

ADHD in African American Children and Youth

Tiffani L. Bell, MD

April 29, 2021



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

MHTTC Network

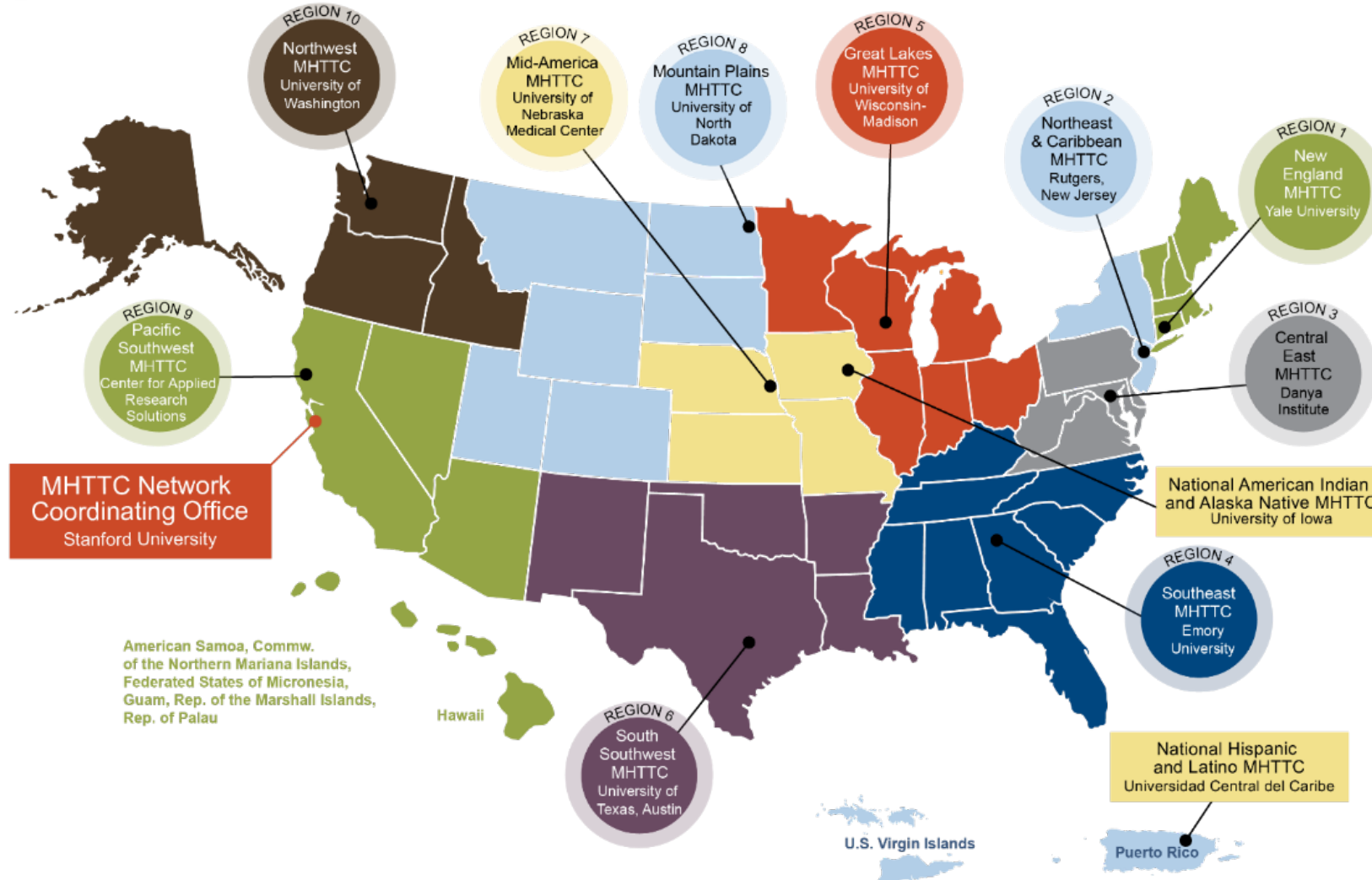


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MHTTC Purpose

The MHTTC Network vision is to unify science, education and service to transform lives through evidence-based and promising treatment and recovery practices in a recovery-oriented system of care.

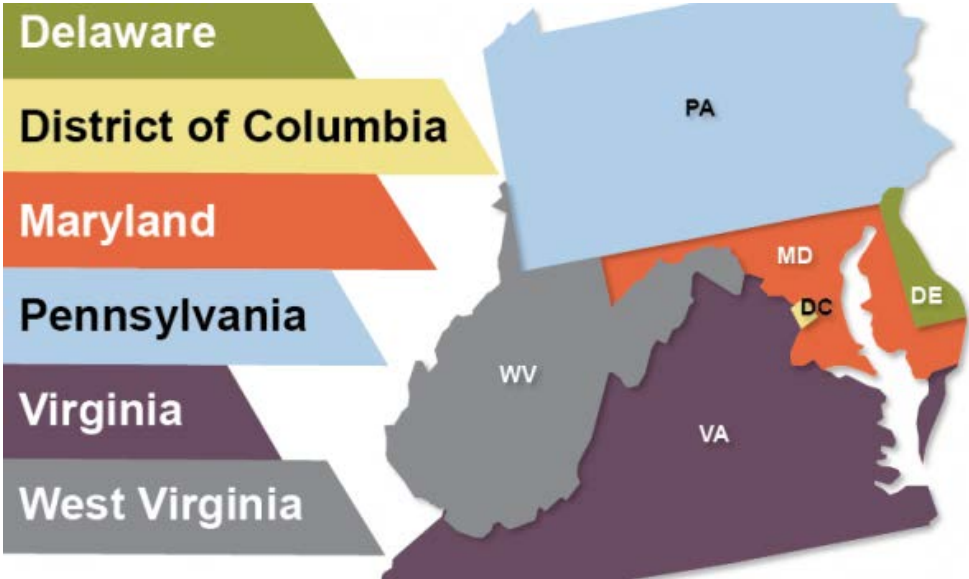


Central East MHTTC Goals

Funded by SAMHSA to:

- **Accelerate** the adoption and implementation of mental health related evidence-based practices
- **Heighten** the awareness, knowledge, and skills of the behavioral health workforce
- **Foster** alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers
- **Ensure** the availability and delivery of publicly available, free of charge, training and technical assistance

Central East Region 3



THE DANYA INSTITUTE



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At the time of this presentation, Tom Coderre served as Acting Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

Evaluation Information

As part of receiving funding through SAMHSA to provide this training, the Central East MHTTC is required to submit data related to the quality of this event. At the end of today's presentation, please take a moment to complete a brief survey about today's training.

ADHD in African American Children and Youth

***Tiffani L. Bell, MD, FAPA, Diplomate of ABOM, ABLM
Eastern Trustee, Black Psychiatrists of America***

Health Equity Webinar Series

A Collaboration of the Central East MHTTC and the Black Psychiatrists of America

April 29, 2021

Moderator:

Annelle B. Primm, MD, MPH

Black Psychiatrists of America, Council of Elders

COVID-19: Unprecedented Disaster

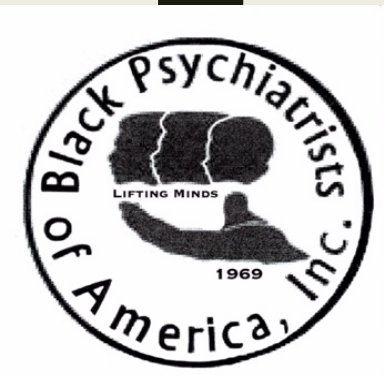
- Disproportionate impact on Black and other marginalized communities
- Higher levels of exposure, illness, death, and unemployment superimposed on layers of pre-existing inequities in the social determinants of health
- Impact on the education of young people and their access to mental health services including children and youth with ADHD

Today's Program

- Special thanks to the Central East MHTTC for its support of this sixth webinar in the Black Psychiatrists of America Health Equity Series
- Today's program features Tiffani Bell, MD, Board Member of the Black Psychiatrists of America

ADHD IN BLACK CHILDREN AND YOUTH

Tiffani L. Bell MD, FAPA, Dip. ABOM, Dip. ABLM
Black Psychiatrists of America
Eastern Trustee



Objectives

- Identify the signs and symptoms of ADHD
- List the pharmacological and nonpharmacological treatments available
- Name two limitations of treatment and potential risk of being treated



Poll Questions

1. Girls are more likely to be diagnosed with ADHD than boys. True or False?
2. ADHD – is most commonly associated with what other disorder?
 - a) *Anxiety disorder*
 - b) *Depression*
 - c) *Autism Spectrum Disorder*
 - d) *Behavioral/Conduct disorder*
 - e) *Tourette Syndrome*
 - f) *Learning Disorder*
3. What percentage of African American children and youth who have been diagnosed with ADHD are compliant with their medication taken as the doctor prescribes?
 - a) 45%
 - b) 23%
 - c) 36%
 - d) 65%
 - e) 85%
4. Children living in the U.S. South are less likely to have ever received an ADHD diagnosis compared to peers in other regions. True or False?
5. Teen drivers diagnosed with ADHD are more likely to be in a traffic accident, be issued traffic and moving violations, and engage in risky driving behaviors. True or False?

What is Attention Deficit Hyperactivity Disorder?

Hyperactivity and impulsivity + Inattention = ADHD

Symptoms of **Hyperactivity and impulsivity** may include [\[1\]](#):

- Excessive fidgetiness (e.g., tapping the hands or feet, squirming in seat)
- Difficulty remaining seated when sitting is required (e.g., at school, work, etc.)
- Feelings of restlessness (in adolescents) or inappropriate running around or climbing in younger children
- Difficulty playing quietly
- Difficult to keep up with, seeming to always be "on the go"
- Excessive talking
- Difficulty waiting turns
- Blurting out answers too quickly
- Interruption or intrusion of others



Symptoms of **inattention** may include:

- Failure to provide close attention to detail, careless mistakes
- Difficulty maintaining attention in play, school, or home activities
- Seems not to listen, even when directly addressed
- Fails to follow through (e.g., homework, chores, etc.)
- Difficulty organizing tasks, activities, and belongings
- Avoids tasks that require consistent mental effort
- Loses objects required for tasks or activities (e.g., school books, sports equipment, etc.)
- Easily distracted by irrelevant stimuli
- Forgetfulness in routine activities (e.g., homework, chores, etc.)



Signs of ADHD in Girls



Easily distracted



Hyper-talkative



Appears withdrawn



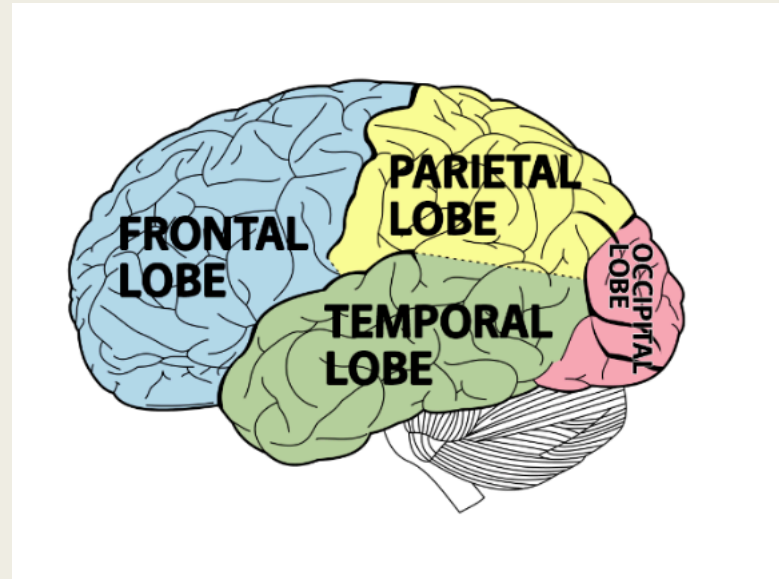
Forgetful



Exaggerated emotional responses



But, What is ADHD?



It's not laziness. Not intentional. Not an excuse. Not a label. Nothing to be embarrassed about. ADHD is a Brain Disorder!

ADHD and The Brain

- ADHD is a neurological disorder, resulting from the deficiency of **a neurotransmitter**, or a group of neurotransmitters, in specific areas of the brain.
- Neurotransmitters are chemicals that transmit signals between nerve cells by bridging the synapse (or gap) between them.
- Two key neurotransmitters often deficient in individuals with ADHD is norepinephrine and dopamine. Stimulant medications used to treat ADHD stimulate neurons in the brain to produce more of this deficient neurotransmitter.

ADHD and Race



ADHD diagnoses increasing in black kids, report suggests

A U.S. survey finds that black children appear to be more likely than white kids to be diagnosed with attention deficit hyperactivity disorder and other learning disabilities

By **MIKE STOBBE** AP Medical Writer

March 4, 2020, 12:01 AM • 3 min read



Black Kids at Higher Odds for ADHD

By **Steven Reinberg**
HealthDay Reporter

WEDNESDAY, Sept. 16, 2020 (HealthDay News) -- Current wisdom holds that white kids are at greater risk of attention-deficit/hyperactivity disorder (ADHD) than Black children are, but a new analysis finds the opposite is true.



- Studies show Black and Latino children are much less likely to be diagnosed with ADHD, even though they show symptoms at the same rate as White children.
- When they are diagnosed, they aren't as likely to receive treatment — even though many studies show that it can dramatically help kids manage symptoms.
- Properly diagnosed and treated ADHD can change the trajectory of a person's life. Children are better able to complete schoolwork, have better relationships and eventually successful careers.



A 2013 study that looked at more than 17,000 U.S. children.

By the time the study's subjects reached eighth grade, African American children were **69 percent less likely** — and Latino children **50 percent less likely** — to receive an ADHD diagnosis than their White counterparts.

A follow-up study in 2014: **Before they even entered kindergarten, African American children were 70 percent less likely to be diagnosed with ADHD than White children.**



- A 2016 study found that, once diagnosed, children of color were much less likely to take ADHD medication.
- **Just 36 percent of Black kids and 30 percent of Latino kids who had been diagnosed with ADHD were taking medication, compared to 65 percent of White children. The 2013 study found similar results.**

“I don’t want my kids labeled!”

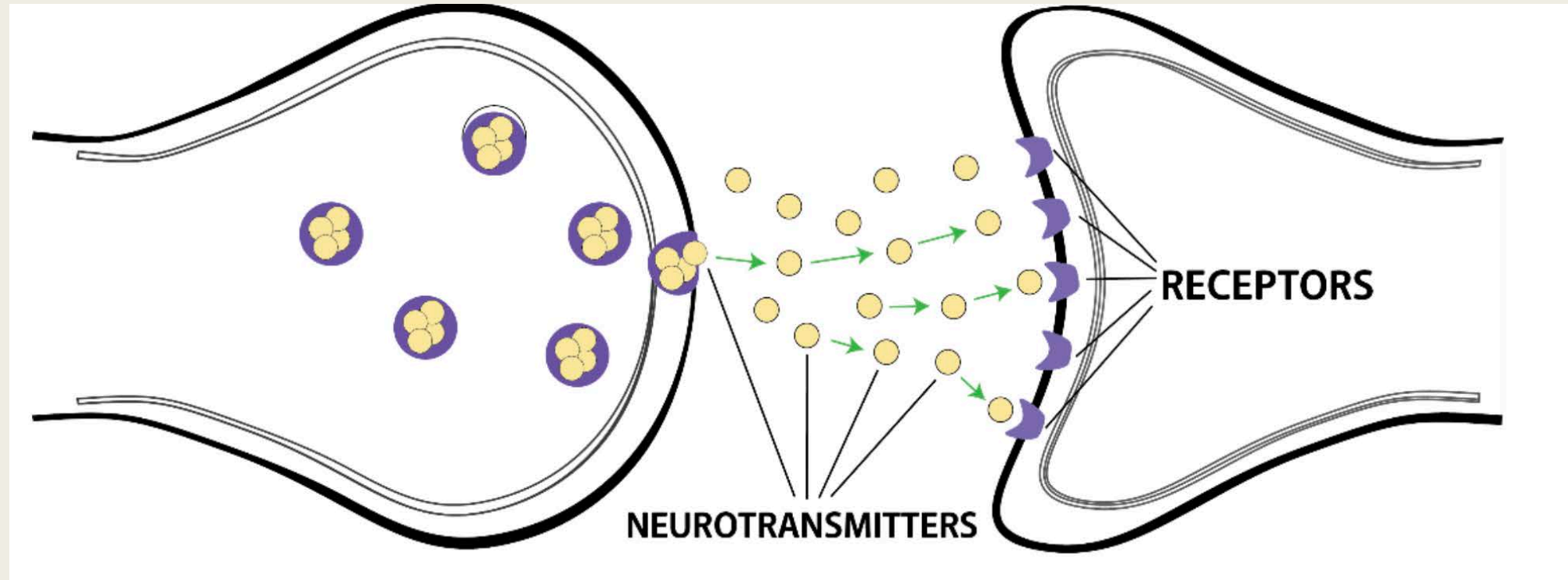
- Parents worry about using medication to treat their children
- Teachers notice the ADHD behaviors and can misunderstand or feel the child is being defiant.
- Kids who are viewed as defiant, uninterested in learning, or violent are often labeled as “bad kids”

TREATMENT OPTIONS

Medication & Non-Medication options



Stimulants vs. Non Stimulants



Pharmacological Treatment Options

Frequently used: Stimulants

- Adderall XR (amphetamine)
- Concerta (methylphenidate)
- Dexedrine (amphetamine)
- Evekeo (amphetamine)
- Focalin XR (dexmethylphenidate)
- Quillivant XR (methylphenidate)
- Ritalin (methylphenidate)
- Vyvanse (lisdexamfetamine dimesylate)

Non Stimulants:

- Strattera (atomoxetine hydrochloride)
- Clonidine
- Guanfacine
- Bupropion**

Side Effects of ADHD Medication

- Sleep problems
- Increased blood pressure
- Decreased appetite
- Delayed growth
- Headaches and stomach aches
- Rebound (irritability when the medication wears off)
- Tics
- Moodiness and irritability

Non-pharmacologic Treatments



There are 3 types of **psychosocial treatments** that can be recommended:

- **Behavior management interventions** (parent training, classroom interventions, peer-based interventions)
- **Training interventions** (cognitive training, neurofeedback, organization), cognitive behavior therapy (CBT)
- **Physiological treatments** (physical activity)

Behavior Therapy

Environmental changes that can be used by parents or teachers to shape the behavior of children with ADHD include:

- Maintaining a daily schedule
- Minimizing distractions
- Providing specific places for the child to keep her schoolwork, toys, and clothes –
 “Everything has a place”
- Setting small, reachable goals
- Rewarding positive behavior (e.g., with a "token economy")

Parenting Strategies for Children With ADHD



Provide positive attention



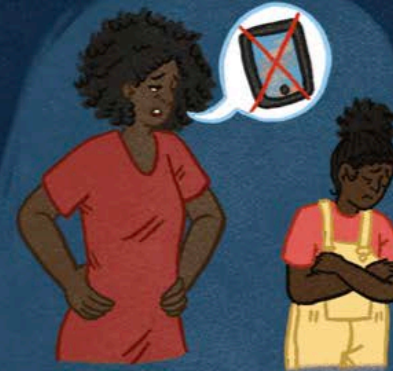
Give effective instructions



Praise your child's effort



Establish rewards



Use consistent consequences

Nutrition

- Omega-3 Fatty Acids for ADHD
- High Protein
- Low sugar/simple carbs
- Zinc, Iron, and Magnesium,
- B Vitamins, Vitamin D
- Avoid: Artificial Dyes and Preservatives



ADHD Diet

What to eat?

High protein diet

Chicken Eggs Cheese Beans Nuts

More Complex carbohydrates

Apples, oranges, pears Vegetables

Less simple carbohydrates

Honey Sugar White bread Sweets

Omega-3

Mackerel Walnuts Olive oil

Physical Activity

- Preschoolers should be active the whole day physically
- 6-17-year-olds should have at least 1 hr of physical activity every day

PCPs recommend 1 hr of physical activity everyday as part of '5-2-1-0 rule' for staying fit and reducing excess weight. It is believed that it also helps cognitive function like improved memory & attention which should help a child with ADHD



Mind-body Interventions

- Yoga
- Meditation
- Tai chi
- Mindfulness
- Hypnotherapy
- Journaling



Treatment By Age Group - Overview

- **Preschool age group (4–5 years):** first line treatment is evidence based parent training in behavior management (PTBM) and/or behavioral classroom interventions, *methylphenidate* may be considered if no improvement;
- **Elementary school-aged children (6–11 years):** medications approved by Food and Drug Administration (FDA) along with PTBM and/or behavioral classroom interventions (preferably both);
- **Adolescents (12–18 years):** FDA-approved medications is preferred treatment. Evidence-based training interventions and/or behavioral interventions should be encouraged.

Preschool Children

Preschool children — 4 - 5 years old *with ADHD: behavior therapy is recommended as the initial therapy* and can be done **by the parents or teachers.**

We may need to add medication if behavior therapy does not address the **target behaviors** and the child's function continues to be impaired. Including:

- Expulsion (or threatened expulsion) from preschool or daycare
- Significant risk of injury to other children or caregivers

When medication is necessary for preschool children, we usually start with methylphenidate rather than amphetamines or nonstimulant medications

School-Age Children

- School-aged children and adolescents (≥ 6 y.o. & up) who meet the diagnostic criteria for ADHD and specific criteria for medication, **initial treatment with stimulant medication combined with behavioral therapy to improve core symptoms and target outcomes is recommended.**
- There are times where nonstimulant medications may be more appropriate for certain children.

Benefits of Treatment

Set Specific goals for treatment

- Improved relationships with parents, teachers, siblings, or peers (e.g., plays without fighting at recess)
- Improved academic performance (e.g., completes academic assignments)
- Improved rule following (e.g., does not talk back to the teacher)

Limitations of Treatment

- Medications may not fully address all of the symptoms
- Need for medication adherence to see results
- Children/Teens may need to try different medications to find the one that works best for them

Risks of Nontreatment:

- Poor/Failing grades
- Lack of friendships
- **Trouble with Driving** – Adolescents with ADHD are more likely than those without the disorder to have motor vehicle crashes (relative risk 1.9, 95% CI 1.4-2.5 in a meta-analysis of five observational studies). They also are more likely to have their driving licenses suspended or revoked. In randomized trials, driving performance improves with stimulant medication.

Risks of Nontreatment:

- **Substance use** – Children with untreated ADHD may be at increased risk of engaging in substance use during adolescence and adulthood, particularly if they present with comorbid conduct disorder (CD) or oppositional defiant disorder (ODD).
- Increased rates of divorce
- More likely to be injured
- Difficulty on the job, switching jobs frequently

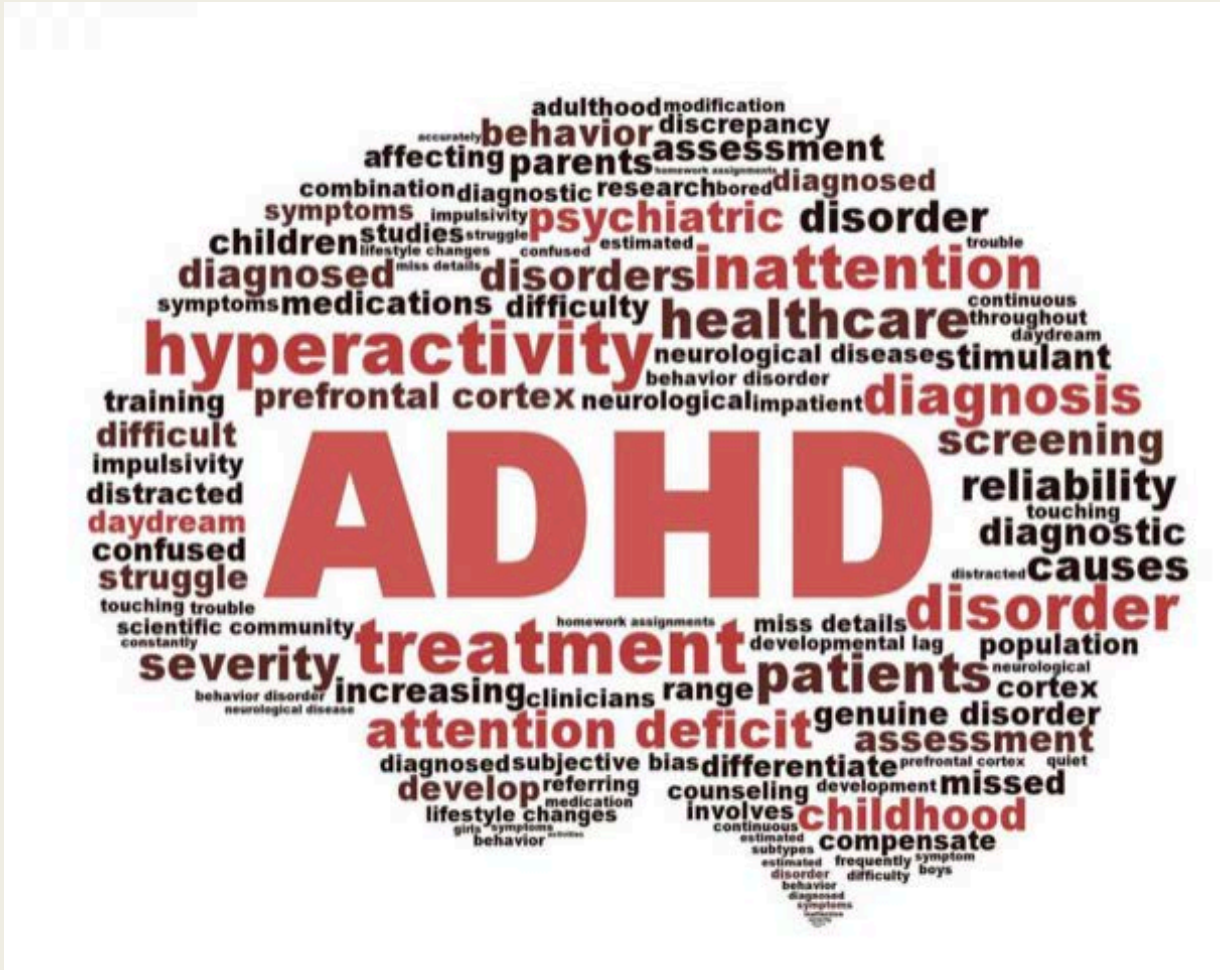
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 - d) 65%
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4. Children living in the U.S. South are less likely to have ever received an ADHD diagnosis compared to peers in other regions. True or False?
5. Teen drivers diagnosed with ADHD are more likely to be in a traffic accident, be issued traffic and moving violations, and engage in risky driving behaviors. True or False?

Poll Questions - Answers

1. Girls are more likely to be diagnosed with ADHD than boys. **False (Boys 12.9% compared to girls 5.6%)**
2. ADHD – is most commonly associated with what other disorder?
 - a) *Anxiety disorder*
 - b) *Depression*
 - c) *Autism Spectrum Disorder*
 - d) ***Behavioral/Conduct disorder***
 - e) *Tourette Syndrome*
 - f) *Learning Disorder*

- a. 32.7% have [anxiety](#) problems
 - b. 16.8% have [depression](#)
 - c. 13.7% have been diagnosed with [autism spectrum disorder](#) (ASD)
 - d. 51.5% have behavioral or conduct problems
 - e. 1.2% have [Tourette syndrome](#)
 - f. About 45% have a [learning disorder](#)¹¹⁾
3. What percentage of African American children and youth who have been diagnosed with ADHD are compliant with their medication taken as the doctor prescribes?
 - a) 45%
 - b) 23%
 - c) **36%**
 - d) 65%
 - e) 85%
4. Children living in the U.S. South are less likely to have ever received an ADHD diagnosis compared to peers in other regions. True or **False?** (South: 11%, Midwest: 8.4%, NE: 8.4%, West: 6.8%)
5. Teen drivers diagnosed with ADHD are more likely to be in a traffic accident, be issued traffic and moving violations, and engage in risky driving behaviors. **True** or False?



References

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- [Children and Adults with Attention-Deficit/Hyperactivity Disorder \(CHADD\)](#)

Questions



Evaluation

[Evaluation Link](#)

Once you complete the evaluation, you will be directed to the resource page and certificate request form.

Appreciation



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