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ADHD OVERVIEW

What is attention-deficit/ hyperactivity disorder (ADHD)?

Key figures



3:1 Male to Female **Ratio**
in ADHD patients

People with ADHD have weaker control over **attention** and **impulses** than similarly aged peers. ADHD is believed to be caused by **structural** and **functional** impairments in the brain.

Structural

Developmental impairment at the pre-frontal cortex affects executive functioning



Functional

Dopamine deficiency limits the ability to regulate attention, emotion and behaviour



Tendency of **lower sensitivity** in identifying **girls** with ADHD leading to **delay** in referral for professional **diagnosis**



Around **1-2** students with ADHD in a **class of 30**

How is ADHD classified?

ADHD is classified into **3 major subtypes** in the American Psychiatric Association's Diagnostic and Statistical Manual, fifth edition (DSM-5).

1

Predominantly inattentive

Mainly symptoms of inattentiveness with fewer symptoms of hyperactivity

2

Predominantly hyperactive impulsive

Mainly symptoms of hyperactivity with fewer symptoms of inattentiveness

3

Combined

Both inattentive and hyperactive presentation criteria are met

Preliminary tests for ADHD

SNAP-IV 26-item scale (Child)
(modified by Alberta Counselling Centre)

<https://bit.ly/3eLz2Zq>



Adult ADHD Self-Report Scale - V1.1
(ASRS-V1.1) (World Health Organisation)

<https://qrqo.page.link/BDQUw>



ADHD



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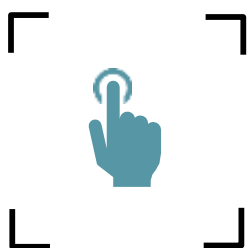


SIGNS & SYMPTOMS

Does keeping eye contact mean a student is being attentive?

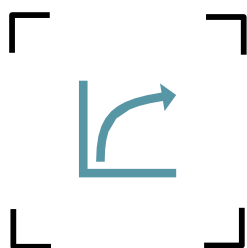
Not necessarily! Attention is critical in many aspects of our daily lives. There are different subtypes of attention as well. Below are the different types and their respective examples:

Selective



Paying attention in class while ignoring playground noises

Sustained



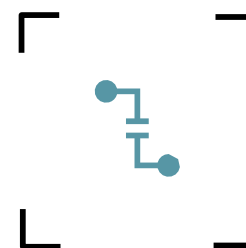
Reading a long article undistracted

Alternating



Returning to work on a task after taking a short break

Divided



Multitasking such as jotting down notes in group discussions

Is sleeping in class or being active a sign of ADHD?

Not always! However, close attention should be given if a student exhibits various signs and faces more difficulties compared to similarly aged peers, and if the symptoms are persistently present from a young age (before 12 years old). Please pay attention if:

Symptoms are present for ≥ 6 months in ≥ 2 settings

Symptoms directly impair quality of social, school, or work functions

Symptoms are not better explained by other mental issues

How is ADHD classified?

Inattentive

- Careless (e.g. submits incomplete tasks, leaves signed parent's letter at home)
- Does not appear to be listening during conversations.
- Unable to sustain attention in class, avoids tedious tasks and gives up easily
- Easily distracted with or without external stimuli, daydreams, unnecessarily slow at tasks
- Unable to follow long and multi-step instructions
- Disorganised (e.g. messy drawer, overloaded bag)
- Poor time management and fails to follow routines

Hyperactive

- Prolonged hyperactivity and restlessness
- Unable to remain seated and may stay off-seated
- Fidgety limbs and difficulty working quietly
- Fails to wait for his/her turn, blurts out answers, interrupts conversations and cuts queues
- Gets injured or breaks things easily
- Intrudes on others during tasks or fiddles with others' properties without permission

ADHD is associated with weaker executive functions and not necessarily low intelligence or dyslexia

Being still while playing games \neq having sustained attention as there are constant visual and auditory stimulation

Symptom



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Development

ADHD symptoms over time

ADHD symptoms vary with age; hyperactivity and impulsivity may reduce while inattentiveness tends to impact daily life more significantly over time. Limitations in executive functioning can affect daily functions, social relationships, and mental health. Others may fail to see the difficulties faced by people with ADHD and may mistakenly attribute their symptoms to laziness or poor intentions. Repeated social failures in patients with ADHD can affect social acceptance and increase the risks of various mental health issues.

Preschool Years

Common comorbidities for preschool students with ADHD include oppositional defiant disorder (ODD) and speech and language disorder

Challenges

- Hyperactivity and restlessness
- Inattentive to instructions or requests
- Argumentative, disobedient, impulsive, and impatient
- Prone to injuring self or others

Social-interpersonal Issues

- Strained relationships with parents, caregivers, and teachers
- Disciplined frequently for misconduct
- Arguments and fights with peers
- Poor social skills and temper control

Mental Health Issues

- Loneliness
- Anger issues
- Lowered self-esteem
- Stress

Primary School

Common comorbidities for primary school students with ADHD include learning disabilities, ODD, conduct disorder, and Tourette's syndrome

Challenges

- Fail to follow instructions in class
- Poorer academic performance
- Hyperactive and restless in class
- Disorganised in various aspects of life (e.g. desk, room, missed submissions)

Social-interpersonal Issues

- Similar with preschool years
- Potential school avoidance
- Judged by peers for incompetence and disruptive behaviours
- Impulsive, impatient, and argumentative

Mental Health Issues

- Similar with preschool years
- Depression
- Anxiety

Adolescence

Common comorbidities for adolescents with ADHD include conduct disorder, depressive and anxiety disorders

Challenges

- Less hyperactive but still restless
- Academic and career difficulties
- Involvement in substance abuse, dangerous driving, or illegal activities
- Disobedient and resist supervision

Social-interpersonal Issues

- Similar with primary school years
- Weak social skills, emotional control, and failure to recognise social cues
- Fail to maintain relationships
- Offend others easily

Mental Health Issues

- Similar with primary school years
- Bipolar disorder
- Substance abuse

Adulthood

Common comorbidities for adults with ADHD include conduct disorder, mood and anxiety disorders

Challenges

- Careless, disorganised, and tardiness
- Challenges with employment
- Involvement in addictive activities (e.g. gambling, gaming)
- Treatment adherence issues

Social-interpersonal Issues

- Impatient and impulsive
- Fail to care for family (e.g. bills, chores)
- Increased likelihood of having children with ADHD and difficulty in parenting
- Isolation; poor relationship with others

Mental Health Issues

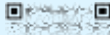
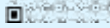
- Similar with adolescence

Referral

ADHD services referral map

Preschool

Assessment in Maternal and Child Health Centre (MCHC), referred by pre-school educators (Comprehensive Child Development Service)

→ Referral form for educators : 
<https://qr.go.page.link/d2kqy>
 → MCHC sends final reply to the education centre 

Evaluation by Educational Psychologists (EDB or school sponsoring body), referred by teachers or social worker

→ Provide referral letter and intervention recommendations and/ or assessment summaries to the school and parents

Primary & Secondary School

Educational Psychologists' evaluation (EDB or school-based), referred by Special Educational Needs Coordinator (SENCo) or social worker

→ Provide referral letter, intervention recommendations, or assessment summaries to the school and parents

Parents may raise concern to and request referral from the Student Health Service (SHS)

→ Provide assessment summary to parents

Adulthood

Private Psychiatrists¹

•Kowloon:
<https://qr.go.page.link/JkfLP>
 •HK Island:
<https://qr.go.page.link/QvmTW>



Kowloon

Financially concerned individuals may seek private psychiatric evaluation in via funding programs in our website



HK Island

Evaluation at General Out-patient Clinics/ by registered medical practitioners

→ Provide referral letter to parents

Assessment by Clinical Psychologists/ Educational Psychologists in private clinics or other organizations

→ Provide referral letter and intervention recommendations and assessment reports to the school and parents

Integrated Community Centre for Mental Wellness (ICCMW) (target: in secondary school or beyond)

→ Referral to psychiatric evaluation

- Self-application; or
- Referral through doctors, social workers, allied health professionals or government departments, etc.



List of ICCMW: <https://qr.go.page.link/7XC6c>

Below 6 years of age

Further Assessment: Department of Health Child Assessment Service (ages ≤12)

→ Provide assessment summaries for the school and parents; Diagnosis may be made if a psychiatrist is present

→ Please bring documents required (<https://qr.go.page.link/ZWpcE>) and complete registration form (<https://qr.go.page.link/nVBoE>)



Documents required



Registration form

At or Above 6 years of age

Referred to Hospital Authority's Psychiatric Day Hospital/Child & Adolescent Psychiatric Day Hospital

New appointment booking documents:

1. HKID card (or a valid identity document)
2. Referral letter issued within the last 3 months from a Clinical Psychologist/ Educational Psychologist/local registered medical practitioner
3. Original local residential address proof issued within 6 months (e.g. utility bills, tax bills etc.)
4. School report/ exam or test paper samples (if applicable)

List of clinics:

<https://qr.go.page.link/J9uE7>

Waiting time for new case booking:

<https://qr.go.page.link/DmC1f>



List of clinics



Waiting time for new case booking


Legend


The different colors and outlines represent each age group and the available services

 Preschool

 Primary & Secondary School

 Adulthood

 **Diagnosis and treatment** (Medication and/ or Behavioural Therapy)

 **Preliminary assessment** for further referral and early support (e.g. training, accommodations, counselling, behavioural therapy)

¹Source from Hong Kong Association for AD/HD



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Treatment

Treatment overview

Treatment for ADHD can be categorised into two groups – **pharmacological** and **non-pharmacological** (e.g. counselling, behavioural therapy, family education). While there is no cure for ADHD, combining therapy and medication treatments can effectively reduce ADHD symptoms. Treatment aims include reducing ADHD symptom severity, impairment, and to improve quality of life (e.g. psychological well-being, occupational functioning, and educational functioning). Treatment strategies are age dependent. Patients are classified into the following 3 age groups for different treatment recommendations:

Age groups	First-line treatment	Alternatives
Pre-School Children (Ages 4-5)	<ul style="list-style-type: none">• Non-pharmacological interventions	<ul style="list-style-type: none">• Medication can be considered
Elementary and Middle School Children (Ages 6-11)	<ul style="list-style-type: none">• First-line medications for ADHD (e.g. Ritalin)• Parent training in behavioural management and school interventions	<ul style="list-style-type: none">• Alternative medications for ADHD (e.g. Strattera)
Adolescents and Adults (Ages 12 or above)	<ul style="list-style-type: none">• Medications for ADHD	<ul style="list-style-type: none">• Non-pharmacological interventions

Treatment plans vary according to individual needs. Please discuss with a healthcare professional for the optimal treatment plan.

Pharmacological therapy

Pharmacological treatment for ADHD is mainly classified into 2 categories – **stimulants** and **non-stimulants**. In Hong Kong, **Ritalin** is a commonly used stimulant medication while **Strattera** is a commonly used non-stimulant medication. Treatment is typically initiated with stimulants. Non-stimulant medications are often the second choice of treatment if stimulants are not suitable (e.g. inadequate response or intolerance to stimulants).

Stimulant medication

Stimulants are first-line treatment for ADHD. They are also the most studied type of medical intervention. **Ritalin** is often considered as the first-line stimulant medication for ADHD.

Studies suggest that people with ADHD usually have lower levels of dopamine, which leads to symptoms of inattentiveness, impulsivity, and poor emotional regulation. Stimulants work by increasing dopamine (a chemical messenger that transmits signals) levels in the brain, which helps improve self-regulation and reduce symptoms associated with ADHD.

Non-stimulant medication

Non-stimulant medication is typically considered as second or third-line treatments for ADHD. They are generally less effective compared to stimulants and are usually used as an adjunct or as treatment for patients with inadequate drug response or the inability to tolerate stimulants. **Strattera** is a common long-acting non-stimulant used to treat ADHD.

Strattera works by reducing the removal of the neurotransmitter noradrenaline, which is linked to enhanced working memory and concentration. Other neurotransmitters that regulate moods and functions, such as thinking and planning, are not affected.

Non-pharmacological therapy

Often used in addition to pharmacological treatments, non-pharmacological treatments focus on managing daily life challenges and behaviour modifications. Some non-pharmacological therapies can be used in school environments, and teachers are highly encouraged to be a part of students' treatment support. While utilising non-pharmacological therapy to support students, it is important to maintain consistency in the process of rewarding good behaviours and discouraging/ punishing bad behaviours.

School interventions may involve classroom management, individual accommodations, academic counselling, regular parent-teacher communication, reward and consequence programmes, and more. Parents may work with guidance counsellors to support the growing expectations and responsibilities of children and adolescents with ADHD, according to their needs.

Behaviour therapy

Children

Therapists may conduct behaviour therapies (e.g. behaviour modification therapy, cognitive behavioural therapy), with parental involvement, for children. Parents may also refer to psychiatrists, psychologists, counsellors, or social workers for more information. Therapies usually involve:

- Establishing behavioural targets and rules
- Teaching and reinforcing good behaviours
- Discouraging negative behaviours

Adults

Adults diagnosed with ADHD later in life may encounter setbacks that lead to negative thoughts; anxiety and depression are both associated with ADHD. Cognitive Behavioural Therapy (CBT) may help.

CBT is a short-term psychotherapy which helps change negative thinking patterns and develop appropriate behaviours through:

- Discussions and home exercises to resolve negative thoughts and beliefs
- Goal-setting to achieve specific behaviours / overcome difficulties
- Consistent therapist monitoring to help the patient keep themselves in check

Parent training

Parent Training for Behavioural Management (PTBM)

PTBM is recommended for families with young children with ADHD as their parents strongly impact and shape their children's behaviours. Parents can expect:

- Therapists may train parents in one-on-one or group sessions
- Therapists may educate parents on positive ways to interact with their children and assign activities for them to practise; therapists will provide guidance, support, and strategy adjustments if needed

Parents should learn the following skills in guiding children under the guidance of a therapist:

1. Positive communication and interaction
2. Positive behaviour reinforcement (praise)
3. Effective and consistent discipline
4. Appropriate direction and command use
5. Set house rules, structure, and routines

What parents learn when trained in behavior therapy



Source: CDC Parent Training in Behaviour Management for ADHD

Social skills training

Social difficulties of children with ADHD are often much greater than in children without ADHD. This may be due to the slower development of social cognition. Social skill training involves coaching in communication, emotion regulation, ways of expressing opinions, problem solving skills, and more. However, the evidence of the effectiveness in such interventions are limited, due to a lack of research studies and inconsistent findings among the studies themselves.

Maximising the effectiveness of therapies

Combined Therapy

Combined therapy provides the best treatment results along with the benefits of a lower medication dosage based on the U.S. MTA study (1999) and a Hong Kong study (So, Leung & Hung, 2008)

Medication Therapy Only

Medication therapy alone can effectively reduce ADHD symptoms but less so in oppositional behaviour, anxiety problems, and learning disabilities

Behavioural Therapy Only

Behavioural therapy alone does not have much impact on reducing ADHD symptoms

Therapy effectiveness



Adapted from Figure:

<https://www.adhd.org.hk/adhd16/web/default.php?cmd=kids&ch=3>



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Managing ADHD

Message to parents

Children with ADHD may demonstrate hyperactive and impulsive symptoms. They are often mistaken as misbehaviour. ADHD symptoms also hinder effective communication between children and the family. Without timely support, these symptoms may hinder their school or social life. These are some possible scenarios:



Scenario

Children with ADHD may forget what family members told them and repeat the same misbehaviours

Association with ADHD

Short sustained attention and weak working memory due to ADHD



Scenario

Children with ADHD may easily get into conflicts with family members and siblings

Association with ADHD

Impulsivity and restlessness due to ADHD

Relationships in children with ADHD with supporting parties

To facilitate the management of children with ADHD, various parties are vital in supporting their growth and development. As parents are the closest authoritative figure to children with ADHD, they play an important role in correcting hyperactive and impulsive behaviours and supporting their children. Below are how different parties involved in the life of children with ADHD can make positive impacts:



Parents

- Act as support at home
- Major player in behavioural modification practice
- Maintain clear communication with **teachers** and understand children's learning progress
- Develop trust with children to strengthen relationships for mental/emotional support



Social Workers

- Mediator for families, teachers, and people with ADHD
- Act as a bridge for providing resources such as government and NGO support; assist in providing referrals for medical and clinical support
- Patient develops trust with social workers as reliable figures and can confide in them



Teachers

- Act as support at school
- Supports students with ADHD in mediating social interactions with their peers
- Providing an environment that supports education in students with ADHD by utilising specific tools and techniques in teaching
- Help manage students with ADHD outside home settings



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Parenting strategies for building healthy lifestyles

There are various ways to help your child with ADHD at home. Strategies can be categorised into the following directions:

Symptom identification

Identify ADHD symptoms and seek support when needed

- Compare your children's behaviour with the list of ADHD symptoms found on [page 3](#)
- Refer to reliable online preliminary tests found on [page 1](#)

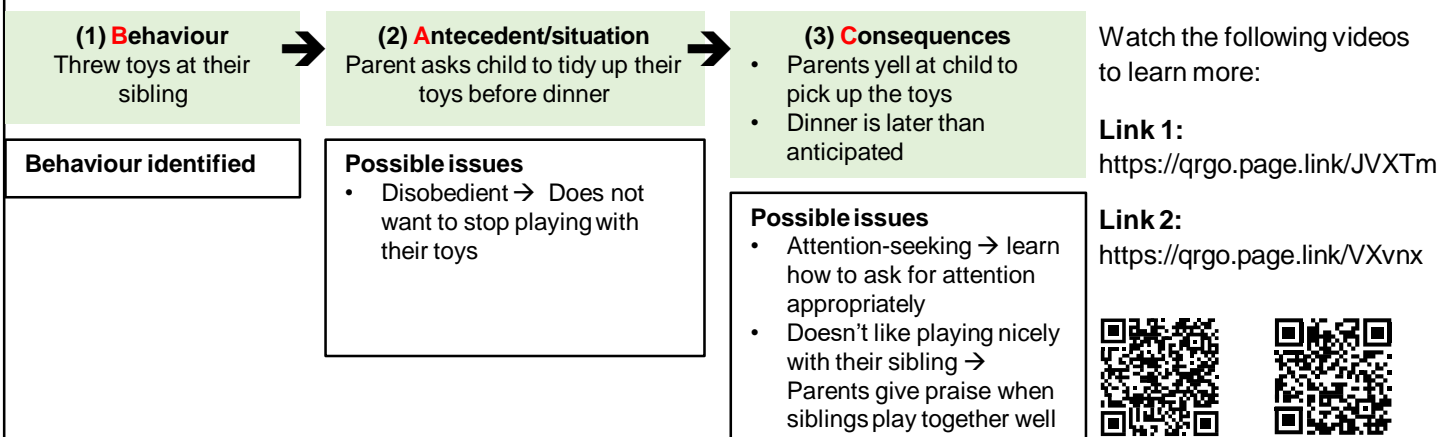
Note down information before visiting clinicians including:

- Family history of similar conditions
- Any relevant signs and symptoms occurring on a regular basis (present for ≥ 6 months)
- Details of symptoms e.g. severity and frequency of occurrence
- Information regarding problems at school (such as learning difficulties mentioned by teachers or during tasks, discipline and participation issues, and social challenges)

Identify causes of misbehaviour using the ABC Chart of Functional Behavioural Assessment (FBA)

There can be many underlying reasons behind a certain behaviour. Often, there are **antecedents (A)**, which are the preceding stimuli or situations that lead up to the undesired **behaviour (B)**. The behaviour can also be encouraged or discouraged by the **consequences (C)** faced following the behaviour.

Applying the ABC chart of Functional Behavioural Assessment (FBA) in different situations helps identify the specific reasons behind a behaviour. It is potentially beneficial to all students in a class.



Bringing your child for clinical assessment

- If your child shows ADHD-associated behaviours and learning difficulties, do not hesitate to discuss this with and seek help from professionals (social workers, teachers, psychologists, counsellors, or psychiatrists)
- If professionals deem it necessary, extensive investigations can be implemented to identify the reasons behind the behavioural or learning issues; these include parenting strategies, academic performance, psychological well-being, social abilities and more
- Early diagnosis and treatment are important if your child has ADHD; [page 4](#) includes referral information

Self preparation

Never blame yourself. Instead, support your child to live a better life and help them develop their strengths and interests. Michael Phelps was also diagnosed with ADHD, but that didn't stop him from becoming the record holder for winning the most gold medals at the Olympics! Although there is no cure for ADHD, there are many ways to effectively control the symptoms and support your child.

Learn about ADHD starting with information from our parent and patient toolkits and proceed to consult healthcare professionals. Please keep in mind, not all information online is evidence-based; consult psychiatrists and healthcare professionals if questions arise.

Parenting tips

Keep instructions short, clear, and easy

- Simplifying directions can help with communication
- Complex and inconsistent instructions may exacerbate organisation difficulties; children with ADHD often perform poorly in ambiguous conditions without clear instructions
- Example: explicitly instruct a child to complete a single task before moving on to other tasks (e.g. cleaning the table after a meal before moving on to finish homework)

Set reasonable and clear expectations

- Know their limitations and avoid being over-demanding. Having reasonable expectations builds self-esteem and nurtures learning
- Avoid repetitive tasks and provide optimal challenges consistent with their ability levels
- Set clear and specific expectations as well as how to improve/fulfil the expectations
- Example: asking children to be “good” is ambiguous; instead, give explicit instructions like telling them to “put away the toys, and finish your homework for today”

Break big tasks into small quick steps, allowing alternative learning methods and provide breaks

- Split big tasks into multiple short ones; their step-wise completion helps motivate children
- Learn using multiple methods (e.g. pop-quizzes and software applications)
- Give enough time and breaks for each task

Reminders

- Visualise schedules and time reminders
- Check understanding of directions by asking them to rephrase the task instructions

Establish routines and rules in advance

- Set daily timeslots for homework or revision and rules to follow at home; reminders can be displayed at home
- Reward positive behaviour and punish negative ones; work with other parties for consistent discipline

Get Organised

- Create designated storage areas for materials at home
- Reduce distractions when completing tasks
- Encourage your child to use student planners

Boost confidence

Acknowledge successes

- Whenever your child is trying to focus on what they should do, give specific acknowledgements to his/her accomplishment
- Praise your child when they do well, no matter the magnitude of the task; this helps them notice improvements and boosts their self-esteem

Give love, warmth, and support

- Confront the difficulties together and express your love and support
- Enjoy good times together

Set aside ‘quality time’ daily

- Assign a timeslot everyday regardless of the duration
- Consider activities where you spend time together with reinforcement
- Quality time helps you build a positive relationship with your child while making memories together; this can strengthen their confidence against criticism and alleviate daily stresses

Identify strengths and interests

- Children with ADHD can be just as talented or gifted as others
- By helping children identify their strengths, their capabilities can be further improved which can help them succeed in that field
- Success can improve self confidence and develop an ideal career path



Strategies in building positive behaviour and reducing negative behaviour

How can parents build positive behaviours and reduce negative behaviours?

Build positive behaviour

1. Explanation and modelling

- Identify and teach positive behaviour by explaining in detail or modelling the behaviour

2. Overcorrection

- Return to the original situation and practice the positive behaviour repetitively

3. Reinforcement

Always try positive strategies first!

Reduce negative behaviour

1. Verbal reprimand

- Immediate and brief in a firm tone issuing a direct instruction/ reminder of positive behaviour
- Avoid lecturing!

2. Punishment

	Example 1	Example 2
Reinforce (↑) positive behaviour	Play a game by task completion as a reward for being attentive and efficient	Reduce workload in penmanship with neat and accurate handwriting
Punish (↓) negative behaviour	Write an apology letter for being impolite to family members	Take away stickers for inappropriate behaviour at home

Attention! ⚠

Reinforcements are not necessarily tangible gifts (e.g. stickers and food); they can be intangible rewards (e.g. game and being praised in public)

Punishments for children with ADHD best not involve taking away their breaks. Children with ADHD can focus better following active movements

Praising good behaviour > **Punishing** bad behaviour!

Implementation details are vital to the success of behavioural modification

When and how to give reinforcements or punishments?

Reinforcement

- Reinforce **immediately** after positive behaviour and **explain** what is being reinforced
- Reinforce **every time** positive behaviour occurs **initially**, gradually reinforce in **variable schedules** (e.g. every 3-5 events) when behaviour is learnt
- Never reinforce negative behavior** or **bribe/tease** the child with reinforcement
- Encourage and teach appropriate behaviours** e.g. asking politely instead of shouting for attention
- Replace inappropriate behaviours** e.g. providing fidget cubes for children to play with at home so that they will not play with other things at home
- Reward for no negative behaviour**
 - Reward when no negative behaviour is displayed over a period
 - Gradually increase the time interval required for reward if successful
 - Reset the clock if negative behaviour appears

- Be patient and compassionate
- Avoid power struggles; be calm and firm
- Find various effective reinforcers
- Maintain consistent practice of reinforcement and punishment

Punishment

- Punish with appropriate severity** and **allow for corrections** to reduce risk of children giving up
- Consequences** of negative behaviour should be natural and relevant:
 - Example: Being late for task
 - ✓ No time compensation
 - ✗ Deduct task allocated time further
 - Example: Not completing task on time
 - ✓ Ask for explanation and offer solutions e.g. a new deadline
 - ✗ Punish child by shaming them in front of family
- Response Cost**
 - Withdrawal of rewards and privileges
 - Use **only as part of reinforcement system** and quickly reinforce positive behaviour again as it tends to be ineffective over time
 - Give **2 warnings** before punishing
- Time-out**
 - Temporarily separating child from where a misbehaviour has just occurred
 - No interaction during time-out
 - Location must be safe and discrete
 - Specify reasonable time limit in advance
 - Indicate that this is an opportunity for calm reflection and not necessarily a punishment



Parenting tips for managing ADHD in Adolescents

Adolescents

New adjustments are often faced by teenagers navigating through changes in school and relationships. Misunderstandings and frustrations may arise due to ADHD, but this does not have to hold them back. In addition to good medication adherence, here are some other tips for managing ADHD while going to school or work:

- Encourage open communication with others: impulsivity may lead to regretful actions that hurt others' feelings; in these instances encourage open communication and appropriate apologies
- Encourage exercise and taking breaks: exercise can help release pent-up energy; ensure breaks at home to maximise focus during study
- Encourage the use of organisational resources like planner, task lists, and mobile applications to help keep track of assignments and tasks to be completed; ensure these are reviewed regularly and properly prioritised
- Set a daily routine: structure allows for predictability which reduces unnecessary stress



Cooperate with teachers

Keep contact with teachers to follow the conditions of your child with ADHD at school. Find out the needs of your child in school (e.g. learning, social, compliance, etc.).

Ask teachers for observations of side effects and effectiveness of the medications (if any). Monitor the conditions and report them to the psychiatrist to adjust the treatment plan.

Share, discuss, and implement the same strategy utilised at home in school settings. Classroom interventions (such as lesson adjustment and regular breaks during class) are shown to be extending the effect of overall behavioural management and improve the overall school performance of your child at school.

Grade retention may be considered by some parents. We encourage parents to discuss with teachers about different options and balancing the benefits (e.g. your child's learning progress and academic stress) with the drawbacks (e.g. losing current friends, lowering self-esteem, and lengthening education periods).

Mental health and stress management

People with ADHD may feel heightened levels of stress due to difficulties in regulating emotions and negative reactions. Their family members may similarly experience higher levels of stress and hardships. Family members may feel pressured and anxious in providing support for their children and securing a future for them. At the same time, family members may face comments, criticisms, and conflicting management methods from others. A strained relationship with the patient may develop due to conflicts and disappointments. At early stages of stress management, sources of stress and anxiety can be reframed and reduced by having higher self-awareness of one's emotions and utilising available resources. The strategies below are helpful for both patients and their family members.

Reframing some sources of stress

Sometimes, viewing the source or cause of stress in a different light can reduce the stressfulness of a situation.

- Positive reappraisal and reframing: re-evaluate stressful events into a more positive light
- Support seeking: finding support from others in times of stress
- Planning: planning ahead for ways to deal with stressful situations before they occur

Coping methods

- Practising mindfulness and meditating: being more aware of fluctuations in emotions may help develop a more appropriate response (instead of reactions) in difficult situations
- Reducing commitments and delegating: reduce stress caused by being overwhelmed with commitments

Additional help

Seek professional advice

Parents may face their own mental health challenges when managing their children's symptoms of ADHD. Support from professionals should be sought. Below are some resources which may be helpful:

SENvice Resources during COVID (Chinese)

<https://qr.go.page.link/NSogx>



Education Bureau - ADHD Resources for Parents under School Suspension (Chinese)

<https://qr.go.page.link/ick6Y>



Hong Kong Red Cross: Psychological Support Service "Shall We Talk"

<https://qr.go.page.link/oz9qY>



Hong Kong Red Cross: Psychological Support Service Publications

<https://qr.go.page.link/EmTvQ>



24-hour hotline support on mental and emotional health

- Richmond Fellowship of Hong Kong
Phone : 5164 5040
Telegram : @hkrcshallwetalk
- Social Welfare Department
Phone : 2343 2255
- Caritas Family Crisis Line
Phone : 1828 8
- The Samaritan Befrienders Hong Kong
Phone : 2896 0000
- Suicide Prevention Services
Phone : 2382 0000

Join patient or parent support groups and refer to reliable online resources

Parents can share knowledge and experiences in managing their children with ADHD. Organizations may also invite medical professionals to host educational talks regularly. Below are examples of reliable online resources:

- Hong Kong Association for AD/HD (Chinese)



<https://qr.go.page.link/V2jd6>

- Education Bureau – ADHD Resources for Parents on calming (Chinese): Emotion Regulation



<https://qr.go.page.link/jhrMT>

- Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)



<https://qr.go.page.link/NcWqD>

- Education Bureau – ADHD Resources for Parents on calming (Chinese): Impulse Control



<https://qr.go.page.link/2xMRM>

- Education Bureau – ADHD Resources for Parents on self-discipline (Chinese): Review, Evaluate, Anticipate, Plan



<https://qr.go.page.link/Rs9ua>

- Education Bureau – ADHD Resources for Parents on calming (Chinese): Parent-Child Communication



<https://qr.go.page.link/RiqxF>

- Improving sleep quality Parent Handbook on "How to Help Children with ADHD Get a Better Sleep" (Chinese)



<https://qr.go.page.link/yfXrz>



**HKU
Med**

LKS Faculty of Medicine
Department of Pharmacology
& Pharmacy
香港大學藥理及藥劑學系



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Children and Adults with Attention-Deficit Hyperactivity Disorder (CHADD)

<https://chadd.org/about-adhd/coexisting-conditions/>

<https://chadd.org/for-educators/overview/>

<https://chadd.org/for-parents/treatment-overview/>

Chow Tai Fook Charity Foundation – Psychiatric Medical Subsidy Project

<http://ctffunding.nlpra.org.hk/-----1.html>

Department of Health Child Assessment Service

<https://www.dhcas.gov.hk/tc/adhd.html>

https://www.dhcas.gov.hk/file/conditions/ADHD_Eng_18072018.pdf

Hong Kong Association For AD/HD

<https://www.adhd.org.hk/child-adhd-cure.aspx>

National Institute for Health and Care Excellence Guideline

<https://www.nice.org.uk/guidance/ng87/chapter/Recommendations#managing-adhd>

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<https://www.edb.gov.hk/attachment/tc/edu-system/special/support/wsa/secondary/24b.pdf>

Variety Butterfly Program

<https://www.variety.org.hk/how-we-help>

Yan Oi Tong Mrs Shi Lop Tak Youth & Children Medical Foundation – ADHD Funding Scheme:

https://yotwww-uat.yot.org.hk/?r=site/page&id=30&_lang=en

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