

## Ask the Expert

Compiled by Karen Sampson Hoffman, MA

### ADHD Treatments



**Timothy Wilens, MD,** psychiatrist, psychopharmacologist, and author of *Straight Talk about Psychiatric Medications for Kids*

#### **There has been a lot of information lately about fish oil or omega-3 fatty acids as part of the treatment for childhood ADHD. Does the research show any benefit from fish oil?**

Fish oil has a weak effect for ADHD. There is something we call the effect size, which is the ruler for how well something works. Just to give an example, stimulants have an effect size of roughly 1, nonstimulants about .6. Fish oil works maybe at about .2 or .3 of an effect size, so fish oil has a mild effect. If you're using fish oil with other stimulants, it's even less, it's like .1, .2, a very mild effect.

#### **Can a child be tapered off of medication during the teen years or should it be increased as they grow older?**

I suggest that, as kids grow, about once a year you should see if they still need their medication. You can check on this during the second semester of the school year. Always work with your treatment professional, however.

If your child is on a stimulant and you've missed a few doses, and the missed doses resulted in a return of ADHD symptoms, you have really good evidence that the child still needs the treatment. But if you have really good, one hundred percent adherence, you might want to take a week off to see how they are doing. If the child is on a nonstimulant, you may want to taper off and see how it goes. If the symptoms return and they need to go back on the treatment, I would plan on continuing the treatment indefinitely. Again, always work with your treatment professional.

Many adolescents say they don't want to be on the medication any more. I make an agreement with the teenager and take them off the

medication for two or three weeks. We shake hands on it, and I say, "If you're not doing well without the medications, there's no shame, you'll just go back on the medication." Most of the time, unfortunately, the kids don't do as well as they would like and the onus of taking the medicine shifts. They realize they need the medicine and the adolescent owns up to it.

### Executive Function Deficits



**Ari Tuckman, PsyD, MBA,** clinical psychologist and author of *More Attention, Less Deficit: Success Strategies for Adults with ADHD*

#### **How can you help your spouse improve executive functioning, without being accused of nagging, and help both individuals?**

There are several things going on here. The first is the executive functions; the second is how the spouse sees the executive functions. Sometimes he or she may not be aware of the problem. There is also the other spouse's psychology and the dynamics between them. Treatment—such as medication or working memory training—is the first way to address executive function deficits.

The second is using tools—making sure you have a calendar, setting reminders for yourself, having a family meeting to make sure everyone is on the same page. You can't blame someone for having ADHD but you can expect someone with ADHD to take steps to do better in life.

Finally, the psychology of it is to try to take some of the fire out of the interactions and to get back on the same page. The spouse who doesn't have ADHD needs to step back out and let the spouse with ADHD deal with it. He or she may have to experience some of the consequences, not as punishment but in an awareness kind of way. Then perhaps he will see that this is really his doing and be more willing to put things on the calendar and participate in family meetings.

#### **Does medication help with executive function deficits?**

Generally speaking, medications for ADHD tend to improve executive function for people with ADHD, at least while the medication is active. You may find that some of this stuff gets better, but some things don't. Sometimes it's a matter of working with the medications a little bit and finding the medication that would be best for you. It may change over time as your circumstances change over time.

### ADHD In The Media



**David W. Goodman, MD,** assistant professor of psychiatry and behavioral sciences at the Johns Hopkins University School of Medicine, director of the Adult Attention Deficit Disorder Center of Maryland in Lutherville, and medical director of Suburban Psychiatric Associates, LLC

#### **As a member of the ADHD community, what can I do to correct information or news stories that inaccurately portray ADHD, the science, or the lived experience of the disorder?**

First, identify the source: Is it a newspaper, magazine, or an online publication? Contact the author, obtaining their contact information either through an online search or by calling the publication directly. Send the journalist a short email stating that you found his/her information to be inaccurate. Highlight the inaccuracies and say that you could provide a paragraph or two of additional information. Then see if they respond.

If it's a radio or television program, contact the station and reference the program you're concerned about. Ask to be put in touch with the producer. Tell the producer that you appreciate the program, that you'd like to correct some information, and that you'd be available to assist them.

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### Are other conditions also being misrepresented in the media?

The representation of psychiatric disorders in the media has gotten better over the years. The media is a lot more mindful of the nature of mental illness.

We've gotten away from blaming people for the disorders. We have come to understand these as true illnesses, and journalists have become more sensitive. Some, however, will always play the devil's advocate, either because they like that role or because they honestly believe in their position.

Some people get very riled up about the negative stories about ADHD. I view them very differently. I think they allow us—the people affected, their families, and advocates—to bring out the research on ADHD.

If we project into the future, as with other disorders, media coverage will improve and ADHD will be viewed as a medical condition that needs to be treated.

## ADHD and Autism



**Ericka L. Wodka, PhD, ABPP-CN**, pediatric neuropsychiatrist in the Center for Autism and Related Disorders at the Kennedy Krieger Institute, and assistant professor at the Johns Hopkins University Medical School

### What type of behaviors would you expect to see in a child who has a dual diagnosis about ADHD and autism spectrum disorder?

We'd expect to see the kinds of behaviors that you would see in the two disorders respectively. If a child has autism, we would expect to see deficits in social communication: difficulties in making friendships, maintaining friendships, difficulties with reciprocal conversations—that natural back-and-forth flow. We would see difficulties in their social interactions as well as the repetitive and restricted behaviors, and things like hyperfocus or being very focused on a particular topic. They might engage in repetitive motor mannerisms, stereopathy, pacing, rocking, flapping. Or they might experience abnormal sensory functioning, such as being supersensitive to loud noises or textures.

The child may have characteristics from both of those two domains, but then they also have a pattern of inattention and/or hyperactivity, impulsivity. That's a separate difficulty, so they cannot under any circumstances sit still or they're so impulsive that they're not able to inhibit behaviors, or they have a really difficult time sustaining and maintaining their attention. You know it's more than just the attention difficulties for kids with autism. In addition to that, they have trouble not only disengaging from their own thoughts, but they have trouble being distracted by everything in the environment, trouble inhibiting their impulses, trouble sitting still, and all those classic things you would think of for a child with ADHD as well.

### What kind of specialist is most capable of diagnosing both ADHD and autism spectrum disorder when they co-occur?

Several different kinds of specialists would be qualified to do so. Dual diagnosis is certainly a specialized diagnosis. We typically have the child seen by more than one type of professional in order to get more than one set of eyes and opinions. The professionals most qualified to assist in dual diagnosis include psychologists, speech-language pathologists, and medical doctors, particularly pediatricians and/or psychiatrists. 🗣️

*Karen Sampson Hoffman, MA, is the coordinator of the NRC's Ask the Expert webinar series and a contributing editor to Attention magazine.*



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