

ADHD and Anxiety: Understanding Similarities and Differences

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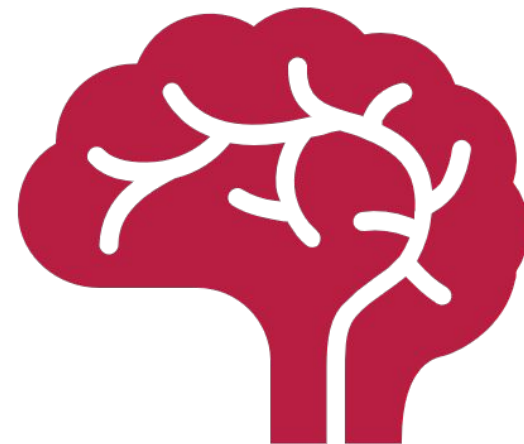
Outline

1. Defining ADHD
2. Common Comorbidities
3. ADHD and Anxiety/SM
 - a. Comorbidity Rates
 - b. Overlapping Symptoms
 - c. The Variety of Symptoms that Can Present Due to Anxiety
4. Supporting ADHD Symptoms
 - a. School-Based Supports
 - b. Home Supports
 - c. Medication
5. Resources

Differentiating ADHD and Anxiety

What is ADHD?

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder that includes difficulty with attention, hyperactivity, and impulsiveness. It is a chronic condition that often begins in childhood and can persist into adulthood.



Prevalence of ADHD

- ADHD is estimated in 8.4% of children
- ADHD is estimated in 2.5% of adults
- Boys are more commonly diagnosed with the hyperactive subtype
- Girls are more commonly diagnosed with the inattentive subtype
- Increase risk if there is a family history of ADHD
- Increase risk in premature children

Symptoms of ADHD

- Inattention
- Hyperactivity
- Impulsivity

Diagnosing ADHD: DSM-V Criteria:

- A. A persistent pattern of inattention and/or hyperactivity-impulsivity for over 6 months that interferes with functioning or development, as characterized by 6 or more symptoms in either category
- B. Symptoms have been present before 12 years of age
- C. Symptoms must occur in 2 or more settings (i.e. home, school, or work)
- D. The symptoms clearly interfere with daily functioning
- E. The symptoms are not better explained by another mental disorder

Rating scales used for diagnosis

- Vanderbilt scale
- Conners scale
- ADHD Rating Scale (ADHD-RS-V)
- Swanson, Nolan, and Pelham (SNAP) scale

Comorbidity (Co-existing Conditions)

- Language Disorder (hearing impairment)
- Learning Disability
- Oppositional Defiant Disorder (ODD)
- Anxiety Disorder
- Mood Disorder (Depression)

Further Assessment for Diagnostic Clarification

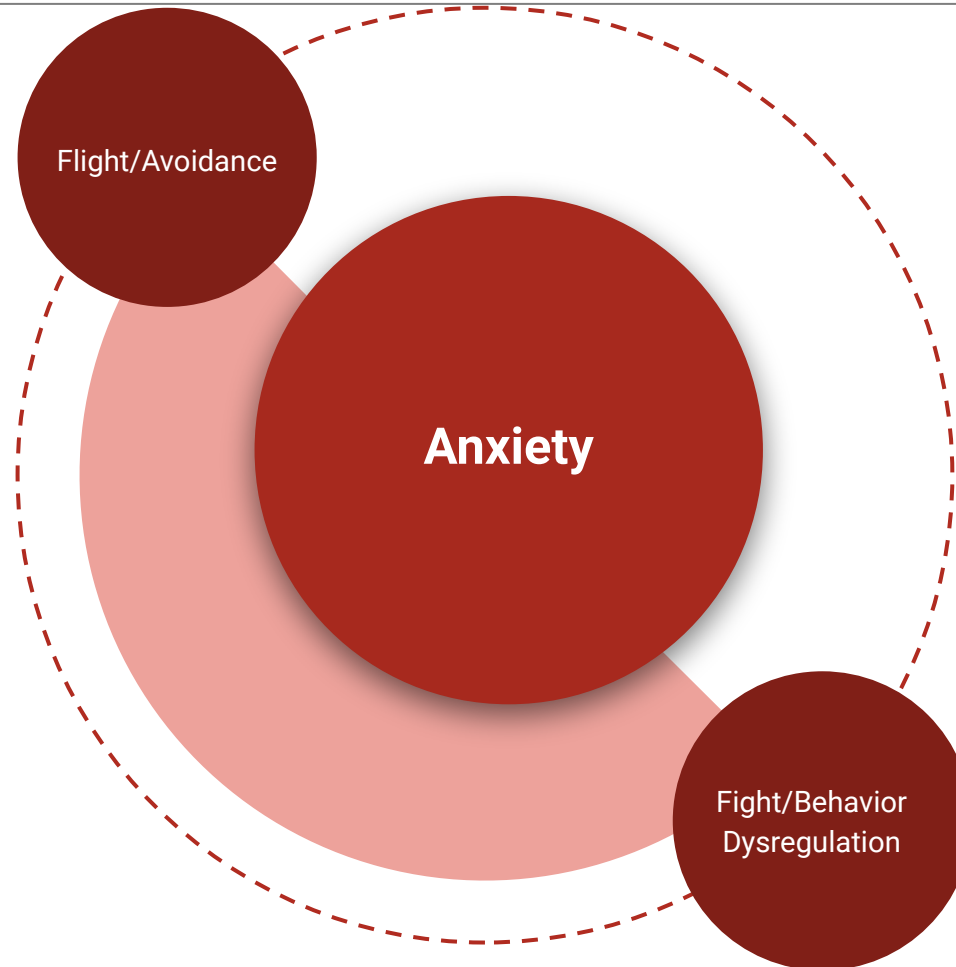
- Psychological, Psychoeducational, or Neuropsychological Assessment
 - Cognitive Functioning
 - Working Memory
 - Processing Speed
 - Executive Functioning
 - Behavior Rating Inventory of Executive Function, Second Edition (BRIEF-2)
 - Brown Executive Function/Attention Scale (BEFAS)
 - Neuropsychological Assessment, second Edition (NEPSY-II)
 - Delis-Kaplan Executive Function System (D-KEFS)
 - Social-Emotional Functioning
 - Behavior Rating System for Children, Third Edition (BASC-3)
 - Achenbach Child Behavior Checklist/Teacher Report Form (CBCL, TRF)
 - Multidimensional Anxiety Scale for Children, Second Edition (MASC-2)
 - Revised Child Manifest Anxiety Scale, Second Edition (RCMAS-2)
 - Screen for Child Anxiety Related Disorders (SCARED)
 - Academic Functioning
- School Evaluation
 - Not diagnostic but for access to accommodations/supports

Differentiating ADHD from Anxiety

- Approximately 4 in 10 children with ADHD also meet criteria for an anxiety disorder (Danielson et al., 2024).
- Both disorders are driven by changes in the pre-frontal cortex, BUT...
 - Anxiety is:
 - Driven by the fight or flight response
 - changes may come and go
 - ADHD is:
 - Driven by structural and chemical differences in the brain
 - changes are constant

Variety of Anxiety Symptoms

- Inhibited
- Reserved
- Avoidant of Task
- Shy
- Nervous
- Shutting Down/Not Responsive
- Crying
- Desire to Be Near Comfortable Supports



- Silly
- Dysregulated
- Distracted
- Fidgeting
- Temper Tantrums
- Lashing Out

Overlapping Symptoms of Anxiety and ADHD-Inattentive

Symptom	ADHD	Anxiety
Settings of distractibility	<ul style="list-style-type: none"> Consistent in various locations 	<ul style="list-style-type: none"> Elicited in specific feared situations
Stimuli causing distraction	<ul style="list-style-type: none"> Often a mix of internal and external stimuli with no clear pattern 	<ul style="list-style-type: none"> Internal stimuli tend to be specific worries while external are feared situations
Challenging environments	<ul style="list-style-type: none"> Chaotic environments or those with little stimulation and which the child considers boring 	<ul style="list-style-type: none"> Situations in which demands for performance increase, environments that are highly stimulating, and when unsure of abilities/performance
Difficulty following directions	<ul style="list-style-type: none"> Due to inattention and distractibility in everyday life 	<ul style="list-style-type: none"> Due to worries interfering with completion of tasks
Disorganization/Inefficiency	<ul style="list-style-type: none"> Due to distractibility (attending to many stimuli at once), procrastination, and difficulty inhibiting impulses 	<ul style="list-style-type: none"> Due to avoidance of feared situations and worries about performance
Difficulty completing tasks	<ul style="list-style-type: none"> Due to distractions in environment 	<ul style="list-style-type: none"> Due to perfectionism and worries about performance

Overlapping Symptoms of Anxiety and ADHD-Hyperactive/Impulsive

Symptom	ADHD	Anxiety
Increased movement	<ul style="list-style-type: none">● Need to move, restlessness	<ul style="list-style-type: none">● Tension, nervous energy
Moments of Dysregulation	<ul style="list-style-type: none">● Triggers likely to be variable , difficulty with emotional regulation due to executive functioning deficits	<ul style="list-style-type: none">● Elicited in feared situations/noted to have a specific trigger or occur later in the day after stressors have built up

Supporting ADHD Symptoms at Home and School

Supporting ADHD in School Settings

- In public school setting:
 - Informal supports or behavioral interventions attempted through problem-solving team
 - Section 504 Plan
 - IEP in disability category of Other Health Impairment (OHI)
- In private school setting:
 - Informal supports
 - Written support plan

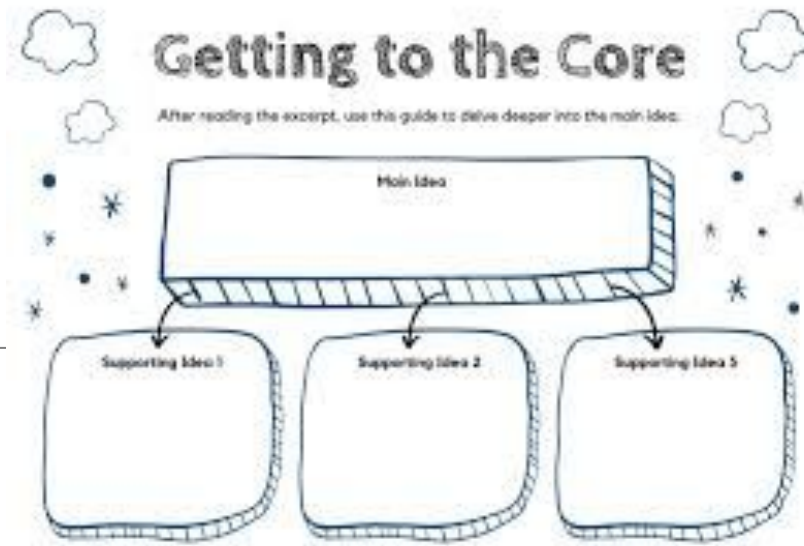
School-Based Behavioral Interventions

- Self Monitoring Strategies
- Behavior Management Strategies
 - Timers for Transition
 - Pre-teaching Expectations
 - Concrete Instructions
- Reinforcement/Contingency Management Systems
 - CICO
 - Token Economy
 - Sticker Charts
- Social Skills Training
- Organization Strategies
 - Setting Up Classroom Routine/Visual Schedule
 - Desk Clean Out Time
 - Folders/Coding Systems
 - Daily Planner/Homework Log

Daily Progress Report (DPR) Fantastic Elementary School							
Student Name _____				Date _____			
	3= 0-1 prompts		2= 2 prompts		1 = 3+		
	Be Safe <i>Keep hands & feet to self</i>	Be Respectful <i>Follow directions</i>	Be Responsible <i>Use materials appropriately</i>	Teacher Initials	Success Notes		
8:30 to Morning Break	3 2 1	3 2 1	3 2 1				
Morning Break to Lunch	3 2 1	3 2 1	3 2 1				
Lunch to Afternoon Break	3 2 1	3 2 1	3 2 1				
Afternoon Break to Dismissal	3 2 1	3 2 1	3 2 1				
Today's Goal:	50%	55%	60%	65%	70%	75%	80%
Today's Points _____	Points Possible _____		Today's Percent _____%				
Parent/Guardian Signature _____				<i>I'm proud of you today because:</i>			

Classroom Accommodations for Inattentive Symptoms

- Preferential seating
- Placement with positive peer
- Break long assignments into smaller parts
- Ensure assignments are clear and provided in writing
- Check in with student to ensure they understand expectations
- Tests taken in separate room with fewer distractions
- More time to complete assignments, projects, and tests
- Timer or alarm for time management
- Breaks throughout the day
- Limiting repetitive assignments
- Organization tools (e.g., colored folders, notebooks with dividers)
- Access to technology
- Home/school communication strategies



Classroom Accommodations for Hyperactive/Impulsive Symptoms

- Preferential seating
- Opportunity to move around/fidget
- Positive peer model
- Activity breaks
- Ignore minor misbehavior
- Testing in separate location
- Praise for desired behaviors
- Limit repetitive assignments
- Private signal around behavior
- Home/school communication strategies



ADHD Supports at Home

- Token economy
- Positive praise
- Clear, consistent expectations and routines
- Set clear and consistent limits
- Help child learn from his/her mistakes
- Organization/planning support
- Parent Training



Medication

- Stimulants
 - Methylphenidate
 - Amphetamine
- Non-Stimulants
 - Atomoxetine (Strattera)
 - Guanfacine (Intuniv)
 - Clonidine

How do stimulants work?



Increase the levels of certain neurotransmitters such as ***dopamine and norepinephrine*** in the brain.



The increase helps regulate attention, impulse control, and hyperactivity and promotes a more balanced and focused state.

Side Effects

- Most Common
 - Decreased appetite
 - Sleep disturbance
 - Social withdrawal
- Less Common
 - Rebound effect when medication wears off
 - Muscle movements (tics)
 - Minor growth delay

Additional Resources

- American Academy of Pediatrics
 - www.aap.org
 - www.healthychildren.org
- CHADD (Children & Adults with ADHD)
 - www.chadd.org
- Attention Defecit Disorder Association
 - www.add.org

Questions?
