

Hold the Prescription! When it's not ADHD

Kristina R. Jiner, MD
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CME Disclosures

- I have no financial relationships to disclose
- The off-label use of medication will be discussed



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Objectives

- 1) Name the most common diagnoses that mimic ADHD
- 2) Learn what questions to ask to distinguish these diagnoses from ADHD
- 3) In a child being treated for ADHD, identify the warning signs that another diagnosis is present and what to do next
- 4) Develop an initial treatment plan for the case in which
 - * ADHD and one or more other diagnoses are present
 - * It isn't clear what is going on



Case #1: 9yo male presents with behavioral difficulties

Onset: ~ 6 years old

Primary symptoms: Inattention, hyperactivity, impulsivity

* Anger outbursts

Location: School, home, daycare, community

Impairment: Grades started declining this year

* At risk for being kicked out of daycare

* Asked not to return to scouts



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Case #1 continued

Parent Vanderbilt:

Inattention – 9/9

Hyperactivity/Impulsivity – 9/9

☆ ODD – 7/8

CD – 2/15

☆ Internalizing – 7/7

Teacher Vanderbilt:

Inattention – 9/9

Hyperactivity/Impulsivity – 9/9

☆ ODD – 6/8

CD – 1/15

☆ Internalizing – 4/7



Case #1 continued - Is this ADHD?

Diagnostic Criteria

- ✓ Symptoms present prior to the age of 12yo
- ✓ Impairing symptoms must be present in at least 2 settings
- ✓ Evidence of impairment
- ? Not better explained by another disorder

Differential Diagnosis:

- 1) ADHD
- 2) Something else – ODD, Anxiety/Depression?
- 3) ADHD and something else

To be continued . . .



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“Something else” – Is this a

Comorbid Condition

OR

Condition that Mimics ADHD?



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Comorbidities – The rule, *not* the exception

- Prevalence: ~ 50 – 75%
- Most common:
 - ODD/Conduct Disorder
 - Anxiety Disorder
 - Depressive Disorder
 - Specific Learning Disorder
 - Tic Disorder



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Conditions that Mimic ADHD

Anxiety	Trauma/PTSD
Depression	Sleep Disorders
Bipolar Disorder	Seizures
Intellectual Disability / Learning Disorders	Substance Use

Conditions that Mimic ADHD

Overlapping Inattentive Symptoms with Attention-Deficit/Hyperactivity Disorder (ADHD)									
Inattentive Symptoms	Diagnosis								
	ADHD	GAD	MDD	BP	ASD	TSD	LD	ODD	ID
Frequently overlooks details or making careless mistakes	X	X	X	X	X	X	X		X
Often has difficulty maintaining focus on one task or play activity	X	X		X		X	X		X
Often appears not to be listening when spoken to, including when there is no obvious distraction	X	X	X	X	X	X		X	X
Frequently does not finish following instructions, failing to complete tasks	X		X	X	X	X	X	X	X
Often struggles to organize tasks and activities, to meet deadlines, and to keep belongings in order	X		X	X	X	X			X
Is frequently reluctant to engage in tasks that require sustained attention	X								
Frequently loses items, including those required for tasks	X			X					X
Is frequently easily distracted by irrelevant things, including thoughts in adults and teenagers	X			X	X	X			
Often forgets daily activities, or is forgetful while completing them	X		X	X					X

	ABBREVIATION	DISORDER
KEY	ADHD	Attention-Deficit/Hyperactivity Disorder
	GAD	Anxiety Disorders
	MDD	Depressive Disorders (Unipolar or Bipolar)
	BP	Bipolar Disorder (Mania or Hypomania)
	ASD	Autism Spectrum Disorder
	TSD	Trauma-and-Stressor-Related Disorders
	LD	Learning Disorders
	ODD	Oppositional Defiant Disorder
	ID	Intellectual Disability

[Handouts - WV ACC Guidelines \(wvadhd.org\)](http://wvadhd.org)

Conditions that Mimic ADHD

Overlapping Hyperactive-Impulsive Symptoms with Attention-Deficit/Hyperactivity Disorder (ADHD)

Hyperactive-Impulsive Symptoms	Diagnosis								
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	ADHD	GAD	MDD	BP	ASD	TSD	LD	ODD	ID
Is often fidgeting or squirming in seat	X	X		X		X			
Frequently has trouble sitting still during dinner, homework, at work, etc.	X	X		X					
Frequently runs around in inappropriate situations: In adults and teenagers, this may be present as restlessness	X	X		X					
Often cannot quietly engage in leisure activities or play	X			X					
Frequently seems to be in constant motion, or uncomfortable when not in motion	X	X		X					
Often talks too much	X			X		X			
Often answers a question before it is finished, or finishes people's sentences	X				X				
Often struggles to wait his or her turn, including waiting in lines	X			X	X			X	
Frequently interrupts or intrudes, including into others' conversations or activities, or by using people's things without asking	X			X	X			X	

	ABBREVIATION	DISORDER
KEY	ADHD	Attention-Deficit/Hyperactivity Disorder
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	LD	Learning Disorders
	ODD	Oppositional Defiant Disorder
	ID	Intellectual Disability

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Anxiety -

ADHD GAD

Frequently overlooks details or making careless mistakes	X	X
Often has difficulty maintaining focus on one task or play activity	X	X
Often appears not to be listening when spoken to, including when there is no obvious distraction	X	X
Is often fidgeting or squirming in seat	X	X
Frequently has trouble sitting still during dinner, homework, at work, etc.	X	X
Frequently runs around in inappropriate situations: In adults and teenagers, this may be present as restlessness	X	X

Strategies to Differentiate

- 1) Screeners – SCARED, GAD-7
- 2) Symptom onset
 - Anxiety: prior to ADHD
- 3) Questions -
 - What do you think about when you are supposed to be doing your schoolwork?
 - When you are at school, does your brain worry about anything?

*Provide examples



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[W1126697-PFK_Prescribing-Guidelines-for-AD-Depression-West-Region-Updates_2023_Final.pdf \(partnersforkids.org\)](https://partnersforkids.org/W1126697-PFK_Prescribing-Guidelines-for-AD-Depression-West-Region-Updates_2023_Final.pdf)

Obsessive Compulsive Disorder -

ADHD GAD

Frequently overlooks details or making careless mistakes	X	X
Often has difficulty maintaining focus on one task or play activity	X	X
Often appears not to be listening when spoken to, including when there is no obvious distraction	X	X

Screening Questions

- 1) Do you have any routines/rituals that you have to do over and over again to help with anxiety?
- 2) When you are distracted at school, what are you doing/thinking about?



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Trauma/PTSD -

	ADHD	TSD
Frequently overlooks details or making careless mistakes	X	X
Often has difficulty maintaining focus on one task or play activity	X	X
Often appears not to be listening when spoken to, including when there is no obvious distraction	X	X
Frequently does not finish following instructions, failing to complete tasks	X	X
Often struggles to organize tasks and activities, to meet deadlines, and to keep belongings in order	X	X
Is often fidgeting or squirming in seat	X	X

Strategies to Differentiate

- 1) Screen for trauma
- 2) Screen for trauma symptoms
 - Does your brain spend a lot of time thinking about the bad things that happened?
 - Does your brain have to work hard not to think about the bad things that happened?
- 3) Are there triggers for symptoms?
 - Response to triggers: Flight/fight/freeze



Depression/Bipolar Disorder -

	ADHD	BP	MDD
Frequently overlooks details or making careless mistakes	X	X	X
Often has difficulty maintaining focus on one task or play activity	X	X	
Often appears not to be listening when spoken to, including when there is no obvious distraction	X	X	X
Frequently does not finish following instructions, failing to complete tasks	X	X	X
Often struggles to organize tasks and activities, to meet deadlines, and to keep belongings in order	X	X	X
Is often fidgeting or squirming in seat	X	X	
Frequently has trouble sitting still during dinner, homework, at work, etc.	X	X	
Frequently runs around in inappropriate situations: In adults and teenagers, this may be present as restlessness	X	X	
Often cannot quietly engage in leisure activities or play	X	X	
Frequently seems to be in constant motion, or uncomfortable when not in motion	X	X	
Often talks too much	X	X	

Strategies to Differentiate

- 1) Screener – PHQ-9
- 2) Onset – ADHD before mood
- 3) Course – Mood: Episodic
- 4) Accompanying symptoms
 - Bipolar: Decreased need for sleep; engaging in risky behaviors
 - Depression: Anhedonia, decreased energy, changes in sleep/appetite

Intellectual Disability/Learning Disorders -

ADHD ID LD

Frequently overlooks details or making careless mistakes	X	X	X
Often has difficulty maintaining focus on one task or play activity	X	X	X
Often appears not to be listening when spoken to, including when there is no obvious distraction	X	X	
Frequently does not finish following instructions, failing to complete tasks	X	X	X
Often struggles to organize tasks and activities, to meet deadlines, and to keep belongings in order	X	X	

Strategies to Differentiate

- 1) ID – Outside of school, attention will be consistent with what is expected for developmental age
- 2) Learning Disorders – Symptoms will be seen when child is completing work in a particular subject (ex. reading)
 - Will NOT see impulsivity or hyperactivity



Substance Use -

Strategies to Differentiate

- 1) Symptom onset – Are symptoms present when patient has NOT been engaging in substance use?
 - Were symptoms present prior to the onset of substance use? ✨
- 2) Consider obtaining urine drug screen

Seizures/Sleep Disorders -

- Absence seizures: Events will be witnessed
- Sleep Disorders:
 - Inquire about onset of symptoms as compared to onset of sleep concerns
 - Screen for Obstructive Sleep Apnea and Narcolepsy
 - Inquire about sleep hygiene and quantity of sleep



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Comorbidity versus ADHD mimicking condition

- Comorbidities are common and the rule, NOT the exception!
- When symptoms started -> Extremely helpful
 - *Depression and “ADHD” symptoms begin at 15 years old -> Most likely Depression is the only diagnosis
- Utilize screeners: PHQ-9, GAD-7, and SCARED
- Ask child what he/she is thinking about when distracted

Remember: You may NOT always be able to answer this question!

- If impairment is severe: Don't hold off on starting treatment

Back to Case #1



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Case #1: 9yo male presents with behavioral difficulties

Onset: ~ 6 years old

Primary symptoms: Inattention, hyperactivity, impulsivity

- * Anger outbursts

- * Parent/teacher Vanderbilts: +ADHD-CT, ODD, and internalizing symptoms

Location: School, home, daycare, community

Impairment: Grades started declining this year

- * At risk for being kicked out of daycare

- * Asked not to return to scouts



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Case #1: 9yo with ?

- Child asked about anger triggers - > loud noises, teacher yelling
- Child asked what he thinks about when he is at school
 - Initially answers: “I don’t know”
 - When given a variety of possibilities: Answers yes to “Do you worry about mother and your sister when you are at school?”
- Mother asked about past/current trauma and shares:
 - Family recently moved to the area from the other side of town
 - Had been living with her partner for the past 4 years
 - *Child witnessed intimate partner violence
 - Child is more easily startled and follows her around at home



Case #1 – Final

- Differential Diagnosis:

- Unspecified Trauma and Stressor Related Disorder
- R/O ADHD
- R/O ODD

- Treatment Plan:

- Therapy to address trauma
- Consider 504 plan to provide additional support
- Address insomnia/nightmares
- Re-evaluate for ADHD/ODD as trauma symptoms improve

Case #2 – ADHD + Trauma and Stressor Related D/O

HPI: 10yo male with reported history of ADHD-CT and ODD presents for treatment

Current concerns: Depressed mood, irritability, anhedonia, separation anxiety, insomnia, frequent nightmares, aggressive outbursts (home and school)

Current medications: Adderall XR 25mg qam, Melatonin 10mg qhs, guanfacine ER (Intuniv) 4mg qday

Therapy: History of

School: 4th grade with IEP; recently started reward system

- ADHD symptoms are not well controlled
- Mother unsure if he is performing at grade level



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Case #2 continued

Trauma:

- May 2020 – Witnessed family member die; may have witnessed substance use by adults
 - * Family separated - siblings went to live with Aunt
 - * Mother and patient moved into homeless shelter



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Case #2 continued

Screening questionnaires –

1) **PHQ9**: Score - 5 (Mild)

Impairment: Somewhat

Symptoms: Depressed(1), Anhedonia(1), Feeling of Failure (1),

Concentration(1), Psychomotor problem(1)

2) **SCARED**: Total Score - 20 (Not suggestive of anxiety disorder)

Subscales:

Panic: 1 (Not indicated)

General: 7 (Not Indicated)

Separation: 5 (Indicated)

Social: 6 (Not Indicated)

School: 1 (Not Indicated)



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Case #2 continued

3) **Vanderbilt**: Performance Criteria Count: 5 (Met)

ADHD Symptoms:

Inattention: 16

Hyperactive: 23

Interpretation: ADHD Combined type

ODD Symptoms: 15 (Criteria met)

CONDUCT Symptoms: 0 (Criteria not met)

Summary of parent questionnaires: No depression

? Separation anxiety

+ADHD-CT, +ODD



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Case #2 continued

Other information: +hypervigilance

Past psychiatric meds:

- Intuniv; Duration: 9/2020 - 9/2021; 12/2021 - 7/2022; 1/2023 - present; Max: 4mg
- Adderall XR; Duration: 9/2021; 3/2020; 7/2023 - present; Max: 30mg
- Vyvanse; Duration: 1/2023 - 7/2023; Max: 70mg; D/C 2/2 unable to find
- Concerta; Duration: 6/2022 - 1/2023; Max: 72mg qam
- Metadate CD; Duration: 9/2021 - 6/2022; Max: 50mg

Case #2 continued

Diagnoses: Unspecified Trauma and Stressor Related Disorder
ADHD – Unspecified Type

Plan:

- 1) Decrease Adderall XR to 25mg qam
- 2) Start sertraline (Zoloft) 25mg qday

Warning Signs that another diagnosis might be present

- 1) History of significant trauma
- 2) Current medication regimen: Adderall XR 25mg qam, guanfacine ER (Intuniv) 4mg qday
 - Symptoms are reported NOT to be under good control
- 3) Past psychiatric meds: # of meds, duration, doses
 - Adderall XR; Duration: 9/2021; 3/2020; 7/2023 - present; Max: 30mg
 - Vyvanse; Duration: 1/2023 - 7/2023; Max: 70mg; D/C 2/2 unable to find
 - Concerta; Duration: 6/2022 - 1/2023; Max: 72mg qam
 - Metadate CD; Duration: 9/2021 - 6/2022; Max: 50mg
- 4) Current symptoms: Irritability, anhedonia, separation anxiety, insomnia, frequent nightmares, aggressive outbursts (home and school), hypervigilance



Designing a Treatment Plan: ADHD + Comorbid Condition

Step 1: Treat the most impairing condition first

Step 2: Reassess both the ADHD and comorbid condition

Step 3: Once on a stable regimen for the most impairing condition, start treatment for the other condition (if needed)



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Designing a Treatment Plan: It's unclear what's going on!

Step 1: Breathe

Step 2: Assess for safety

Step 3: Identify the most impairing symptom and start treatment

Case #3: 10yo with inattention both at home and school and significant anxiety. Grades were okay until this year and now are declining. Parents are most worried about the inattention.

- Option 1: Stimulant
- Option 2: SSRI
- Option 3: Stimulant + therapy
- Option 4: SSRI + therapy

Designing a Treatment Plan: It's unclear what's going on!

Case #3 – Option 3: Stimulant + therapy (to address anxiety)

Possible Outcomes:

- Improvement in symptoms: ADHD is present -> Continue
- No changes: Dose of stimulant is too low -> Increase dose
- Worsening of symptoms: ADHD is NOT present and/or
Side effects of stimulant -> Switch to other class of
stimulant

Questions?



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Resources:



Prescribing Guidelines for Attention Deficit/ Hyperactivity Disorder (ADHD)

[Practice Tool: Prescribing Guidelines for ADHD](http://nationwidechildrens.org)
nationwidechildrens.org



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Resources:

Big Lots Behavioral Health



Prescribing Guidelines for Anxiety Disorders and Depression

[Practice Tool: Prescribing Guidelines for Anxiety Disorders and Depression \(nationwidechildrens.org\)](https://www.nationwidechildrens.org/practice-tool/prescribing-guidelines-for-anxiety-disorders-and-depression)



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Resources



The screenshot shows the top portion of a website. At the top left is the "WV ACC Guidelines" logo. To the right is a dark blue navigation bar with white text links: "Home", "At A Glance", "About", "Guidelines", "Handouts", "Expert Panel", "Continuing Education", and "Contact Us". Below the navigation bar is a large banner image featuring a doctor in a white coat with a stethoscope. Overlaid on the left side of the banner is the "WV ACC Guidelines" logo, which consists of stylized human figures in blue and yellow above a green mountain range with an orange sun. To the right of the logo, the text reads: "A **West Virginia** Guide to Evidence-Informed Evaluation, Diagnosis, and Treatment of **ADHD** and **Comorbid Concerns**".

[Home - WV ACC Guidelines
\(wvadhd.org\)](http://wvadhd.org)



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