

10:30-11:15

**David Daley**

*Discussant:* Antonella Gagliano

## To take care of children with ADHD

A therapeutic  
diagnostic  
pathway

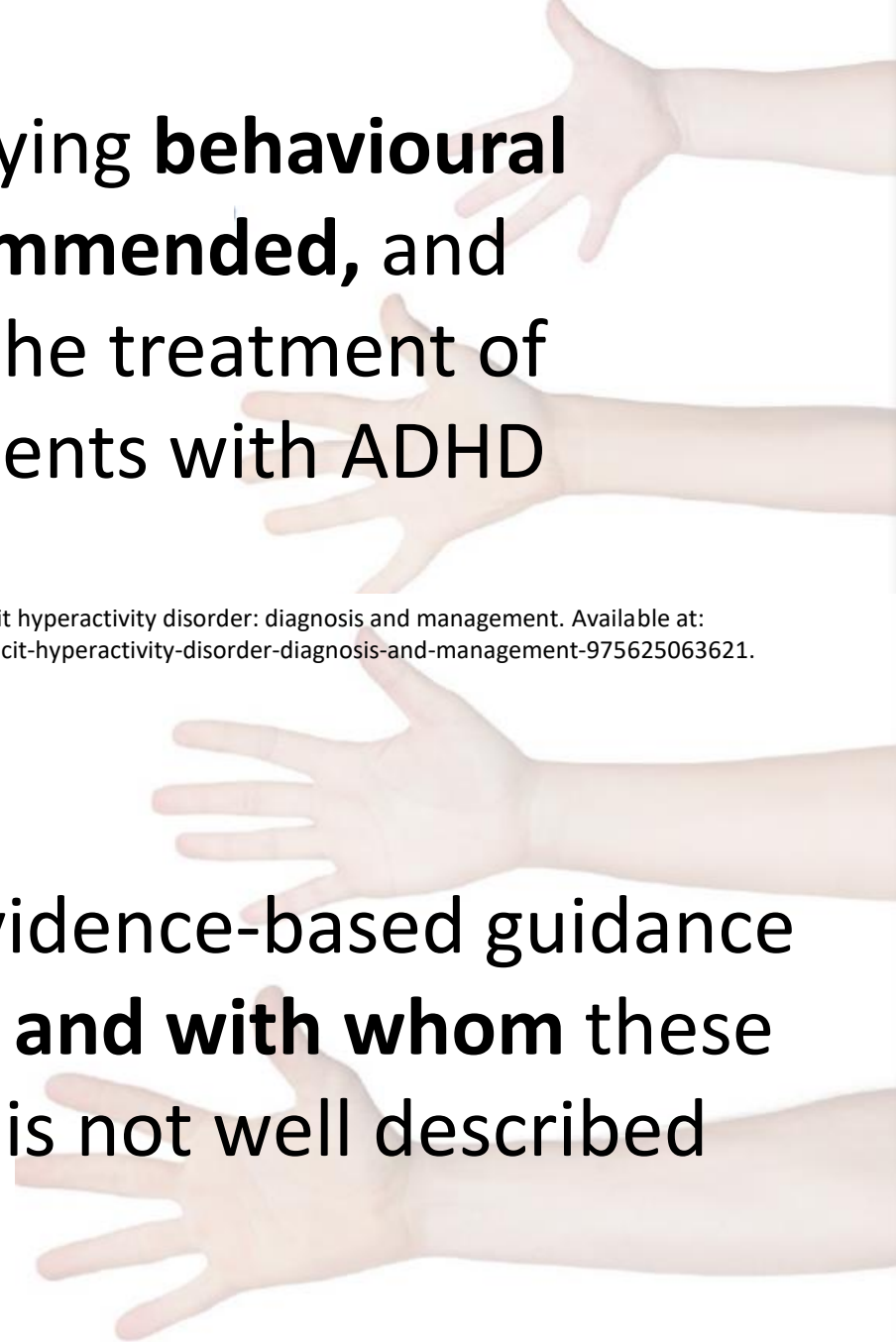
Milan, Thursday 23 November, 2017  
9.00-18.00 - AULA A

IRCCS - Istituto di Ricerche Farmacologiche Mario Negri  
Via G. La Masa 19 - 20156 Milano



# PRACTICE IN THE USE OF PARENT TRAINING AND OTHER BEHAVIOURAL INTERVENTIONS IN THE TREATMENT OF CHILDREN AND ADOLESCENTS WITH ADHD

Introduction	(A Gagliano)	10 minutes
Lecture	(D Daley)	30 minutes
Discussion	(Audience)	15 minutes

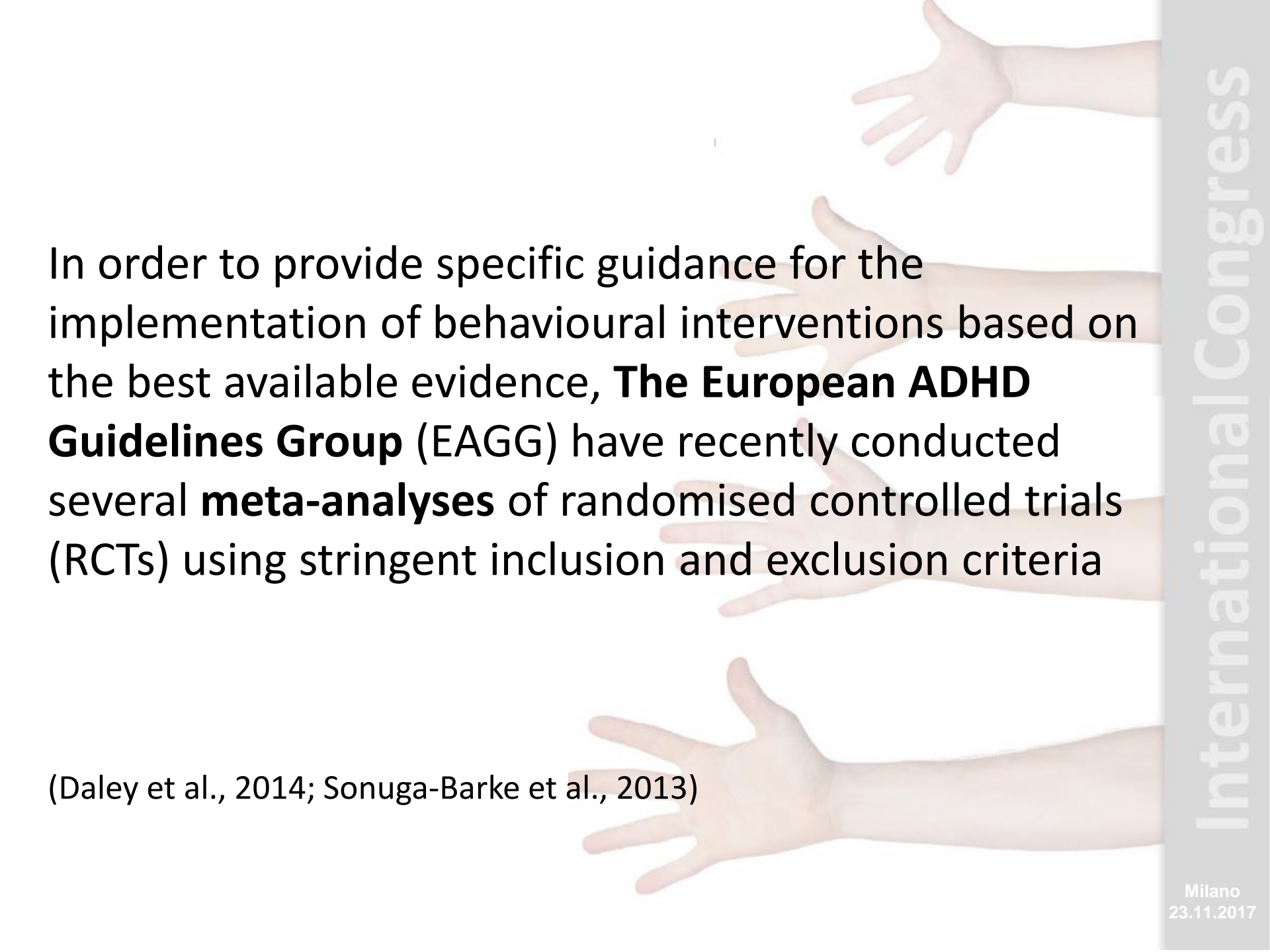


Interventions employing **behavioural techniques** are **recommended**, and **commonly used**, in the treatment of children and adolescents with ADHD

(National Institute for Health and Care Excellence. Attention deficit hyperactivity disorder: diagnosis and management. Available at: <https://www.nice.org.uk/guidance/cg72/resources/attention-deficit-hyperactivity-disorder-diagnosis-and-management-975625063621>. Last updated 2016. Accessed 05 January 2017.)

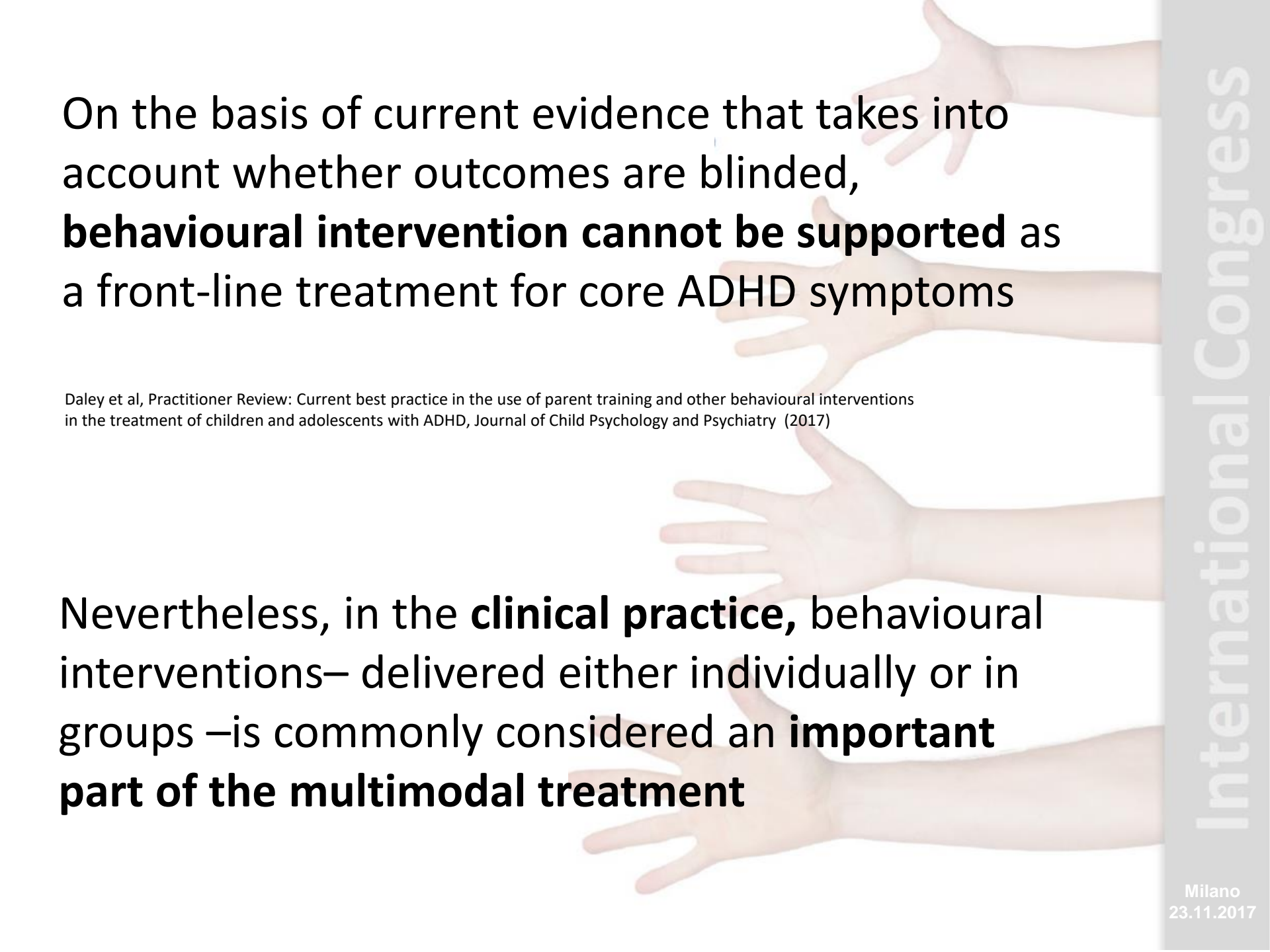
However, detailed evidence-based guidance on **what, why, when and with whom** these should be employed is not well described

(Daley et al, 2017)



In order to provide specific guidance for the implementation of behavioural interventions based on the best available evidence, **The European ADHD Guidelines Group** (EAGG) have recently conducted several **meta-analyses** of randomised controlled trials (RCTs) using stringent inclusion and exclusion criteria

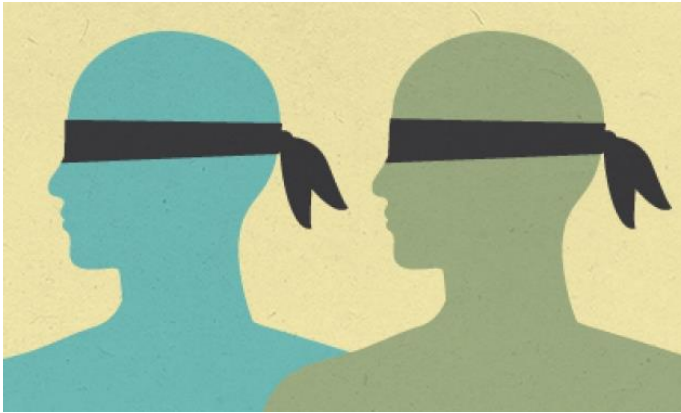
(Daley et al., 2014; Sonuga-Barke et al., 2013)



On the basis of current evidence that takes into account whether outcomes are blinded, **behavioural intervention cannot be supported** as a front-line treatment for core ADHD symptoms

Daley et al, Practitioner Review: Current best practice in the use of parent training and other behavioural interventions in the treatment of children and adolescents with ADHD, *Journal of Child Psychology and Psychiatry* (2017)

Nevertheless, in the **clinical practice**, behavioural interventions— delivered either individually or in groups —is commonly considered an **important part of the multimodal treatment**



At the same time there is a great interest in sharing relevant information coming from the clinical practice

The **Lombardy Region's ADHD Registry** can be considered a good model of continuous quality care improvement process ...



**ADHD** Attention Deficit Hyperactivity Disorder  
ADHD Attention Deficit Hyperactivity Disorder

Regione Lombardia

Laboratorio per la Salute Materno Infantile

Spedali Civili Brescia

Attention Deficit Hyperactivity Disorder





## ***7-years of activity of the Lombardy Region's ADHD Registry***

The project involves 18 referral Centres and the coordinator is the UONPIA (Child and Adolescent Neuropsychiatric Unit) of the A.O. Spedali Civili of Brescia.

The first aim of the Project was to harmonize diagnostic and therapeutic pathways of care for children and adolescents with ADHD



# This is an achievable purpose using the ***Clinical Audit methodology***



It consists in measuring a clinical outcome or a process against well-defined standards, established using the principles of evidence-based medicine.

The comparison between clinical practice and standards leads to the formulation of strategies, in order to improve daily care quality

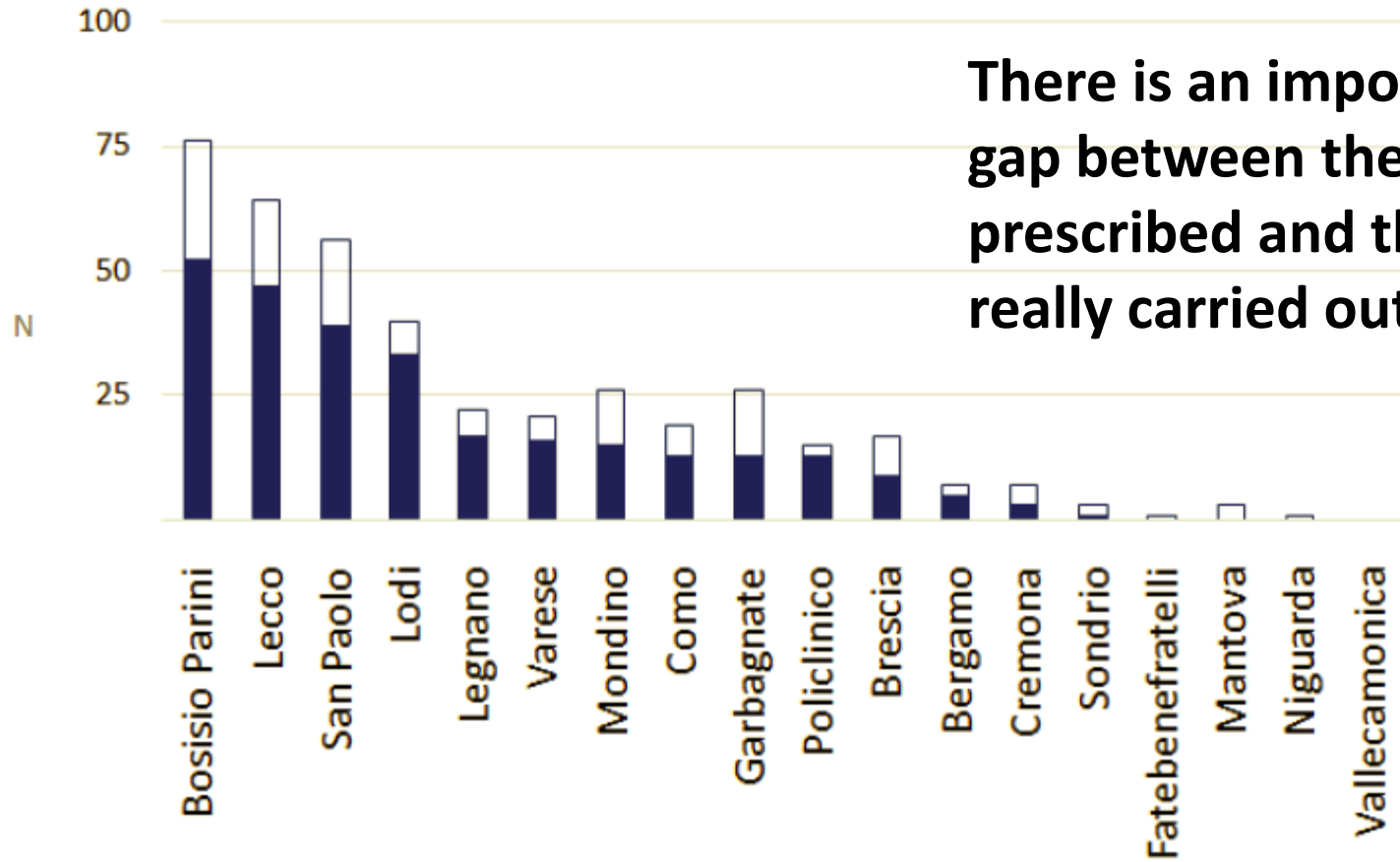
**The Lombardy Region's ADHD Registry represents a unique opportunity for systematic monitoring and planning of diagnostic and therapeutic pathways**

# PT PRESCRITTO vs EFFETTUATO



Pazienti con F-Up  
(12 mesi)  
N=648

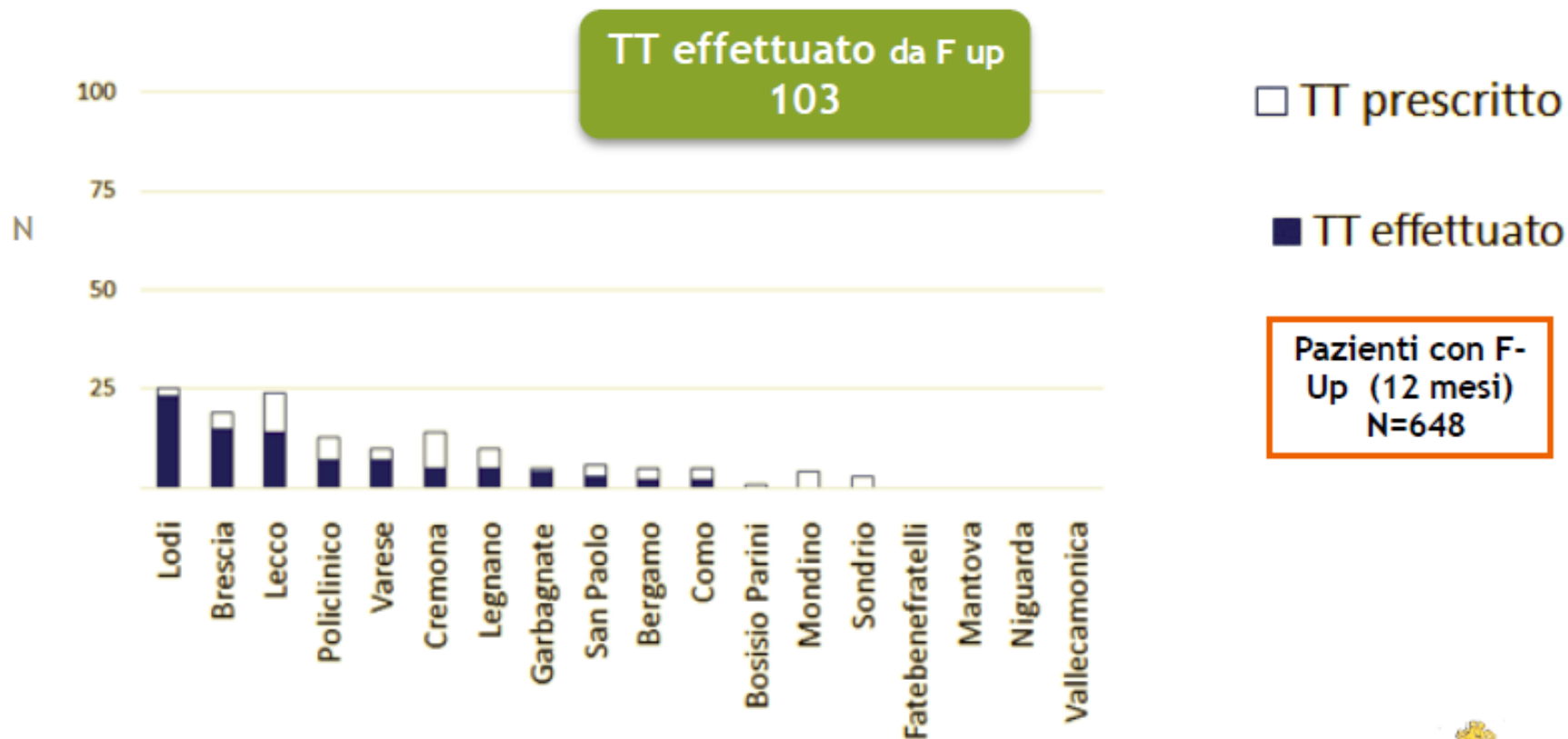
□ PT prescritto      ■ PT effettuato



**There is an important  
gap between the PT  
prescribed and the PT  
really carried out**



## EFFETTUAZIONE POST INDICAZIONE



*What does it mean?*

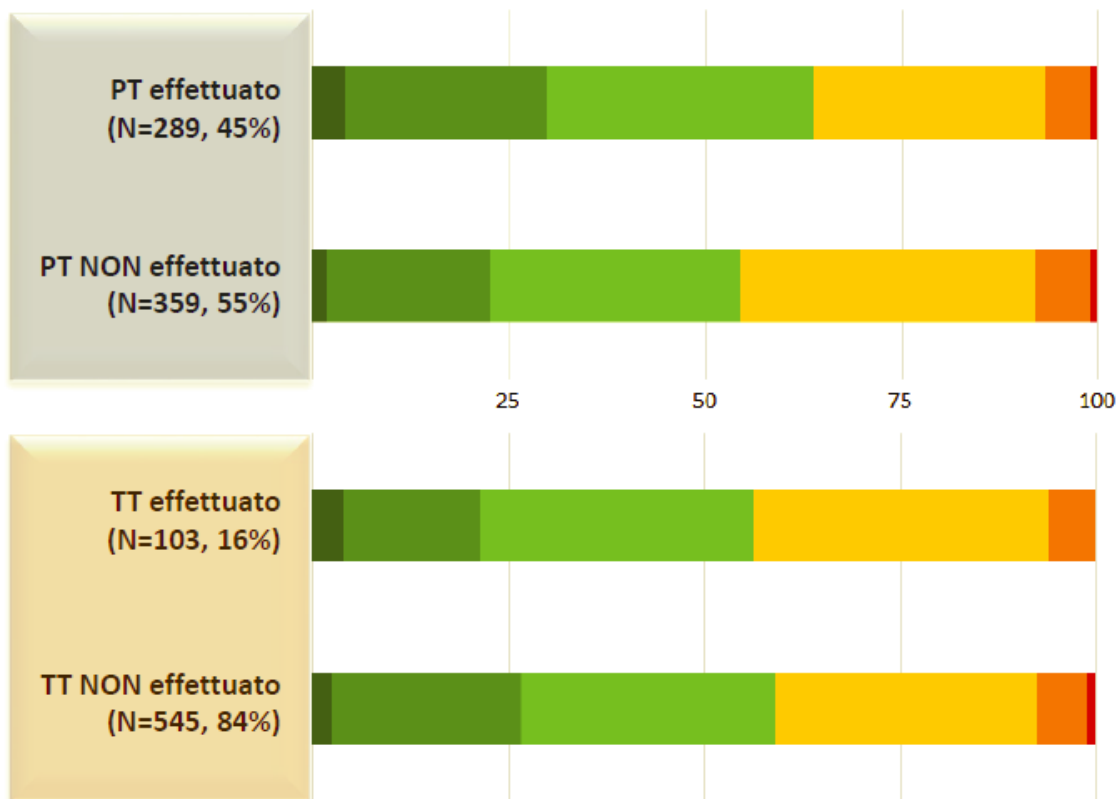
First of all... it seems to explain the limited availability of resources

*Possible causes*

- low attention of Italian health care system to behavioural treatments
- poor interest of scientific community in this intervention
- limited economic resources
- other reasons...

# PUNTEGGIO CGI-I ALLA VISITA DI F-Up (N=648)

■ Moltissimo migliorato ■ Molto migliorato ■ Poco migliorato ■ Stabile ■ Poco peggiorato ■ Molto peggiorato

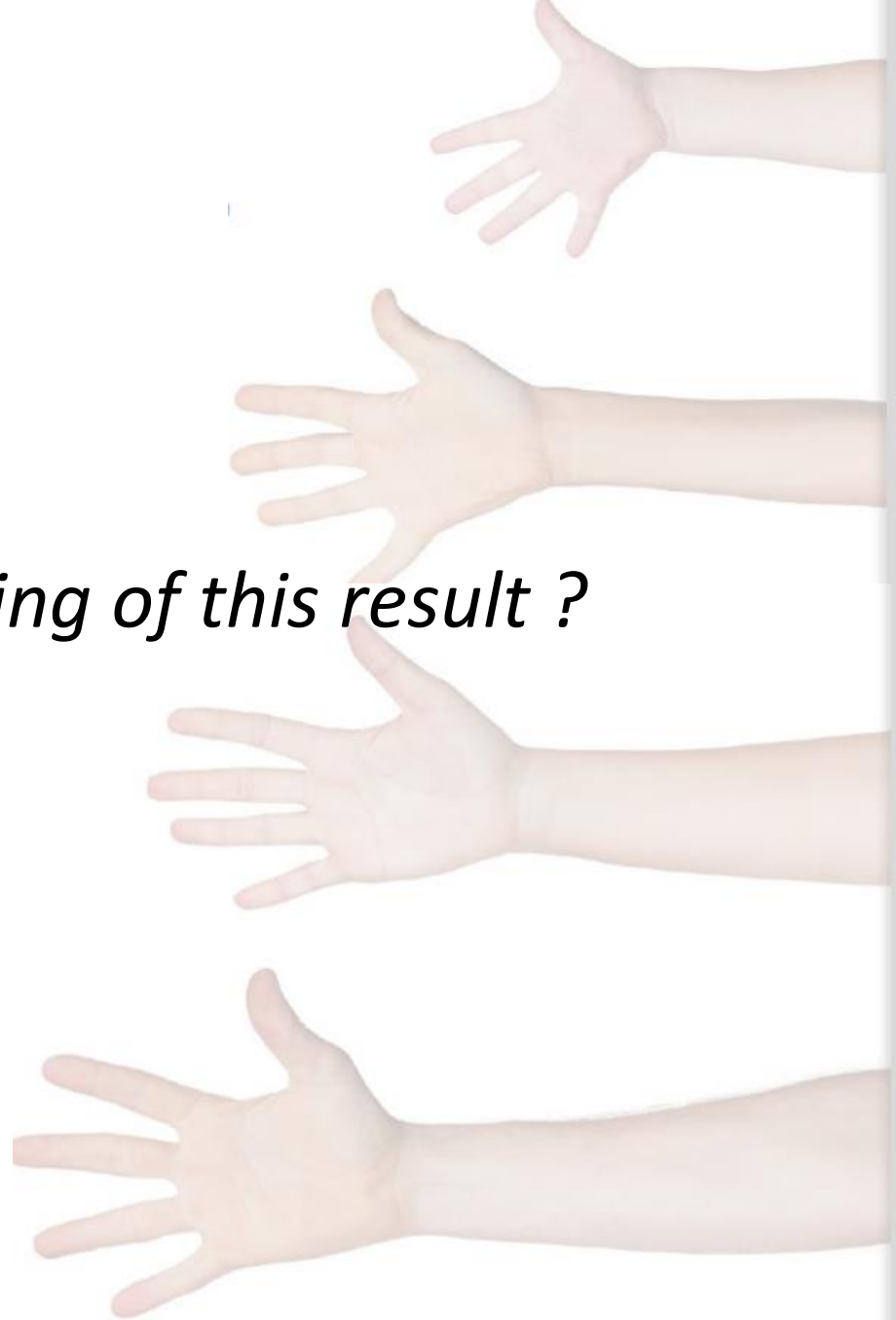


The final outcomes in terms of improvement are characterized by a modest to absent difference in CGI-I scores

Audit su Parent Training e Teacher Training nell'ambito del Progetto Regionale ADHD



*which is the meaning of this result ?*

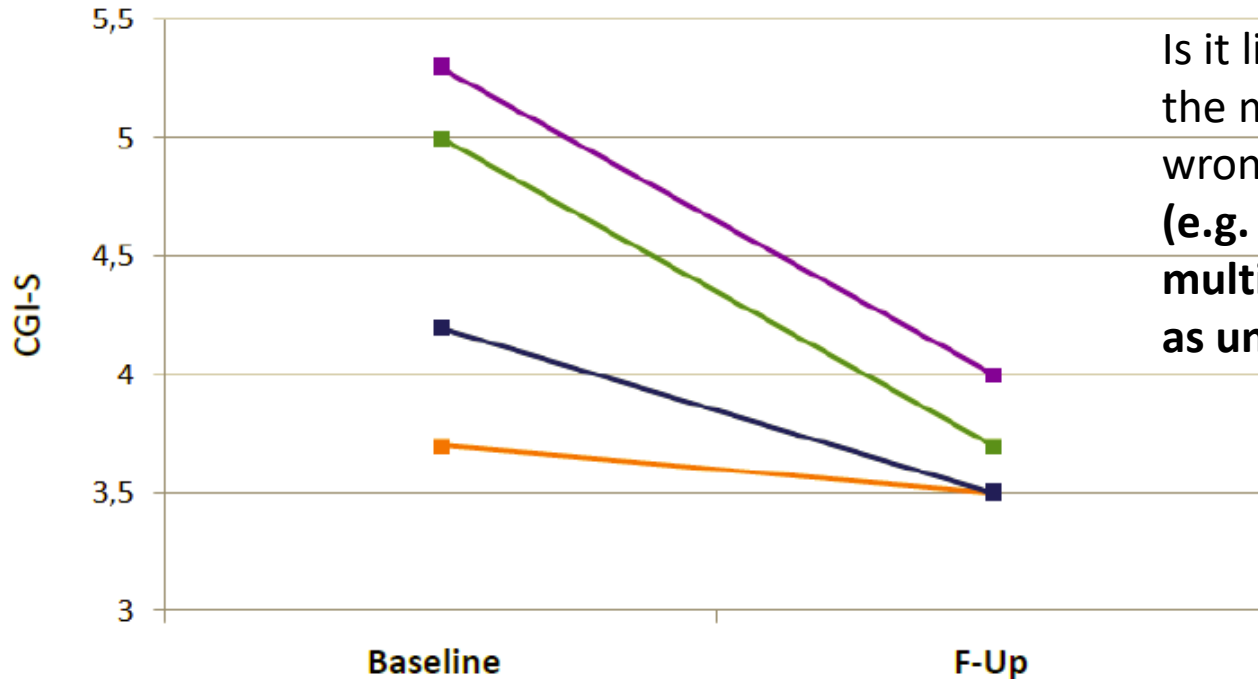


# ENTITÀ DEL MIGLIORAMENTO PT (CGI-S)

Audit clinico nell'ambito del  
Progetto ADHD lombardo:  
le azioni migliorative



— Solo PT    — PT + psico    — PT + farmaco    — PT + psico + farmaco



Is it linked to low quality of the methodology or to wrong timing of application (e.g. in the context of a multimodal intervention or as unique treatment) ?

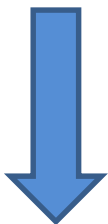
Totale ADHD  
N=289



And finally...

What doesn't improve?

The **child's symptoms** or **the parenting strategies**?



Also the evidence for **who** benefits the most from behavioural interventions is very limited...

## ***Who or what can help the practitioners in making a choice between these different PT approaches ?***

- ❑ Behavioral Parent Training (BPT) (Pelham et al., 1995)
- ❑ Parent-Child Interaction Therapy (PCIT) (Wagner et al., 2008)
- ❑ Barkley's program (Barkley, 2006)
- ❑ MTA parent training group sessions (Wells et al., 2000)
- ❑ Community Parent Education Program (COPE) (Cunningham et al., 2006)
- ❑ UCLA Children's Social Skills Program (Frankel & Myatt, 1997)
- ❑ Incredible Years Programme (IY) (Webster-Stratton, 1996)
- ❑ 1-2-3 Magic Parenting Programme (Phelan, 2010)
- ❑ New Forest Parenting Programme (NFPP) (Sonuga-Barke et al., 2004)
- ❑ Positive Parenting Programme (Triple P) (Sanders, 2000)
- ❑ Parents Plus (PP) Programs (Malaca, 2008)

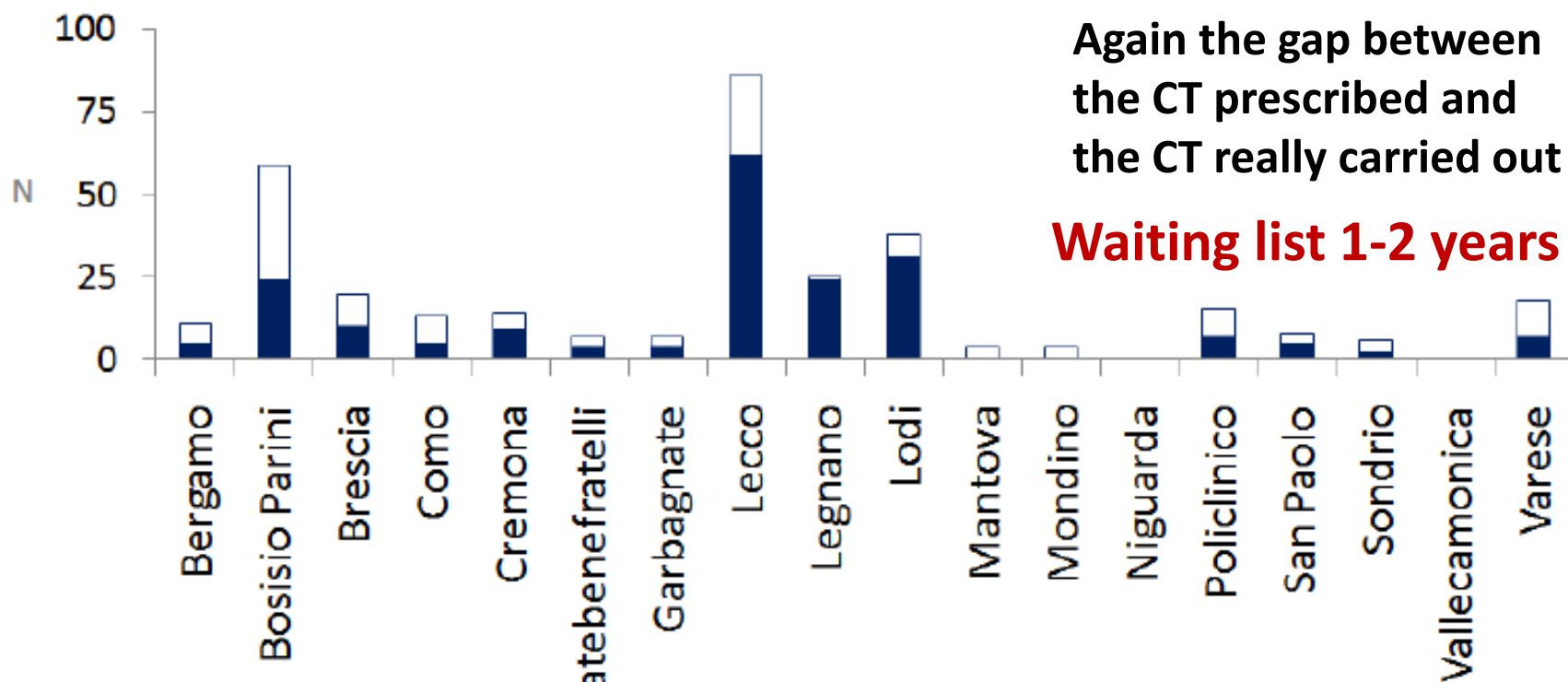
***And what about the child training ?***



## Child Training scostamento

CT PRESCRITTO VS. CT EFFETTUATO

■ CT effettuato □ CT prescritto



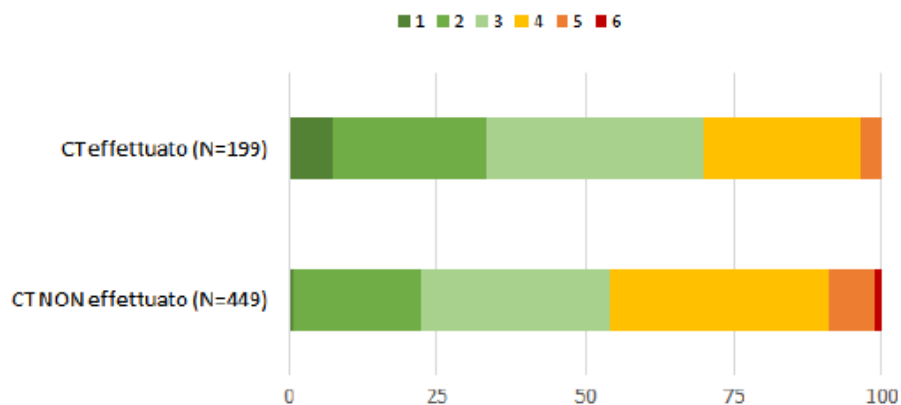
Again the gap between  
the CT prescribed and  
the CT really carried out

**Waiting list 1-2 years**



# CGI-I

## PUNTEGGI DI CGI-I ALLA VISITA DI FOLLOW-UP DI UN ANNO NEI CENTRI ADHD



Test chi quadrato tra CT effettuato e miglioramento:  $p=0,0037$

The final outcomes in terms of improvement are characterized by a slight difference in CGI-I scores

1= Very much improved, 2 = Much improved, 3 = Minimally improved, 4 = No change, 5 = Minimally worse

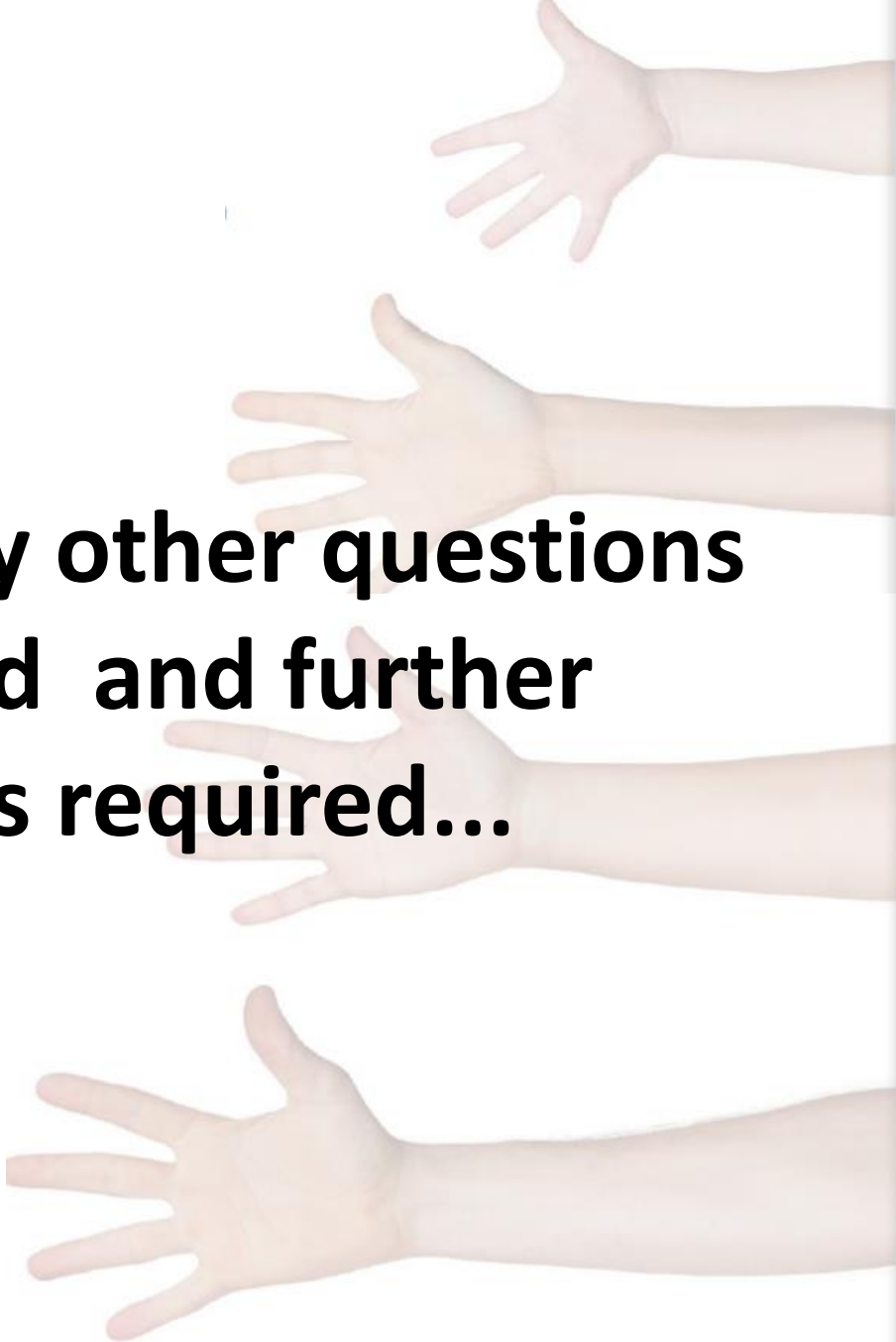
Dr. O. Martinelli / Dr. D. Villani  
SC Neuropsichiatria infanzia ed adolescenza  
ASST Lecco

**AUDIT CHILD TRAINING**  
*Milano, 27 settembre 2017*

# Who or what can help in making a choice between these different CT approaches ?

## Tema 2. MODELLI DI INTERVENTO (DAI MODELLI TEORICI ALLA PRATICA)

Centro	Modelli teorici di riferimento				Descrizione dell'applicazione del modello teorico di riferimento (Pratica)
	CPP	CBT	Mind*	Altro	
Bergamo	x				Come da manuale del CPP
Bosisio Parini	x	x	x		Acceptance and Commitment Therapy (ACT, terapia cognitivo comportamentale di terza generazione)
Brescia	x	x		x	CPP (Lochman) Tecniche cognitivo comportamentali (Vio Marzocchi-Benso)
Como	x	x			-
Cremona		x			-
Garbagnate	x	x	x	x	CPP x bambini con adhd combinato e sottotipo iperattivo/impulsivo con/senza comorbidità DOP. Mindfulness x bambini ADHD tipo prevalentemente inattentivo e con disregolazione emotiva (disturbi internalizzanti). Interventi psicoeducativi integrati per preadolescenti/ adolescenti ADHD per aumento della consapevolezza di sè, regolazione emotiva e competenze sociali. Metodo Feurestein individuale/ coppia x ADHD inattentivi con/senza DSA.
Lecco	x	x		x	Gruppi omogenei per età e caratteristiche neuropsicologiche.
Legnano	x	x		x	-
Lodi		x		x	Tecniche cognitivo-comportamentali associate a procedure "self-instruction".
Mantova		x			Tecniche: autoistruzioni verbali, token economy, autovalutazione.
Niguarda		x		x	Modello riabilitativo delle funzioni esecutive, Modello cognitivo comportamentale.
Pavia			x		-
Policlinico		x	x		Creazione clima di gruppo, lavori e giochi sulle regole, creazione di regole e routine, autoregolazione emotiva e comportamentale con token economy, shaping, modeling, etc., mentalizzazione attraverso esercizi di perspective taking, mindfulness.
San Paolo	x	x	x		Tecniche per agire sui comportamenti tra cui le principali sono quelle centrate sugli antecedenti e le conseguenze del comportamento bersaglio e sulle tecniche cognitive di autocontrollo.
Sondrio		x	x		Tecniche cognitivo-comportamentale di terza generazione
Vallecamonica		x	x		Tecniche di rinforzo (shaping, modeling, etc) nell'ambito di una token economy. Alla fine di ogni incontro si praticava un breve esercizio di mindfulness.



**These and many other questions  
can be posed and further  
evidence is required...**



Our Country is still trying to improve the management of ADHD, fighting everyday against barriers and difficulties. ...

*Probably the first question to ask is ...*

***“How to figure out what the problem really is?”***

**It is more a resources problem or a cultural problem?**

***which could be the best way to...  
...braking these barriers ?***

