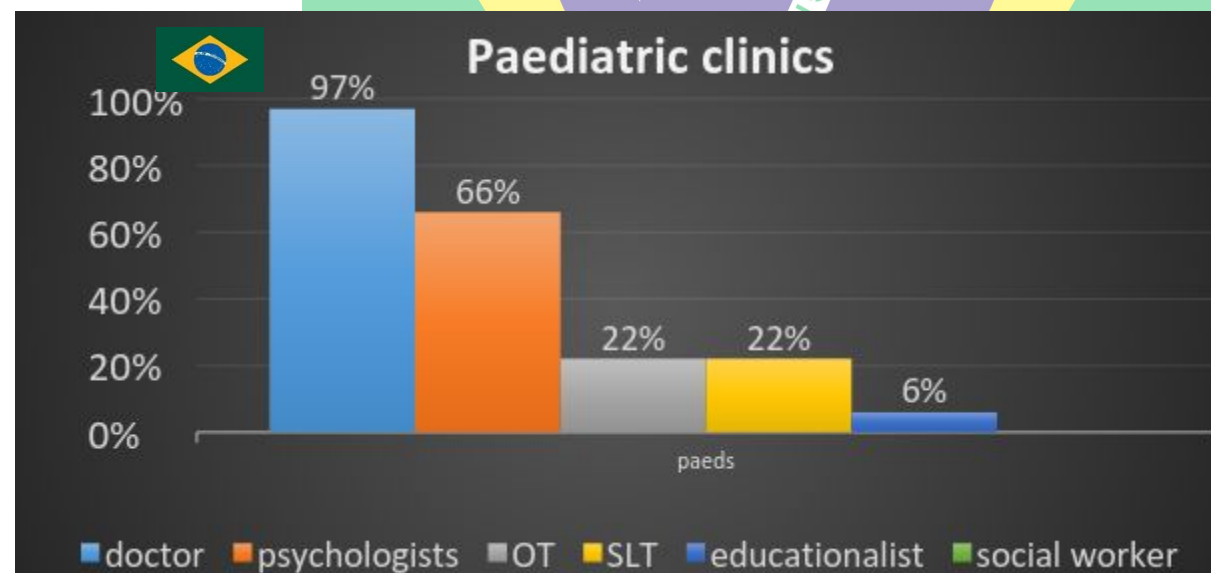
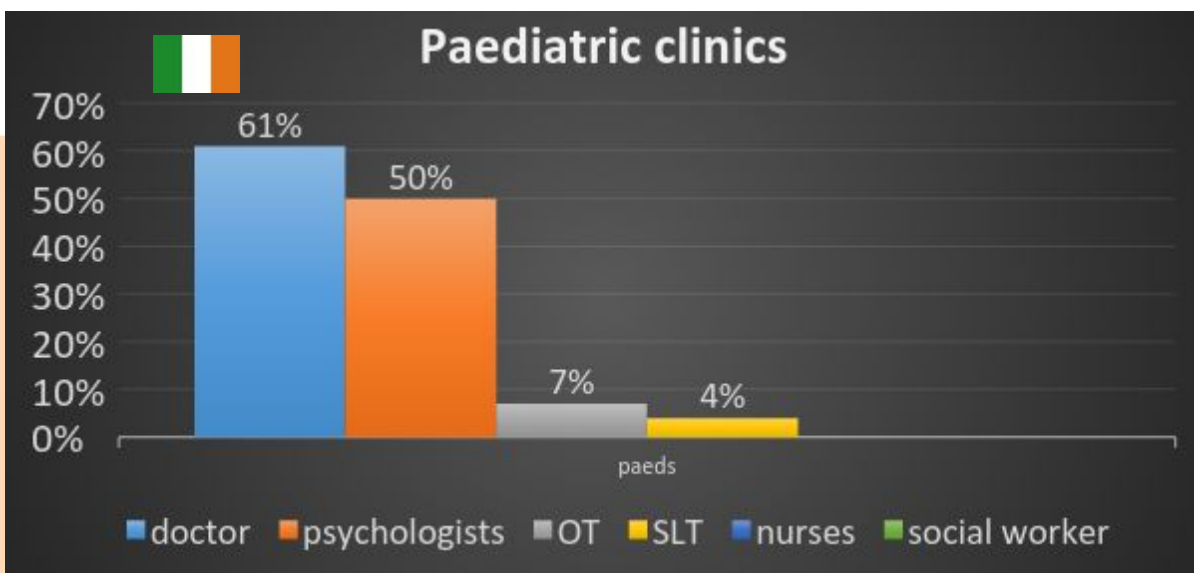
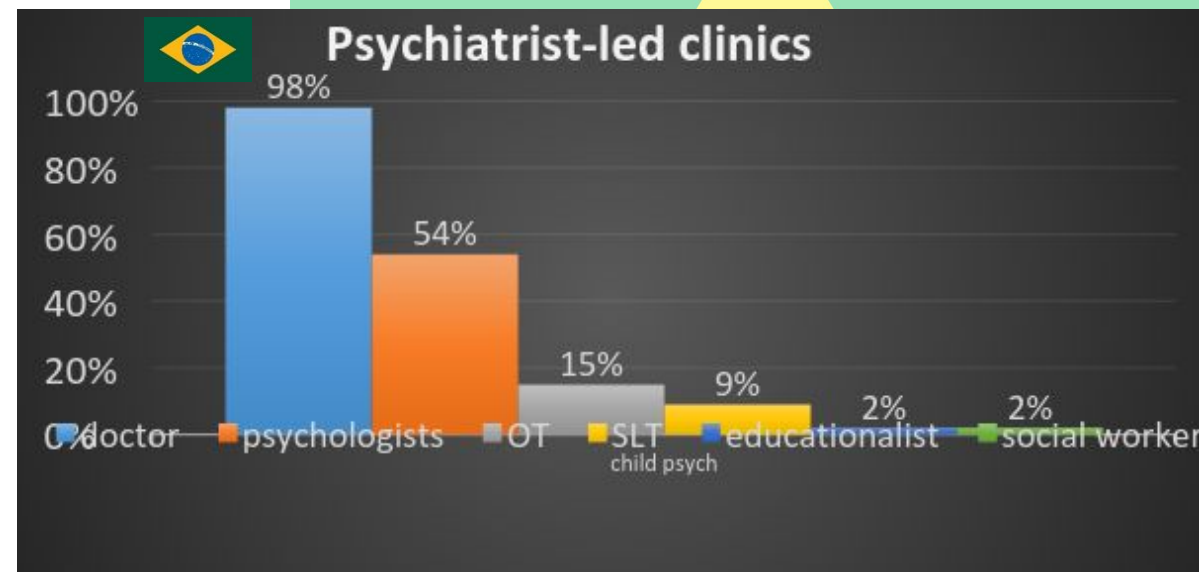
Work-up tools most rated (medians scored 5 and 4)

- ✓ individual interview with the child
- ✓ child's history from parent
- ✓ developmental history
- ✓ family history of ADHD
- ✓ collateral information from school
- ✓ use of rating scales
- ✓ questionnaire completed by the school



ADHD Assessment

Who carries out?



ADHD Treatment



82% of child psychiatrists &
22% of paediatricians

Initiate Medication?

($p = <0.001$)



92% of child psychiatrists &
84% of paediatricians

Most common 1st line medication:



56% of child psychiatrists, 21% paediatricians

1. Methylphenidate

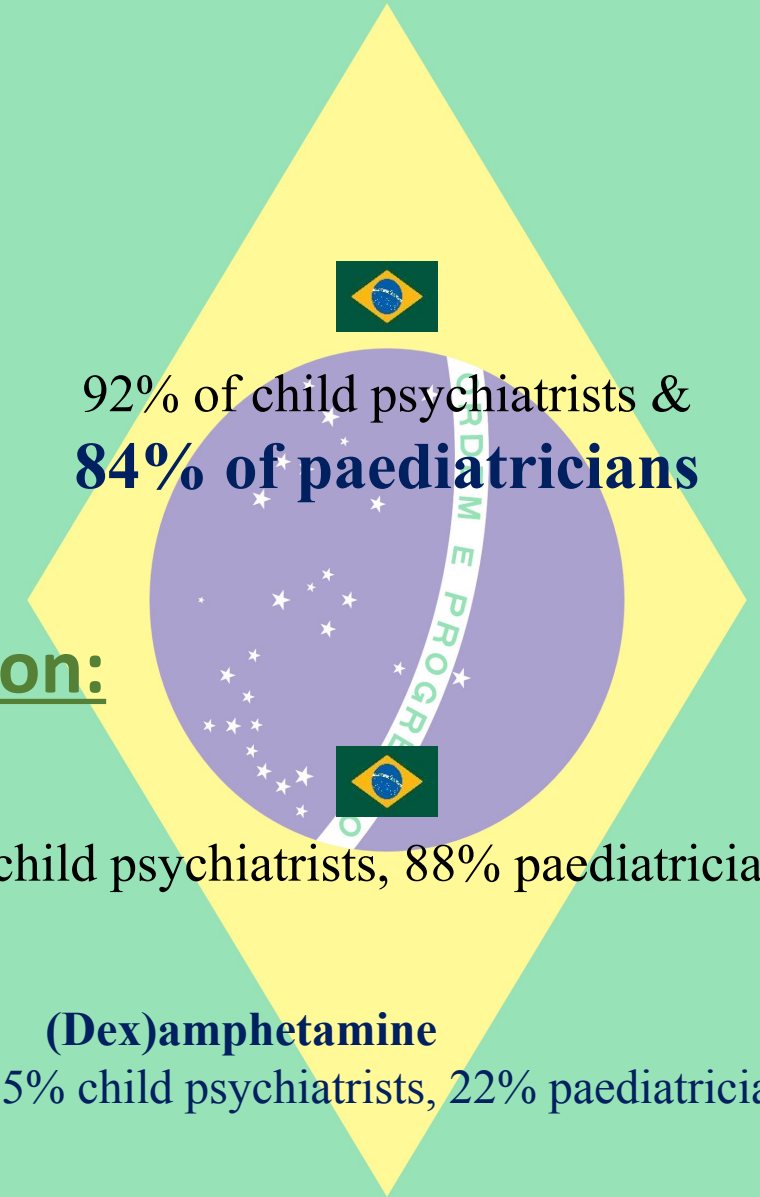
100% of child psychiatrists, 88% paediatricians

2. Atomoxetine

(18% of child psychiatrists, 11% of paediatricians)

2. (Dex)amphetamine

(35% child psychiatrists, 22% paediatricians)



ADHD Treatment

psych & paedS rated differently regarding the treatment:

■ ■ most rated (medians scored 4 for child psych)

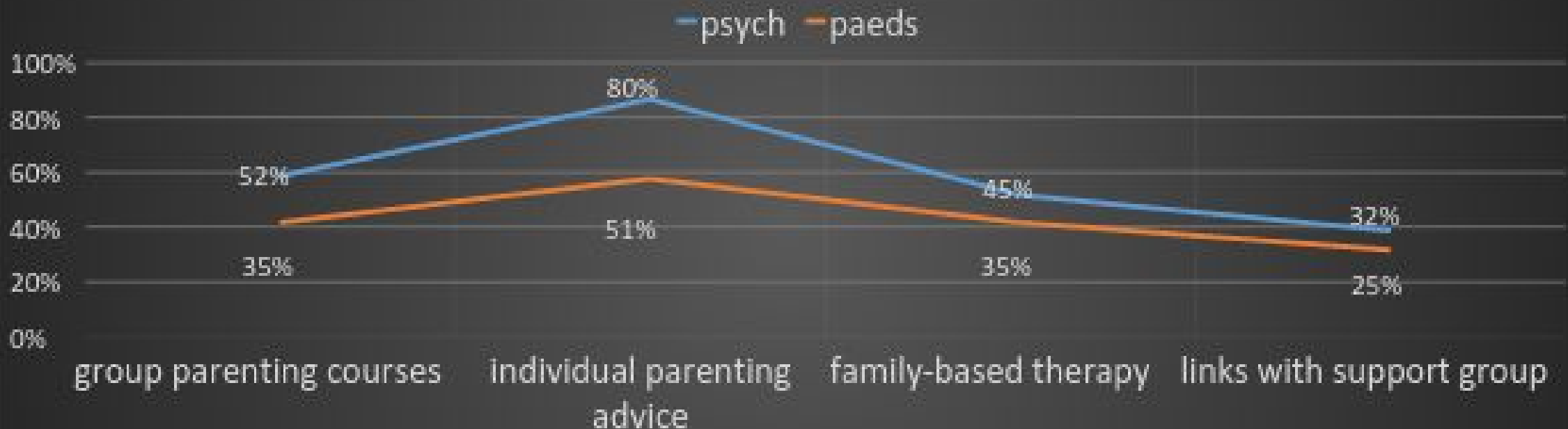
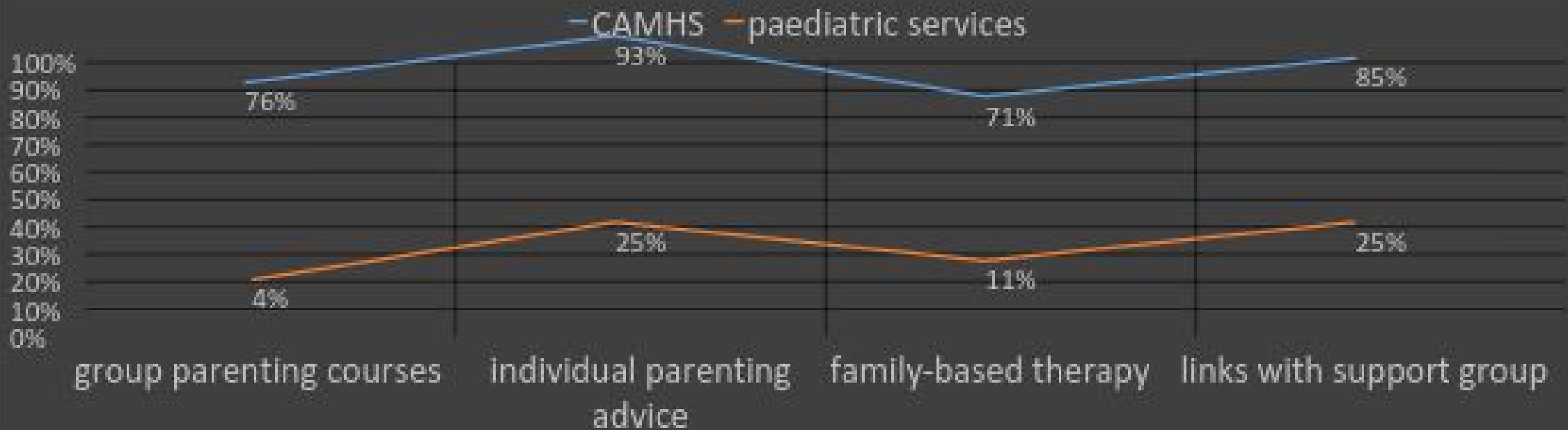
1. Providing statement of diagnosis for the school
2. Initiate medication
3. Individual parent advice
4. Links with support group
5. Facilitating resources in the school

4. CBT

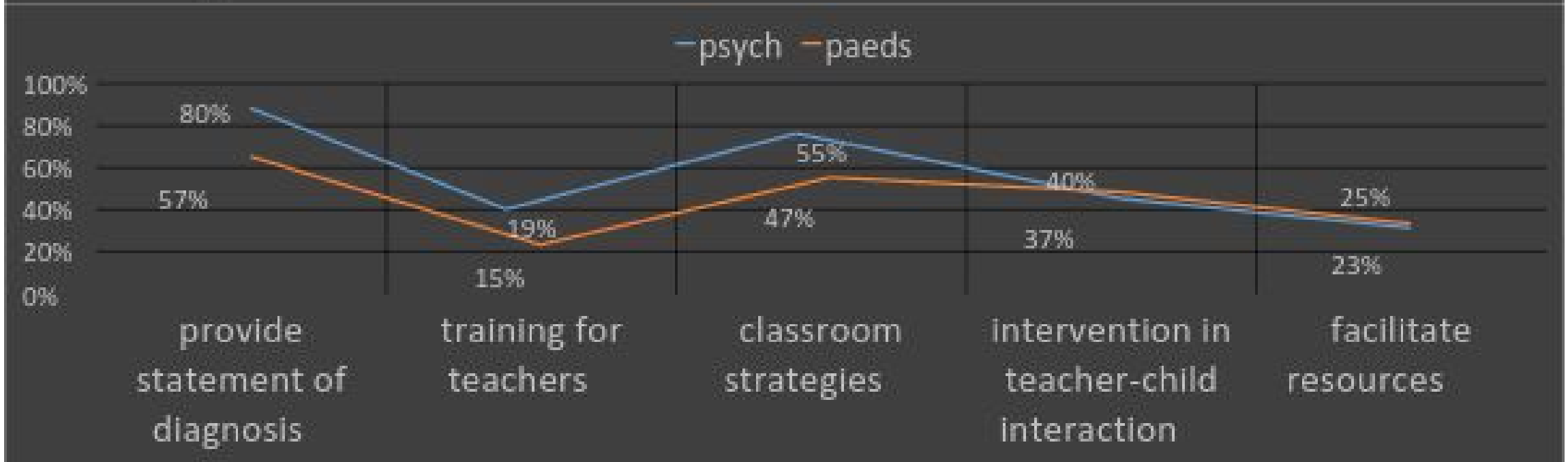
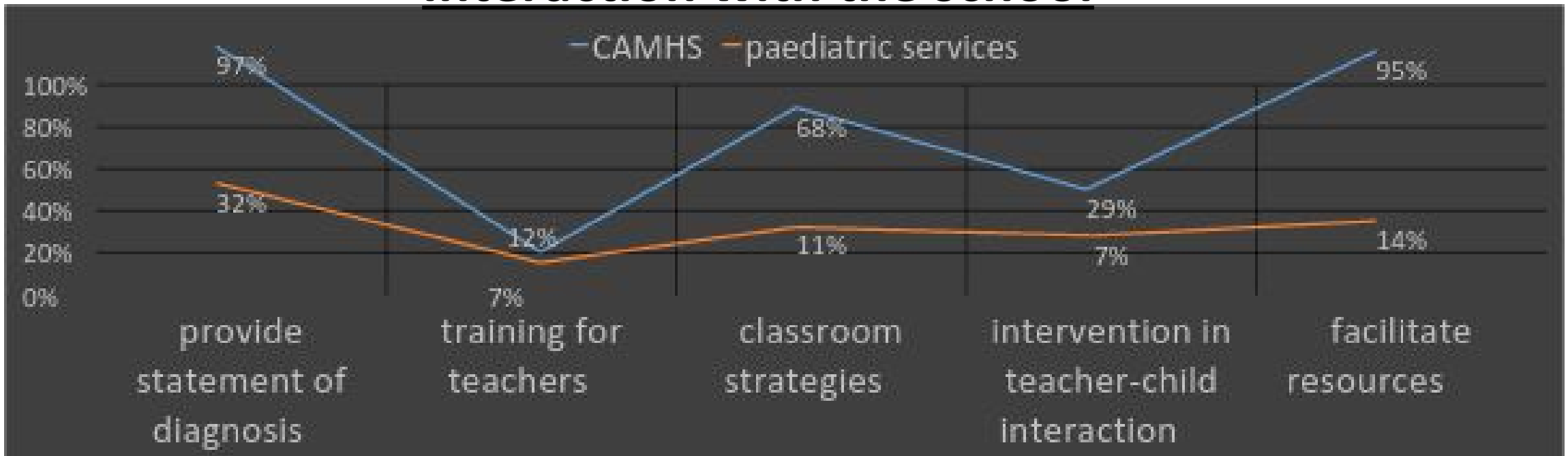
5. SLT



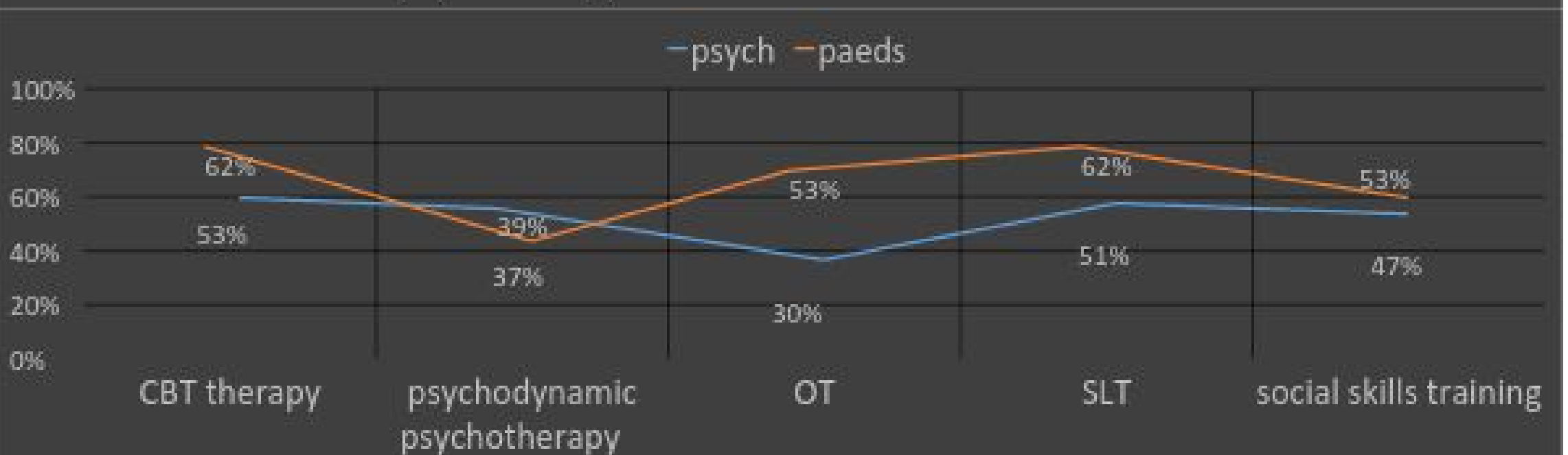
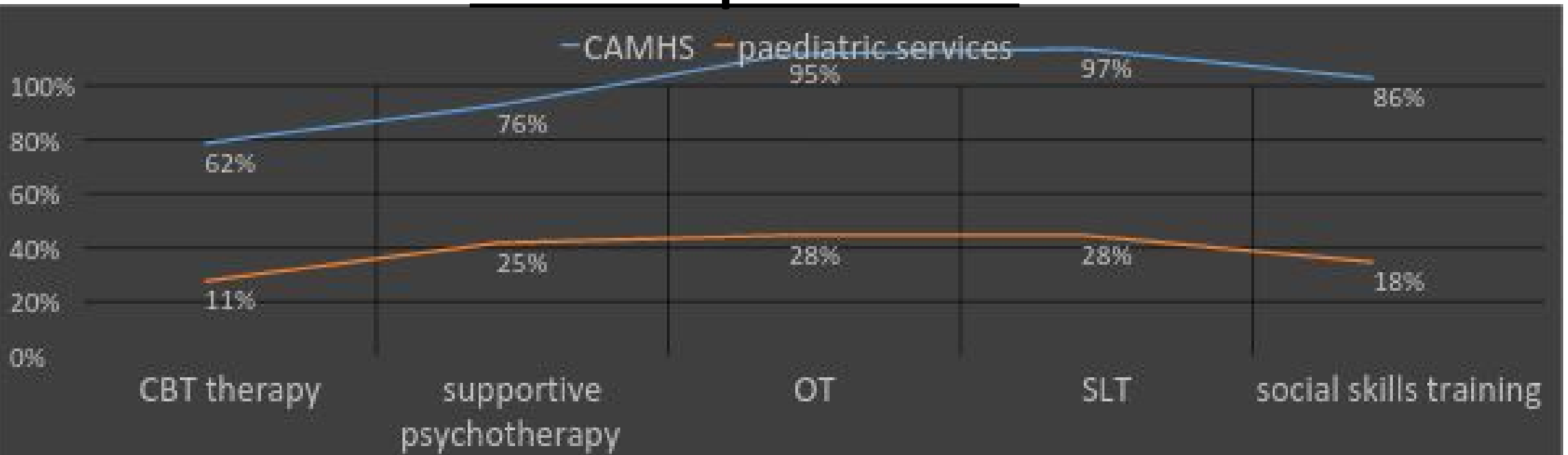
Family Intervention




Interaction with the school



MD Therapies offered





Is treatment for ADHD different according to what clinic you attend and whether it is a child psychiatrist-led clinic or a paediatrician-led clinic?

Next steps

This study set the foundation for a larger study which will look at qualitative aspects of the perspective of clinicians, families and own children with ADHD in both services.



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