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


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Science Without Borders Scholar
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São Paulo city- Staiada bridge
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?

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

QUANT & QUAL

STAGE 2: clinicians
What they actually do?

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

QUANT & QUAL

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

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

QUAL
**Methods**

**A) Study Design**
- SR: 20 papers informed Q
- Review of 9 ADHD Guidelines
- Paper and 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 paeds

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

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

**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 BR College of Psychiatrists/Paediatricians
  - N= 272 child psych
  - N~ 165 paeds

**C) Data Analysis**
- Statistical analysis (descriptive and Chi-square tests) + Thematic Analysis of comments
<table>
<thead>
<tr>
<th>Demographic data</th>
<th>Paediatricians N= 28</th>
<th>Child Psychiatrists N= 34</th>
</tr>
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<tbody>
<tr>
<td>Aged &gt; 45</td>
<td>64%</td>
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<td>N of children with a confirmed ADHD diagnosis</td>
<td>15 (Mean)</td>
<td><strong>102 (Mean)</strong></td>
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<td>Percentage of children with comorbidities</td>
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<td>3% (1)</td>
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Do they believe ADHD is a valid diagnosis?
- Child Psychiatrists: YES 88%
- Paediatricians: YES 96%

The factors which may cause ADHD are...
1. **Neurological/biological/genetic:**
   Child Psychiatrists (100%) Paediatricians (100%)
2. **Poor parenting:**
   Child Psychiatrists (29%) Paediatricians (32%)
3. **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?”

Paediatricians N= 28
Child Psychiatrists N= 34

Assess | Diagnose | Treat

68% paeds REFER to CAMHS

75% 29% 32%
100% 100% 100%

(p = <0.001)

(p = <0.001)
ADHD Assessment

psych & paeds 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?

**Psychiatrist-led clinics**
- Doctor: 97%
- Psychologists: 71%
- OT: 56%
- SLT: 52%
- Nurses: 41%
- Social worker: 6%

**Paediatric clinics**
- Doctor: 61%
- Psychologists: 50%
- OT: 7%
- SLT: 4%
- Nurses: 
- Social worker: 

[Bar charts showing percentages of professionals involved in ADHD assessment in different clinics.]
ADHD Treatment

82% of child psychiatrists & 22% of paediatricians

Initiate Medication?

(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 & 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

medians 1.5
medians 3
medians 2
Family Intervention

- Group parenting courses: 76% (p < 0.001)
- Individual parenting advice: 25% (p = 0.025)
- Family-based therapy: 11% (p = 0.007)
- Links with support group: 85%
Interaction with the school

- **Provide statement of diagnosis**: 97% (psych) vs 32% (paeds) ($p = 0.018$)
- **Training for teachers**: 7% (psych) vs 12% (paeds)
- **Classroom strategies**: 68% (psych) vs 11% (paeds)
- **Intervention in teacher-child interaction**: 29% (psych) vs 7% (paeds)
- **Facilitate resources**: 95% (psych) vs 14% (paeds) ($p = <0.001$)
MD Therapies offered

- CBT therapy: 62% (p = <0.001)
- Supportive psychotherapy: 25% (p = 0.014)
- OT: 28% (p = 0.013)
- SLT: 28% (p = <0.001)
- Social skills training: 18% (p = <0.001)
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<td>São Paulo (28.5%)</td>
<td>South &amp; South-East (73%)</td>
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Do they believe ADHD is a valid diagnosis?

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

The factors which may cause ADHD are...

1. **Neurological/biological/genetic:**
   - Child Psychiatrists (100%)
   - Paediatricians (100%)

2. **Poor parenting:**
   - Child Psychiatrists (29%)
   - Paediatricians (32%)

3. **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%)
- Paediatricians: very (14%), fairly (25%)

(p = 0.028)

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

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

Paediatricians N= 28
Child Psychiatrists N= 34

- Assess
- Diagnose
- Treat

Paediatricians: 68% refer to CAMHS
Child Psychiatrists: 48% refer to CAMHS

Paediatricians N= 33
Child Psychiatrists N= 65

- Assess
- Diagnose
- Treat

Paediatricians: 94% refer to CAMHS
Child Psychiatrists: 95% refer to CAMHS
ADHD Assessment

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

- 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

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

Who carries out?

Psychiatrist-led clinics

Paediatric clinics

[Diagrams showing percentages of professionals involved in ADHD assessments]
ADHD Treatment

Initiate Medication? (p = <0.001)

82% of child psychiatrists & 22% of paediatricians

Most common 1st line medication:

1. Methylphenidate
   - 56% of child psychiatrists, 21% paediatricians
   - 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

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

Psych & Paeds rated differently regarding the treatment:

- CBT
- SLT
Family Intervention

- CAMHS
- Paediatric services

Group Parenting Courses:
- CAMHS: 76%
- Paediatric services: 93%

Individual Parenting Advice:
- CAMHS: 25%
- Paediatric services: 11%

Family-Based Therapy:
- CAMHS: 71%
- Paediatric services: 85%

Links with Support Group:
- CAMHS: 4%
- Paediatric services: 25%

- Psych
- Paeds

Group Parenting Courses:
- Psych: 52%
- Paeds: 35%

Individual Parenting Advice:
- Psych: 80%
- Paeds: 51%

Family-Based Therapy:
- Psych: 45%
- Paeds: 35%

Links with Support Group:
- Psych: 32%
- Paeds: 25%
Interaction with the school
MD Therapies offered

- CAMHS
- Paediatric services

### CBT therapy
- Supportive psychotherapy
- OT
- SLT
- Social skills training

### Psychodynamic psychotherapy
- Psych
- Paeds

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<td>47%</td>
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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.

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?
Glendalough- Wicklow, Ireland
Ouro Preto- Minas Gerais, Brazil
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Collaborator: (Brazil)
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