

ADHD Through The Years

CHALLENGES & TRANSITIONS



You may register for one of these teleconferences via fax, e-mail, or phone. When you register, it is **imperative** that you provide the following information: first name, last name, address, phone number, fax number or e-mail address, and the title **ADHD**.

3 Methods to Register Confirmation of registration will be provided.

FAX THIS FORM TO: 866-350-9325	PHONE: 866-482-4263, ext. 123	E-MAIL: ADHD@chesteredgroup.com
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NAME																TITLE				
SPECIALTY							AFFILIATION OR PRACTICE NAME													
ADDRESS																				
CITY													STATE			ZIP CODE				
PHONE							EXT.				FAX									
E-MAIL																				

I am registering for the following Live Teleconference:

Date: _____ **Time:** _____

I understand that by providing my fax number I consent to receive faxes sent by or on behalf of The Center for Medical Knowledge, LLC (CMK), (and its subsidiaries and affiliates). I understand that CMK will not share my fax number with other organizations.

Signature: _____ Date: _____

Please check one.

I will download the course materials.
www.cmknowledge.com/ADHD.html

I am unable to download the course materials from your Web site:

Please e-mail me an electronic version when the course materials become available

Please mail a copy of the course materials to the address listed above.

Please answer these brief preactivity questions by checking the appropriate box.

How would you rate your confidence in your ability to:

Explain how the signs and symptoms of ADHD may differ in children, adolescents, and adults? 1 Low 2 3 4 5 High

Diagnose ADHD in patients who were not diagnosed as children? 1 Low 2 3 4 5 High

Design individualized treatment plans for patients with ADHD and psychiatric comorbidities 1 Low 2 3 4 5 High

CME/CE INFORMATION

Needs Statement
Attention-deficit/hyperactivity disorder (ADHD), once viewed as a childhood condition, has gained recognition as a chronic, often lifelong disorder. It is associated with substantial disability, not only among children, but also among adolescents and adults.^{1,2}

Although symptoms of ADHD tend to decline in an age-dependent manner,² they do persist in many patients. Estimates of persistence vary from 4% to 80%,³ and the estimated prevalence of ADHD among adults 18-44 years of age is 4.4%.⁴ An important part of the management of patients who are diagnosed as children is the preparation for a smooth transition into adult healthcare. The transition into adolescence, and later into adulthood, may bring about new treatment-related challenges, including dosing, adherence, and diversion.

Given the evidence that many patients elude diagnosis during childhood,⁵ clinicians who care for adolescents and adults must also realize that childhood-onset ADHD can be retrospectively diagnosed in a valid manner.⁶ Evaluation of adolescents is further complicated by unreliable self-reporting of the level of impairment and symptoms and the fact that observation is limited due to decreased parental supervision and less consistent time spent with individual teachers.⁷

Collectively, the burden associated with untreated ADHD, the social factors and psychiatric comorbidities that can complicate diagnosis and treatment, the growing number and variety of treatment options, and the evidence revealing gaps in practice underscore a need for continuing medical education for pediatric and adult psychiatrists regarding the recognition and treatment of ADHD in children, adolescents, and adults.

Educational Activity Objectives
Upon completion of this course, participants should be able to:

- Discuss the changing symptomatology of ADHD from childhood through adulthood
- Adjust pharmacologic treatment to best suit the needs of a given patient, depending on his/her age, comorbidities, lifestyle, and preferences
- Implement strategies to overcome barriers to the recognition and effective treatment of adolescent and adult patients with ADHD

Target Audience
The target audience for this activity is psychiatrists, psychiatric nurse practitioners, and other clinicians involved in the care of patients with ADHD.

Accreditation Statement
The Center for Medical Knowledge, LLC (CMK), is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Statements
CMK designates this educational activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*SM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The Center for Health Care Education, LLC (CHCE), is approved as a provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. This activity is available for up to 1.0 Continuing Nursing Education (CNE) Contact Hour.

In addition, all other attendees will be issued a certificate of participation that lists the designated credits.

Faculty Disclosure
It is the policy of the sponsor to ensure balance, independence, objectivity, and scientific rigor in all its educational activities. The speaker is expected to disclose to the participants any real or apparent conflict of interest related to the content of his/her presentation. CMK will identify and resolve all faculty conflicts of interest prior to the release of this activity. Faculty disclosure information will be provided in the course syllabus.

Commercial Support Acknowledgment
This activity is supported by an educational grant from Shire Pharmaceuticals, Inc.

References
1. Willoughby MT. Developmental course of ADHD symptomatology during the transition from childhood to adolescence: a review with recommendations. *J Child Psychol Psychiatry*. 2003;44:88-106; 2. Spencer TJ, Biederman J, Mick E. Attention-deficit/hyperactivity disorder: diagnosis, lifespan, comorbidities, and neurobiology. *J Pediatr Psychol*. 2007;32:631-642; 3. Polanczyk G, Rohde LA. Epidemiology of attention-deficit/hyperactivity disorder across the lifespan. *Curr Opin Psychiatry*. 2007;20:386-392; 4. Kessler RC, Adler L, Barkley R, et al. The prevalence and correlates of adult ADHD in the United States: results from the National Comorbidity Survey Replication. *Am J Psychiatry*. 2006;163:716-723; 5. Froehlich TE, Lanphear BP, Epstein JN, Barbaresi WJ, Katusic SK, Kahn RS. Prevalence, recognition, and treatment of attention deficit/hyperactivity disorder in a national sample of US children. *Arch Pediatr Adolesc Med*. 2007;161:857-864; 6. Faraone SV, Spencer TJ, Montano B, Biederman J. Attention-deficit/hyperactivity disorder in adults: a survey of current practice in psychiatry and primary care. *Arch Intern Med*. 2004;164:1221-1226; 7. Wolraich ML, Wibbelsman CJ, Brown TE, et al. Attention-deficit/hyperactivity disorder among adolescents: a review of the diagnosis, treatment, and clinical implications. *Pediatrics*. 2005;115:1734-1746.

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There is no fee for participating in this activity.

TELECONFERENCE SCHEDULE*

OCTOBER 2008

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	4
5	6	7	8	9	10	11
12	3:00 PM	13	14	1:00 PM	15	16
17	12:00 NOON	18	19	9:00 PM	20	21
22	12:00 NOON	23	24	25	26	27
28	29	30				

NOVEMBER 2008

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
2	3:00 PM	3	4	5	6	7
8		9	7:00 PM	10	11	12
13		14		9:00 PM	15	16
17	12:00 NOON	18	19	20	21	22
23	24	25	26	27	28	29
30	3:00 PM			THANKSGIVING		

DECEMBER 2008

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4	5	6
7	7:00 PM	8	9	9:00 PM	10	11
12		12:00 NOON	13	3:00 PM	14	15
16		17	7:00 PM	18	19	20
21	22	23	24	25	26	27
28	29	30	31			



 DAVID W. GOODMAN, MD

 GREGORY W. MATTINGLY, MD

*All times listed are Eastern Standard Time.