

ADHD in



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# Disclosure

Over the last 5 years :

- Scientific activities/board : Shire, Mensia
- Speaker : Shire, Otsuka, Janssen, Ardix, Astra-Zenca, Medice
- Other research grants : EU -FP7, National Grants (PHRIP, PHRC), local grants

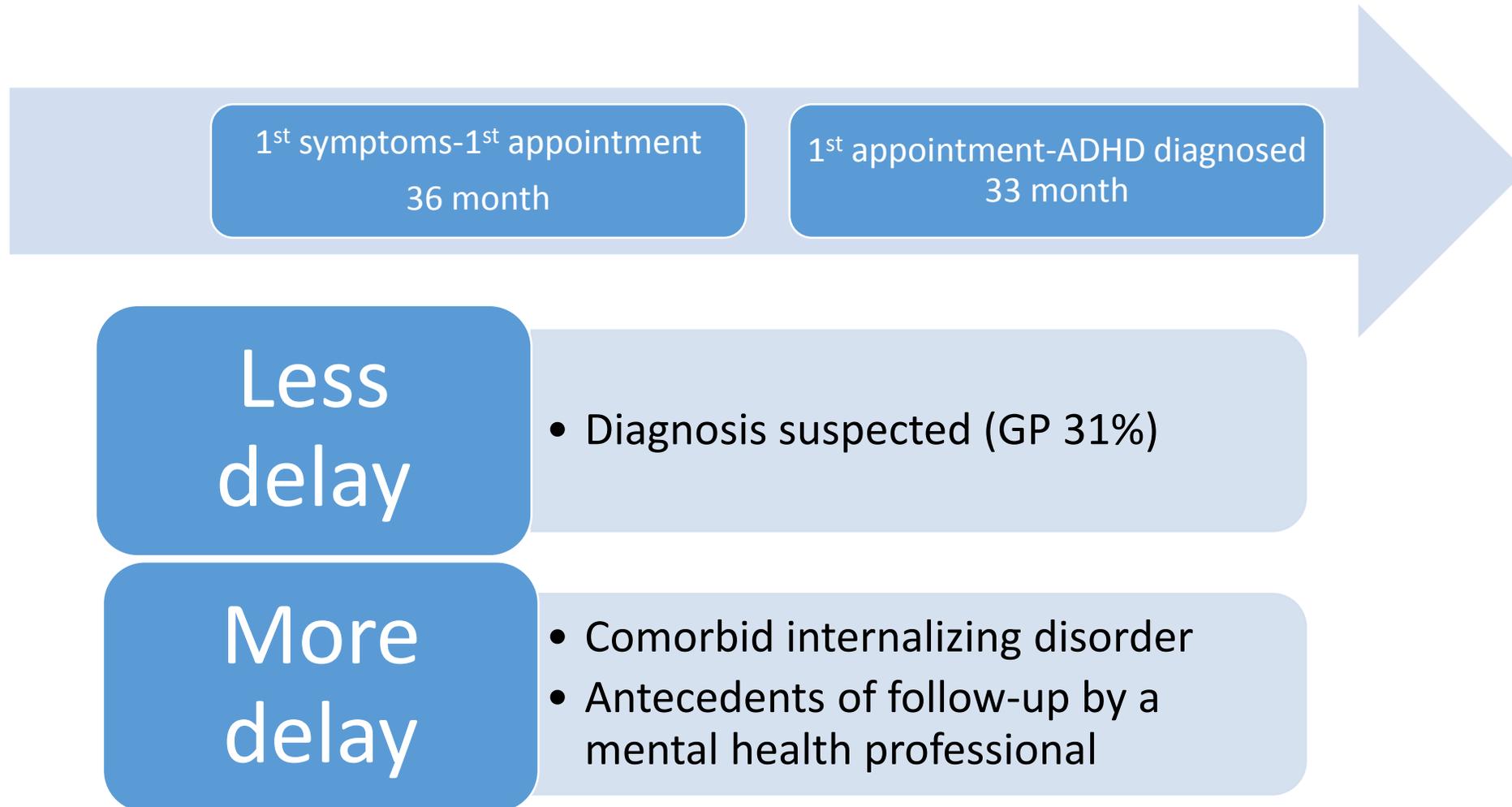
# Diagnosis of ADHD



# Diagnostic delay

D. Purper-Ouakil  
S. Cortese  
M. Wohl  
M. Asch  
E. Acquaviva  
B. Falissard  
G. Michel  
P. Gorwood  
M. C. Mouren

**Predictors of diagnostic delay in a  
clinical sample of French children with  
attention-deficit/hyperactivity disorder**



# Specific ADHD outpatient clinics

- Historically developed in University settings with units for language disorders
- No specific funding of ADHD care
- One structure labelled for attention disorders (Bordeaux)
- Existing informal network of centres with interest in ADHD
  - saturated +++ or struggling to limit delays
  - ongoing efforts of structuration
  - ongoing solicitations of the ministry of national education and health





2011

## Diagnosis & Treatment of ADHD in Europe

« France is in a unique position, having a generally effective and well financed healthcare system, but psychodynamic views of ADHD remain more influential in health and education policy than evidence based approaches »

# Training (1)

- Some progress at a national level for medical students
  - Reference document for medical students (College National de Psychiatrie Universitaire-CNUP 2016)
    - No specific item about ADHD
    - Included in the item “disruptive behaviour in adolescence” - child/adolescent section
  - Specific national e-learning modules during specialization (CNUP 2018)
    - ADHD – diagnosis and non pharmacological treatment
    - Psychostimulants
  - University Diploma (post-graduate) for psychologists and psychiatrists
    - Paris (ADHD)
    - Montpellier (Disruptive disorders and ADHD)



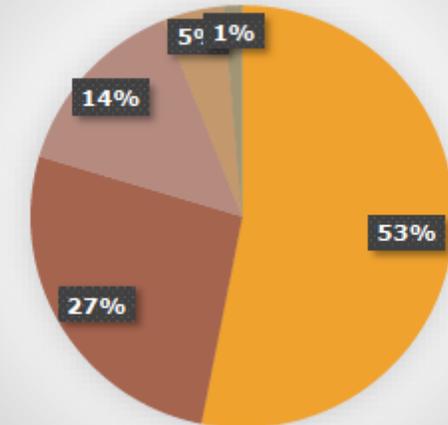
# Training (2)

- Language and occupational therapists
  - Contrasted situation
- Training for psychologists
  - Clinical-oriented university curricula mainly psychodynamically oriented
- Other unmet training needs
  - Teachers +++
  - Educators
  - Nurses
  - Social workers
  - Juvenile justice professionals



Panel of 600 respondents  
survey "TDAH Partout Pareil"  
March 2018

Niveau d'information au sujet  
du TDAH dans les écoles



■ Très mauvais ■ Mauvais ■ Moyen ■ Bien ■ Très bien

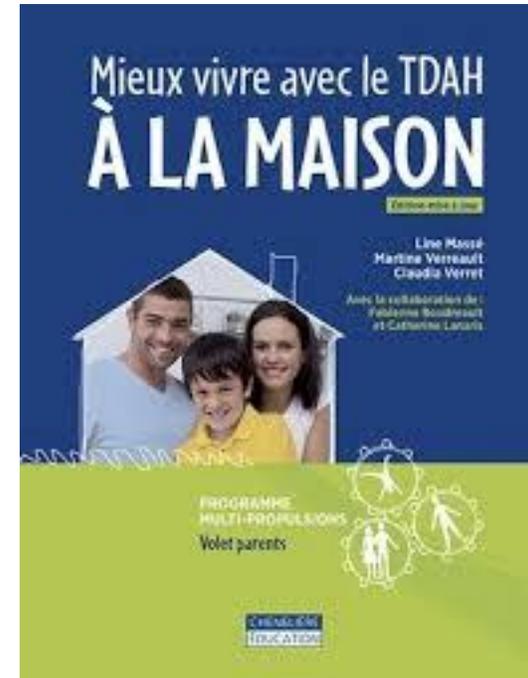


# Non-Pharmacological Treatment

# Psychoeducation and parent programs



- Poor availability, mainly in university or private settings
- Some initiatives to develop group psychoeducation/PMT programmes in CAMHS
- Manuals mainly from Canada or US
- Some parent self-help books with bases of appropriate strategies for managing ADHD and disruptive behaviours



# Cognitive behavioural therapy

- Low accessibility
- High costs (liberal practice psychologists not reimbursed)
- Some CBT-features used in motor skills training
- Some CAMHS offer social skills training / social assertiveness training when appropriate
- Issue of generalisability in children when parents/schools not involved



# Pharmacological Treatment of ADHD



# Methylphenidate : legal aspects

- Only licensed medication for ADHD in children > 6 years
- If psychologic, educative and social measures are insufficient
- Available since 1996 (IR) and 2004 (ER)
- Restricted prescription
  - Hospital neurologist/psychiatrist/paediatrician
  - New prescription every 28 days (possible by GP)
  - Yearly hospital prescription
  - Risk-management plan by the French Medication Agency (ANSM)
- 30% prescriptions initiated in private practice

# Methylphenidate in adults

- Off-label
- When MPH is initiated before adult age and shows continuing benefits in adults it can be continued
- In other cases; prescription possible with restrictions
  - No reimbursement
  - Full responsibility of the specialist
  - User Information traced in medical file

# Pharmacoepidemiology

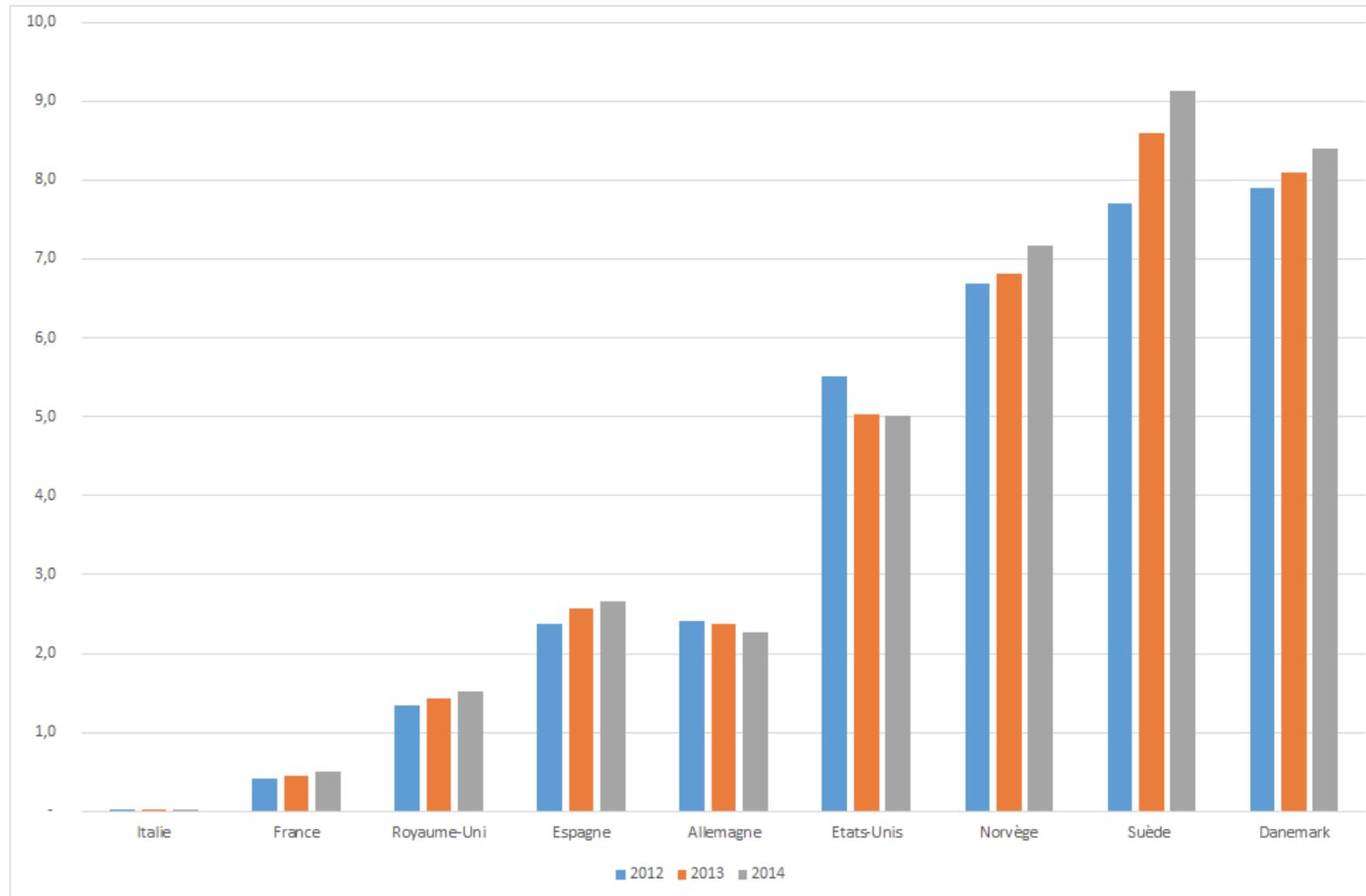
- User profile
  - Males 6-17; initiation mostly between 6 and 11
- Median duration
  - 1,6 years
- 57% initiating MPH still use it one year after (children > adults)
- Combined prescriptions in 8%
  - Antipsychotics (3,5%)> Antidepressants (2,3%), BZD (1-2%)

# Comparison of prescription rates 2012-2014

Defined Daily Dose/1000 habitants/day

[www.ansm.fr](http://www.ansm.fr)

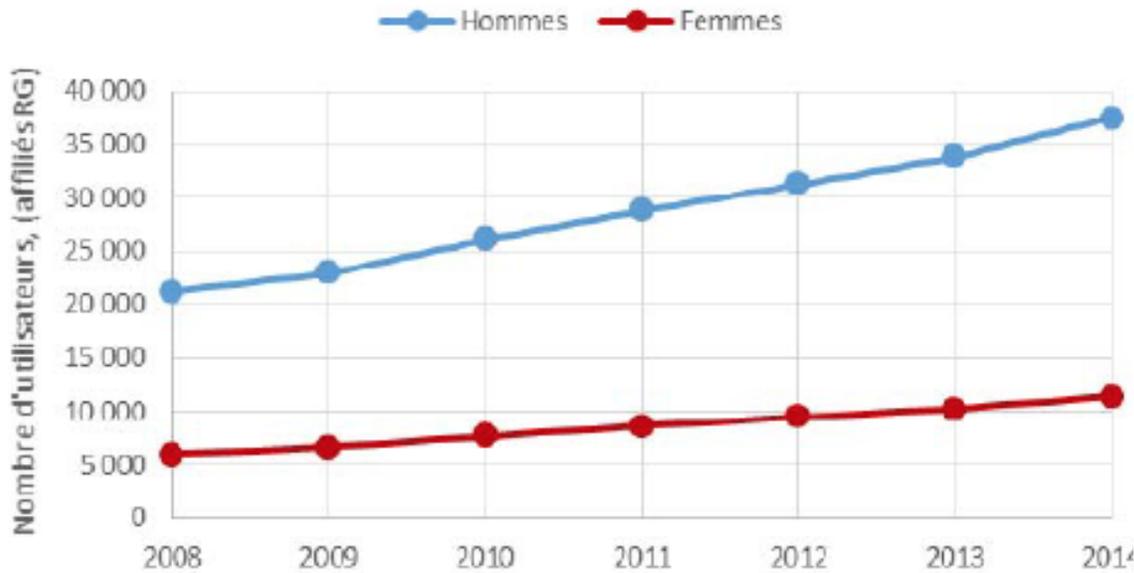
April 2017



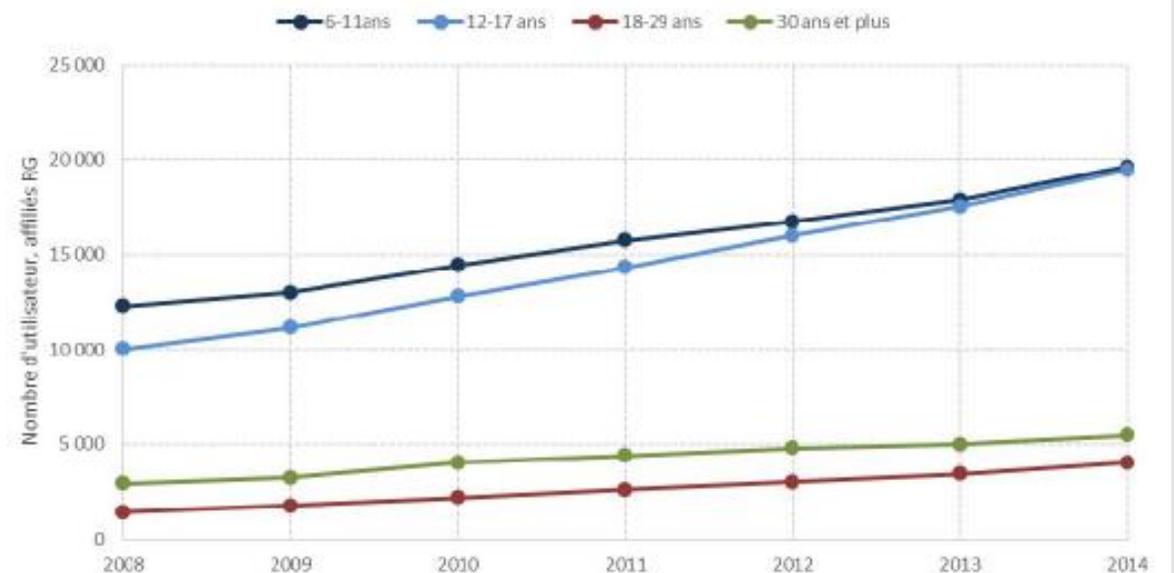
DDD is 30 mg  
for MPH

# Rising prevalence of use

Utilisation prévalente du méthylphénidate de 2008 à 2014



Utilisation prévalente du méthylphénidate par catégorie d'âge de 2008 à 2014



Around 50 000 users in 2014

+10% / year

80% between 6 and 17 years

Under 6 years < 350 users

# Pharmacoepidemiology – Key points

- 8-20% of children and adolescents with ADHD receive MPH
- 0,5% adults with ADHD receive MPH
- With Italy, lowest prescription rates in EU-countries (according to available data)

# Health Politics



# ADHD in the shadow of autism



- 4<sup>th</sup> National Planification for ASD opens to other neurodevelopmental disorders
- But..main initiatives are for Intellectual Disabilities and Specific Learning Disorders
- At least some insight about neurodevelopment

# Haute Autorité de Santé 2015 (1)

## Page 9

- « This document contains information intended for the **primary care physician** relating to the diagnostic and treatment procedures to be implemented by the specialist. **They are not formulated as recommendations** »
- « These recommendations are intended to assist in the identification of ADHD by physicians providing primary care »

## Page 10

- « The data from the literature identified **did not allow the recommendations to be based on evidence** »



# HAS 2015 (2)



First step towards official acknowledgement

BUT

Little evidence of implementation

- absence of funding
- no national policy neither audits of care pathways

Not suitable for decision-making

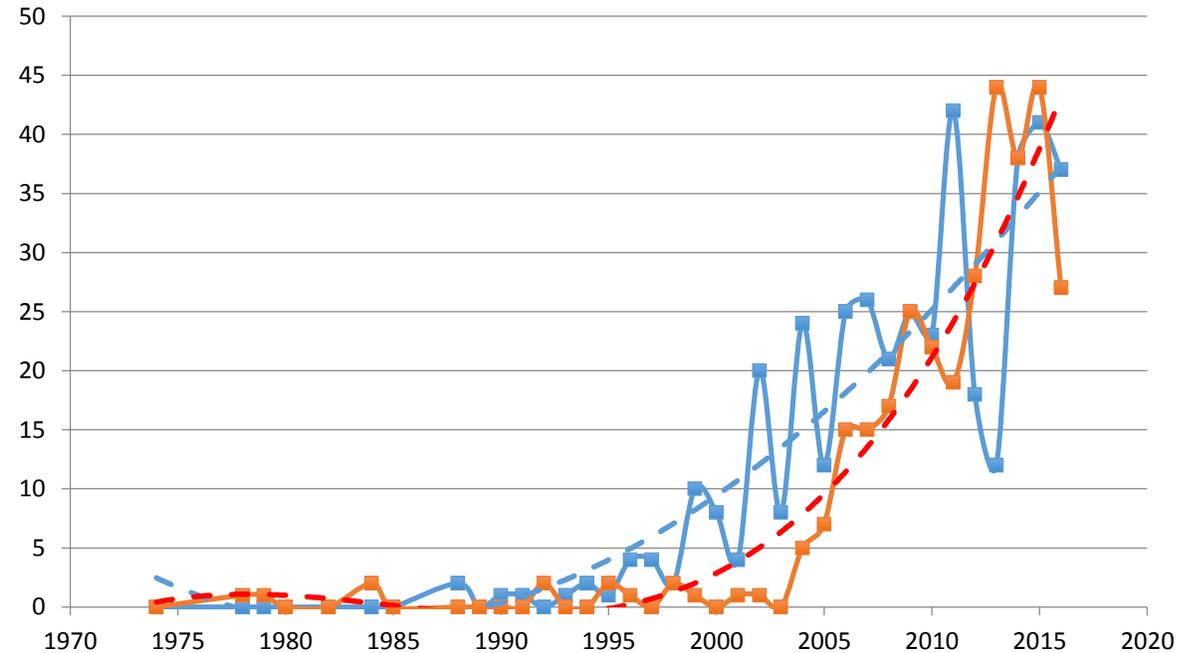
Not intended for the main actors

Research



# Bibliometric analysis

- References (1974-2016) separated in
  - *TousFR*: all authors affiliated in France → red
  - *DontFR*: at least one author auteur affiliated France → blue
- Number of publications growing according to an exponential distribution in both groups
- Psychodynamic hypotheses **10,45% (*TousFR*) vs. 1,67% (*DontFR*)**



# Structuring research

Everything needs to be done...

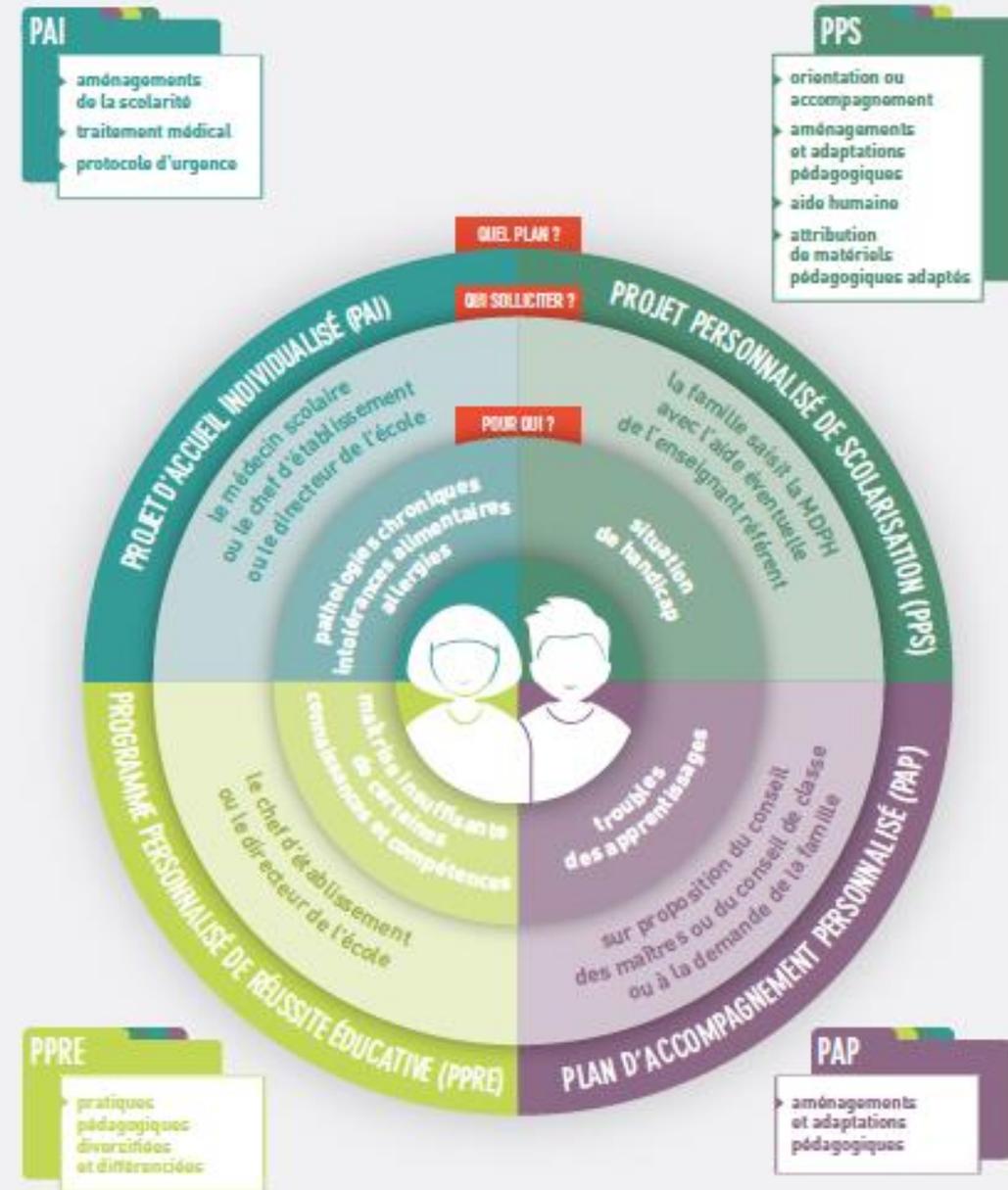
- No research setting explicitly targeted on ADHD or related conditions
- Neither on developmental psychiatry / clinical child and adolescent psychiatry
- Absence of public grants initiatives focussed on ADHD
- However TDAH-France offers specific grants for young researchers

# ADHD in School



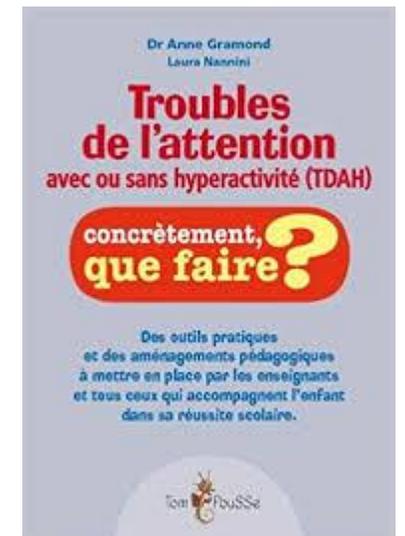
# Accommodations

- Different levels of accommodations - some require approval from an independent commission (MDPH)
- Classroom assistance often possible if severe comorbidities
- BUT...Real implementation often dependant on teachers motivation
- Variable awareness of ADHD across regional settings
- Some unwarranted orientations to special schools



# Initiatives in training / resources

- ADHD not a topic in the initial curriculum
- Relies on local cooperation between rectorates and academics/clinicians
- Resources for teachers
  - Family / patient organizations
  - Academic/hospital teaching units initiatives



ADHD in lay public media

## How French media have portrayed ADHD to the lay public and to social workers

Sébastien Ponnou<sup>a,b</sup> and François Gonon<sup>c</sup>

**Table I.** Number of newspaper articles mainly defending either model or both.

Model	1995–2000	2001–2005	2006–2010	2011–2015	Total
Biomedical	10 (66.7%)	32 (69.6%)	28 (62.2%)	34 (64.2%)	104
Psychodynamic	1	6	13	6	26
Both	4	8	4	13	29
Total	15	46	45	53	159

**Table II.** ADHD risk factors highlighted in French newspapers.

Causes of ADHD		1995–2000	2001–2005	2006–2010	2011–2015	Total
ADHD is mainly genetic	Yes	0	2	5	1	8
	No	0	3	0	2	5
	Yes + no	0	7	3	2	12
Neurological deficit		3	10	8	5	26
Premature birth		0	3	2	1	6
Inadequate education		3	9	14	9	35
Other causes		0	1	9	16	26



Criteria defining the models are problematic.

Definition of the biomedical model is obsolete

Psychodynamic model defined by mention of environmental factors

Since the late 1990s psychiatrists have made up a new disorder to describe children who are disruptive at school: attention deficit hyperactivity disorder. And, then, they have diagnosed children who present symptoms of inattention such as squirming in their seats, moving their feet or challenging all forms of authority. In other words they have transformed into a mental disorder, and then into a world-wide epidemic, what was nothing but a disturbance linked to difficult relationships between children, parents, educators and teachers. (Extract 2a, *Le Monde*, 13 February 2015)

The effects of this drug [methylphenidate] are worrying and the future of medicated children reaching adulthood is unknown. On medication, growth is slowed down, heart rate and blood pressure are increased, and psychotic symptoms may occur. In France and other European countries cases of abuse and addiction are documented. This prescription should be the last resort for treating only the most severe cases. (Extract 4, *Le Point*, 9 May 2013)

**Table III.** Therapeutic options and medication criticisms.

	1995–2000	2001–2005	2006–2010	2011–2015	Total
Medication alone	0	6	7	1	14
Psychotherapy	1	4	8	5	18
Combined	5	17	10	25	57
<i>Medication criticism</i>	9 (60%)	9 (19.6%)	10 (22.2%)	16 (30.2%)	44

**Table VI.** ADHD representation in function of the political orientation.

	Right wing	Centre	Left wing	Total
Biomedical	37 (74%)	39 (70.9%)	28 (51.9%)	104
Psychodynamic	8 (16%)	8 (14.5%)	10 (18.5%)	26
Both views	5 (10%)	8 (14.5%)	16 (29.6%)	29
Total	50	55	54	159

# Social media controversy over ADHD in France



Marilyn Wedge Ph.D.  
Suffer the Children

## Why French Kids Don't Have ADHD

French children don't need medications to control their behavior

Posted Mar 08, 2012



SHARE



TWEET



EMAIL



MORE

In the United States, at least 9 percent of school-aged children have been diagnosed with ADHD, and are taking pharmaceutical medications. In France, the percentage of kids diagnosed and medicated for ADHD is less than .5 percent. How has the epidemic of ADHD—firmly established in the U.S.—almost completely passed over children in France?



Katherine Ellison  
Pay Attention

## French Kids DO Have ADHD

And it's not all about parenting.

Posted Nov 04, 2015



SHARE



TWEET



EMAIL



MORE

Three years ago, the family therapist Marilyn Wedge wrote a [blog](#) entry for Psychology Today titled "Why French Kids Don't Have ADHD."

At last count, it has gotten 1.8 million "likes."

But it was wrong.

Par Gorana Bulat-Manenti, Gérard Pommier

LES BLOGS

# Ce que les parents doivent savoir sur le Trouble Déficit de l' Attention avec ou sans Hyperactivité

Sachez-le: ce diagnostic n'est reconnu par aucune des classifications françaises des problèmes de l'enfance.

14/09/2017 07:00 CEST | Actualisé 14/09/2017 20:01 CEST

change.org

Lancer une pétition Parcourir les pétitions Nous soutenir



## Le TDA/H me fâche !

4 432 ont signé. Allez jusqu'à 5 000 !





Key-points and perspectives

# ADHD congress in French-speaking countries

**1<sup>er</sup> Congrès International de Langue Française sur le TDA/H**  
 Trouble Déficit de l'Attention/Hyperactivité  
**Bordeaux • 24-25 juin 2010**  
 Université Victor Segalen Bordeaux 2 • Site Victoire



Sous l'égide de :

- Société Française de Psychiatrie de l'Enfant et de l'Adolescent et Disciplines Associées
- Association Française de Psychiatrie Biologique
- Société Française de Neuropédiatrie
- Société Française de Psychologie

Organisation :  
 Pôle Universitaire de Psychiatrie de l'Enfant et de l'Adolescent  
 du Centre Hospitalier Charles Perrons  
 Pr Manuel Bouvard

**2e colloque international francophone TDAH-QUÉBEC-2012**  
 10, 11, 12 juin 2012  
[www.tdahquebec2012.ca](http://www.tdahquebec2012.ca)



Quebec ville et région

**3<sup>ème</sup> Colloque International de Langue Française sur le TDA/H**



**1<sup>er</sup> et 2 juillet 2014 - Bordeaux**  
 Université de Bordeaux / Site Victoire

Trouble Déficit de l'Attention/Hyperactivité

Avec le soutien de / SIRE

Sous égide de /

- Société Française de Psychiatrie de l'Enfant et de l'Adolescent et Disciplines Associées
- Association Française de Psychiatrie Biologique et Neuropsychopharmacologique
- Société Française de Neuropédiatrie
- Société Française de Psychologie
- Congrès Français de Psychiatrie

Organisation /

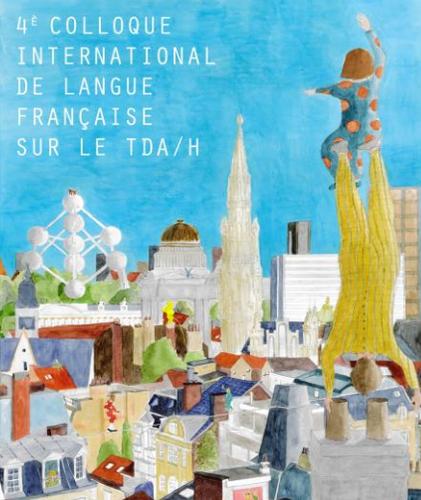
- Pôle Universitaire de Psychiatrie de l'Enfant et de l'Adolescent du Centre Hospitalier Charles Perrons
- Manuel Bouvard • Stéphanie Bioulac

**Appel à communications libres et posters**  
**Date limite de soumission • mercredi 30 avril 2014**

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**4<sup>e</sup> COLLOQUE INTERNATIONAL DE LANGUE FRANÇAISE SUR LE TDA/H**



**24 | 25 JUIN 2016 BRUXELLES**



Service universitaire de psychiatrie de l'enfant et de l'adolescent  
**5<sup>e</sup> COLLOQUE INTERNATIONAL DE LANGUE FRANÇAISE SUR LE TDAH**



Centre de Congrès de Beaulieu, Lausanne

28-29 juin 2018

Journée grand public 30 juin 2018



**MONTPELLIER 2022 !!!**

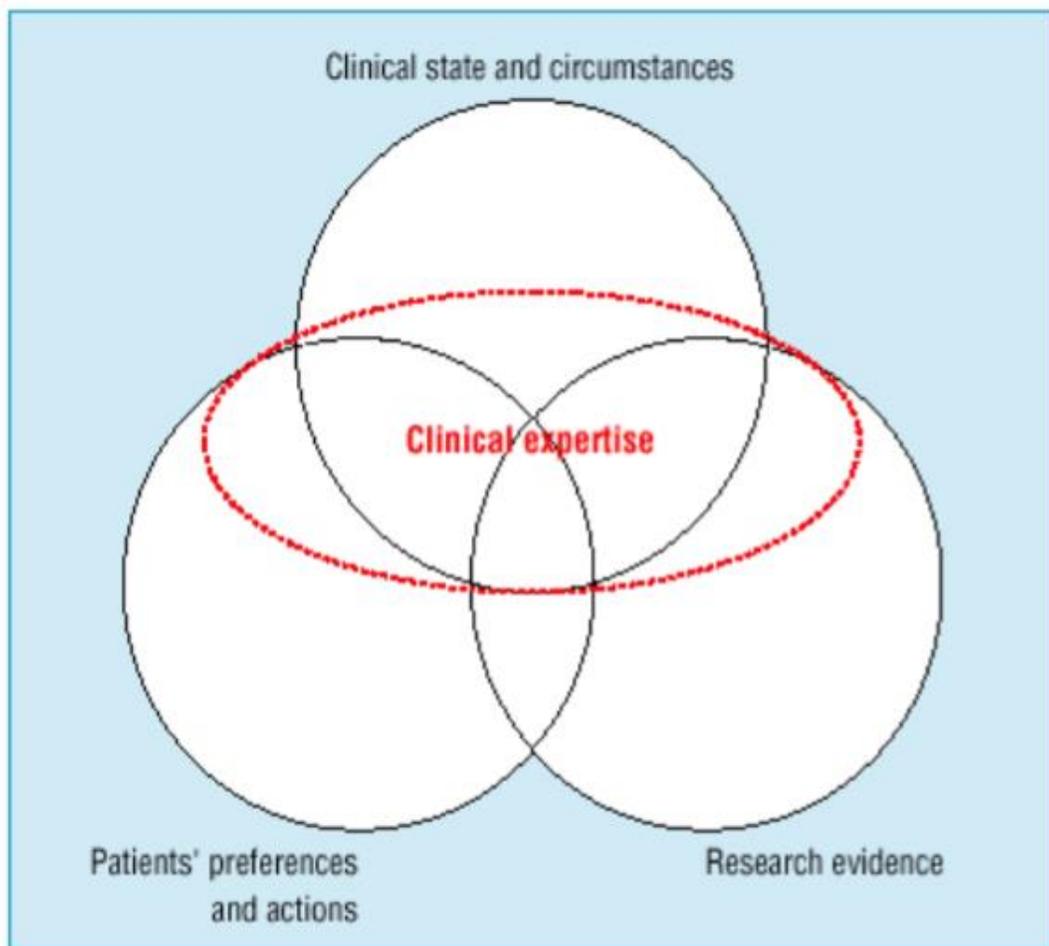


# Develop stakeholder involvement / training and research

- New referral of the HAS ongoing by TDAH-France and clinicians
  - Efficient implementation of Evidence-based methods
- Networking efforts
  - Ministry for National Education
  - Ministry for Health
  - INSERM/Universities
  - EU-networks (ECNP, EU-projects, other initiatives)
- Regulate claims for unproven commercial products/programmes to “treat” ADHD
- Audit public structures

# At the clinical level

- Develop efficient care pathways
  - Projects of shared care in adult psychiatry to extend to CAMHS
  - Develop structured diagnostic assessment in all CAMHS (not limited to specialized settings)
  - Attention to underprivileged families/migrants
- Promote EB-therapeutics and information to families
  - Develop psychoeducational brief and intensive interventions in all CAMHS
  - Develop labels for ADHD-clinics (complex cases/research/training)



An updated model for evidence based clinical decisions<sup>1</sup>

*BMJ* 2002;324:1350

Many thanks for your attention

