| Joint Event  |                   |
|--|-------------------|
| 34 <sup>th</sup> International Conference on<br>Adolescent Medicine and Child Psychology | March 20-21, 2023 |
| 10 <sup>th</sup> International Conference on   | Webinar           |
| Pediatrics Research and Adolescent Medicine  |                   |
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## Treatment of ADHD and comorbid disorders in children and adolescents

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A DHD is one of the most common neurodevelopmental disorders, affecting 7-11% of school age children and 9% of children between ages of 13-18 in the United States. <u>ADHD</u> has significant impact on school, home, social relationships and quality of life. It is also associated with increased financial burden due to healthcare costs.

ADHD guidelines are available for diagnosis and treatment of ADHD. There are many patients with ADHD who get diagnosed correctly and respond well to treatment. On the other hand, there are patients with ADHD who have significant comorbid disorders and do not respond to traditional treatment. Comorbid disorders presenting with ADHD include oppositional defiant disorder, learning disorders, disruptive mood dysregulation disorder, depression, anxiety, <u>autism spectrum disorder</u>, tic disorder, communication disorders, etc. There are several treatment guidelines for ADHD including the AACAP practice parameters, NICE guidelines, Texas Algorithm and others.

Studies have indicated medication as a treatment of choice for children with ADHD along with parent training. However, randomized controlled trials show that about 30% of children with ADHD do not benefit from medication. This could be due to phenotypic or genotypic differences or comorbid conditions.

Thus, the management of ADHD depends on the severity of ADHD and comorbid disorders and involves combined treatment with medications, therapy, behavior management strategies, social skills training and individualized education plans at school. Treatment must be individualized based on response, tolerability and side effects as well as age. Comorbid conditions like <u>mood disorders</u> may have to be treated before ADHD if symptoms significant effect psychosocial functioning.

## Biography

Jyoti Bhagia M.D. is a Consultant in the Division of Child and Adolescent Psychiatry and Psychology in the Department of Psychiatry & Psychology at Mayo Clinic. She is director of the Attention Deficit Hyperactivity Disorder (ADHD) Clinic at Mayo, Rochester, MN. At Mayo Clinic, she completed both a residency in adult psychiatry and a fellowship in child and adolescent psychiatry. She is Board certified in Adult psychiatry and Child & Adolescent Psychiatry. As a psychiatrist, she has special interest in ADHD and comorbid disorders. She serves as the director of the ADHD Clinic at Mayo, where she oversees the treatment of pediatric patients (children and adolescents) diagnosed with ADHD.

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