

GEORGE STILL FORUM

National Paediatric ADHD Network Group

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Newsletter

November 2007

Issue 2

Chairman's Address

INSIDE THIS ISSUE:

Chairman's Address	1
From the Desk of the Secretary	2
The Role of the OT in ADHD - A Case Study	3
News from the region	4

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**Incoming members
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Diana Leaver

Kate Reid

Since the initial meeting of the Forum at the College meeting in March of this year, considerable progress has been made by the Committee. Special thanks go to Somnath Banerjee for his tireless efforts in establishing the website and facilitating communications generally. The Committee has been looking at a number of areas that seem particularly relevant to the Forum. Discussion at the recent BACCH meeting was particularly helpful in consolidating these thoughts.

The areas of particular consideration appear to be:

- 1 The overall structure of the Committee, and in particular the development of sub-committees to do with training, youth justice and for specific links with other professionals and professional groups such as educators, social workers, youth justice etc.
- 2 Issues re training. We will be looking into the current situation regarding the inclusion of information on AD/HD into both under-graduate and post-graduate teaching of neurobiological difficulties.
- 3 Research. We are exploring the potential for research within the College. Priorities include possible long term outcome measures for AD/HD, which include obesity, addictive behaviour, teenage pregnancy and youth justice involvement, as well as audit of practice.
- 4 The Committee is exploring what policies and procedures already exist within the College re the assessment of children with neurobiological difficulties and long term outcomes. We consider it is important that the long term outcome measures that are so relevant to AD/HD be incorporated into public policy
- 5 We are also exploring work load issues for Paediatricians working with AD/HD.

By the time of the next meeting of the Forum at the Spring College Meeting, we hope to have a great deal more information available and to have developed some specific policies.

*Dr Geoff Kewley, CEO and Consultant Paediatrician,
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Since its inception at the end of March this year, the forum has received positive feedback from paediatricians, as well as support from the Royal College of Paediatrics. In less than 6 months time the GSF is recognized as an independent special interest group affiliated to the college.

The forum runs a website. May I take this opportunity to request more paediatricians to come forward and register themselves. This forum has been formed with the aim of bringing the paediatricians together to exchange ideas and share information. Therefore the aim is more likely to be achieved when we communicate with each other more frequently. May I also request all of you to share your experiences by sending your work and ideas to us for the future newsletters?

In future, we wish to have subcommittees within the forum. To begin with we need two subcommittees very soon, the Academic; and the editorial board for the Newsletter. The academic subcommittee will oversee the abstracts submitted for the scientific meetings of GSF, which will start in near future. Therefore we need more people to come forward and volunteer themselves.

With kind regards

Dr Somnath Banerjee

Somanth.b@doctors.org.uk



General Body Meeting in Reading on 25 September 2007.

The role of the Occupational Therapist in ADHD: A case study

Given that ADHD can have a significant impact on individuals overall function, occupational therapy (OT) input should have a primary role in the assessment and intervention for ADHD. The OT has an imperative role to play in these processes. OT is a profession concerned with promoting health and wellbeing through occupation. The primary role of OT is to enable people to participate in activities of everyday life. OTs achieve this outcome by enabling people to do things that will enhance their ability to participate or by modifying the environment to better support participation. It is suggested that the OT input should be considered as an essential element of all ADHD services. The Scottish Borders ADHD Services is community based and covers a rural area of 2,000 square miles, including nine main towns. The ADHD service offers assessment and intervention in the individual's school and consists of an Associate Specialist in Child & Adolescent Psychiatry, an Associate Specialist in Community Paediatrics, a Staff Grade Paediatrician and a Specialist Occupational Therapist. Initial assessment is a one hour interview with the child and the family, which is performed jointly by the Community Paediatrician, or the Child Psychiatrist, and the Occupational Therapist. The interview takes place in the child's school or nursery to encourage attendance and enhance communication links between all parties. After the first part of this interview the Occupational Therapist works with the child in a one to one situation. During this period the child interview form and the standard OT screening assessment are completed. The child's teacher is then interviewed using a teacher interview form. Conners' rating scales, SDQ, OT questionnaire and a short sensory profile are given to parents/carers and teachers. The Occupational Therapist completes the OT questionnaire and short sensory profile with the parent/carers at the time of interview. The screen enables the Occupational Therapist to formulate how and if ADHD is affecting the child's ability to function and if there are any other underlying causes for the behaviours observed that require further OT assessment. These assessments may be valuable about comorbidities, e.g. Sensory Processing Disorder (previously Sensory Integration Dysfunction). Sensory Processing Disorder (SPD) is a complex disorder that affects the way children and adolescents interpret the sensory information they take in from their bodies and their surrounding environment. The incidences of this disorder is said to be 60% in children with ADHD. Another disorder, Developmental Coordination Disorder (DCD, formally Dyspraxia) is prevalent in about 50% of children with ADHD. DCD presents with impairment, immaturity or a disorganised movement.

In addition to the interview the Occupational Therapist also carries out a classroom observation, which is a vital tool for gaining information on a child's behaviour and ability to function in class. Children with ADHD often present with behavioural difficulties that are a consequence of sensory based difficulties. The Scottish Borders ADHD service have developed their own booklets on ADHD for children, parents/carers and teachers, which are provided upon the diagnosis. Parents/carers and teachers are also given information on support services and a sensory equipment booklet, devised by the OT Department. The article concludes with the remark that the knowledge and skills of the Occupational Therapist are gradually becoming more widely recognised by health professional and families affected by ADHD.

Taken from the article on "The Role of the Occupational Therapist in Attention Deficit Hyperactivity Disorder - a case study" which appeared in the International Journal of Therapy and Rehabilitation, 2007, 14 (10), 454 - 59.

Rhona Lee Young, the Author, kindly granted permission to reproduce this abstract. The full article can be viewed in the journal edition mentioned above.

Wigan

In 2001 we had four sessions in a year at Wigan to raise awareness of ADHD for the staff working within Education. Since then we hold one refresher day per year for the teaching staff. This year in April 2007 we had a full day workshop, which was well attended.

Dr S Jamdar

Kent

A Kent wide ADHD network exist since June 2004 and has educational days on various perspectives related to ADHD in children and adolescents. These educational days are jointly organized twice a year by Dr Mohan Chandola Consultant Child & Adolescent Psychiatrist and Dr Somnath Banerjee Associate Specialist in Community Paediatrics and are attended by ADHD clinicians and nurses, therapists, commissioners, people from education and social services department and parents. The morning sessions usually have one external speaker and two or three internal speakers. The afternoon sessions are in the workshop format. The last ADHD study day was held on 9 November 2007.

Dr S Banerjee

Hull

Hull Neuroscience Development Interest Group.

The 5th biannual meeting of the Hull Neuroscience Development Interest Group was held on the 2nd October 2007 in North Ferriby, Hull. This local interest group has been conceived in the wake of rapidly expanding knowledge base with respect to the understanding of the functions of the brain and how the same may be influenced by the various factors affecting the developing brains of the young.

The delegates included Community Paediatricians, Child and Adolescent Mental Health clinicians, General Practitioners with interest in behavioural problems, Community/ Specialist Nurses, therapists from surrounding areas. The next meeting is scheduled for the 11th March 2008. Further details may be obtained from tel 01482 886553.

Dr Neel Kamal

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