How to work effectively with patients who have ADHD

A Peer-Reviewed Publication
Written by Lisa Dowst-Mayo, RDH, BSDH

Abstract
Effectively treating patients with special needs can be a challenge for many dental professionals. This course will provide clinicians with the tools they need to effectively treat patients with ADHD and assist in making the appointment experience enjoyable for both the provider and the patient. By increasing your knowledge of ADHD diagnosis, classification, statistics and treatment options including pharmacological agents, your confidence level will improve and patient care excel.

Educational Objectives
At the conclusion of this educational activity participants will be able to:
1. Differentiate between the different types of ADHD.
2. Discuss the etiology of ADHD
3. Describe the diagnosis and treatment recommendations for patients with ADHD.
4. Work effectively with ADHD patients in the dental office.

Author Profile
Lisa Dowst-Mayo received her Bachelorette degree in dental hygiene from Baylor College of Dentistry in 2002. She has been active member in the tripartite of the America/Texas/Dallas & San Antonio dental hygiene associations since graduation and has held numerous leadership positions both at the state and local levels. She has worked as a full time clinical dental hygienist for the past 10 years and is currently employed at Dominion Dental Spa, the office of Dr. Tiffini Stratton, DDS. She is a published author and national lecturer; you can contact her through her website at lisamayordh.com.

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Abstract
Effectively treating patients with special needs can be a challenge for many dental professionals. This course will provide clinicians with the tools they need to effectively treat patients with ADHD and assist in making the appointment experience enjoyable for both the provider and the patient. By increasing your knowledge of ADHD diagnosis, classification, statistics and treatment options including pharmacological agents, your confidence level will improve and patient care excel.

Introduction
This course contains the most current information regarding classification, diagnosis, statistics and treatment recommendations of Attention-Deficit/Hyperactivity Disorder (ADHD). The DSM-5 (The Diagnostic and Statistical Manual of Mental Disorders) was released May 2013, replacing the DSM-4. This course will cite the DSM-5 to ensure the reader receives the most current information.

ADHD is defined as a medical condition that is caused predominantly by genetic factors which results in neurological differences. It is a developmental disorder of self-control or the ability to regulate behavior. Children with ADHD have a significant impairment in their ability to inhibit behavior that affects daily life. Working with these patients in the dental office can be a challenge. This course is designed to increase self-confidence by providing the skills needed to work with patients who have difficulty with self-control or regulating their behavior.

A reliable resource for information on ADHD can be accessed through CHADD’s website (www.chadd.org). CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder) is a national, non-profit organization founded in 1987. They provide education, advocacy and support for individuals with ADHD.

ADHD History & Classification
ADHD was first recognized in 1902 when it was called brain-injured child syndrome, then was renamed minimal brain dysfunction. In 1970 it was again renamed hyperactive child syndrome, and then attention-deficit disorder. Finally, in 1987, the term attention-deficit/hyperactivity disorder was coined.

According to the DMS-5, there are three identified types of ADHD.

1. ADHD: Predominately Inattentive Type. This used to be referred to as ADD. Many still refer to this type as ADD
2. ADHD: Predominately Hyperactive / Impulsive Type
3. ADHD: Combined, statistically, the most common form of ADHD.

ADHD Diagnosis
As with many disorders, such as Parkinson’s, Down syndrome, alcoholism, Lupus or Alzheimer’s, there is no single lab test to diagnose ADHD. Based on the DSM-5, a patient must possess at least six of the nine listed personality traits in order to be diagnosed by a professional with ADHD.

ADHD: Predominately Inattentive Type
1. Often fails to pay close attention to details or makes careless mistakes in schoolwork or other activities.
2. Often has difficulty sustaining attention in tasks or play activities.
3. Often does not appear to listen when spoken to directly.
4. Often does not follow through with instructions and fails to complete schoolwork, chores or duties in the workplace.
5. Often has difficulty organizing tasks and activities.
6. Often avoids, dislikes, or is reluctant to engage in tasks requiring sustained mental effort such as schoolwork or homework.
7. Often loses things necessary for tasks or activities.
8. Often is easily distracted by extraneous stimuli.
9. Often forgetful in daily activities.

ADHD: Predominately Hyperactive / Impulsive Type
1. Often fidgets with hands or feet or squirms in seat. This can pose a big problem in the dental environment.
2. Often leaves seat in classroom or other situations in which remaining seated is expected.
3. Often runs about and climbs excessively in situations where it is not appropriate.
4. Often has difficulty playing or engaging in leisure activities quietly.
5. Often talks excessively.
6. Often blurts out answers before questions have been completed.
7. Often has difficulty awaiting their turn.
8. Often interrupts or intrudes on others.
9. Often “on the go” or acts if driven by a motor.
ADHD: Combined Type
1. Meets both inattentive and hyperactive/impulsive criteria.

Additional Criteria listed in the DSM-5:
1. Some hyperactive/impulsive or inattentive symptoms that cause impairment must have been present before ages 7-12.
2. The behaviors/symptoms have been evident for at least 6 months.
3. Symptoms cause some impairment in two or more settings.
4. There must be clear evidence of clinical significance in social, academic or occupational functioning.
5. Symptoms must be maladaptive and inconsistent with individual developmental levels.
6. Symptoms are not better accounted for by another disorder.

There are many professionals who can diagnose and treat ADHD such as pediatricians, psychiatrists, clinical psychologists and neurologists, as well as other qualified medical and mental health professionals. A comprehensive evaluation will usually take place before any official diagnosis of ADHD is made.1,2,3,4 This evaluation consists of obtaining information from a variety of sources, settings and methods to ensure the child’s diagnosis is accurate and complete. The histories, dialogue and tests commonly utilized in the evaluation include the following:
1. Comprehensive medical and social history.
2. Interview and questionnaires with parents.
3. Behavior rating scales from school counselors, friends of the family, child-care providers, relatives, or people close to the child.
4. Review of school records.
5. Observations where the child spends most of their time.
6. Physical exam, sleep patterns, bedwetting (lack of control), anxiety, depression, blood work, EEG, CT scans.
7. Performance tests to observe child’s attention span and their ability to focus on tasks, as well as evaluate the child’s ability to organize and pay attention to visual stimuli on paper-pencil tasks. These are not standard tests and not totally necessary for making the diagnosis but helpful with difficult diagnoses.
8. Academic and intelligence tests help to rule out learning disabilities. ADHD is separate from intelligence. Just because a child has a high IQ does not mean they cannot have ADHD.

Etiology
ADHD is a lifelong disorder which is not preventable.1,2,3,5 The exact etiology is still unknown, but there are many research sound theories professionals operate under. The following research based theories addressed in this course are:
1. Genetics
2. Dopamine action
3. Abnormal brain development

Genetics
The genetic theory of etiology has years of scientific backing and evidence is quickly mounting to identify ADHD as a disorder in brain development or function with genetic origins. Family studies have shown there is a 50% chance one parent has ADHD when one of their offspring is diagnosed with ADHD.1,3 Children with a parent or sibling with ADHD are 2-8 times more likely to develop the disorder.6 Twin studies have shown if one twin has symptoms of ADHD, there is a 50-92% chance the other twin will have those same symptoms as well (92% if the twins are identical).1,3 There are ongoing molecular genetic research studies, also called “whole genome studies,” to look at entire family histories. Researchers have positively identified two genes associated with ADHD, the D4RD and DAT1.1,3 D4RD is related to the personality dimension known as novelty seeking. Children with ADHD are more likely to have this particular gene which makes them display more novelty seeking behaviors in their personality. The DAT1 gene helps to regulate dopamine activity in the brain by influencing how quickly dopamine is removed from the synapse.7 Scientists are investigating at least twenty additional genes that may make a person more vulnerable to ADHD or may contribute to the disorder in some way.6,8,9,10,11

Dopamine
Dopamine levels are believed to play a part in ADHD. Spinal fluid samples of children with ADHD have shown decreased levels of dopamine in some studies, but other studies using urine samples have disagreed.1,2 Dopamine pathways in the brain play a major role in human emotion, development and overall function. Dopamine is a neurotransmitter found in the basal ganglion of the brain.12 It is postulated that people with ADHD may have disturbances with their dopamine signaling systems or a deficiency in dopamine itself.1,2,3,5,6,8,9 One of dopamine’s most important functions is cognitive alertness and vigilant concentration.12,13 People with ADHD have problems in both these areas as described by the diagnostic criteria in the DSM-5. This is also why medications like stimulants and non-stimulants have shown effectiveness in the management of ADHD symptoms in many individuals. Those medications have an effect on dopamine, as well as other neurotransmitters and hormones in the brain, just as they do in the treatment of other disorders including Parkinson’s and Alzheimer’s.

Abnormal brain development
Another proposed etiology of ADHD is abnormal brain development and maturation; specifically the frontal-orbital region.14,15 This region of the brain is responsible for inhibiting behavior, sustaining attention, employing self-control, and planning for the future.6,9 Magnetic resonance imaging (MRI)
studies on children with ADHD have found weaker brain activation in the frontal region when responding to tasks that require inhibition.6,8,14

Statistics
Globally, approximately 5-8% of children are currently diagnosed with ADHD. According to the CDC, 6.4 million children or 11% of the US population age 4-17 are currently diagnosed with ADHD. If ADHD is left untreated or undiagnosed it can lead to severe impairment and a life of failure and underachievement. 30-50% of undiagnosed children with ADHD will repeat a grade level at least once, 35% of those may fail to graduate high school, and over 60% have severely impaired social relationships.1,2 Their defiant behavior can lead to resentment by other siblings, frequent school discipline, and greater potential for substance abuse and risky behaviors (unprotected sex, early pregnancy, thrill-seeking stunts) later in teen years.1,2,3

Girls with ADHD more commonly express the inattentive type which can lead to a delay in diagnosis; while boys more commonly express ADHD with hyperactivity making their conditions more readily apparent and can be diagnosed at a younger age.1,2,3 Conservative estimates indicate that 1-2 children in every American classroom have ADHD, and only 50% of those are being diagnosed and treated correctly.1,2 Children who have ADHD are eligible for special education services or accommodations within the regular classroom when needed. Section 504 of the Rehabilitation Act of 197316 is a civil rights law designed to eliminate discrimination on the basis of disability in any program or activity receiving federal financial assistance. The Rehabilitation Act requires the provision of appropriate educational services. Only the school can determine if your child qualifies for these accommodations; however, the ultimate responsibility for enforcing these provisions rests with the Office of Civil Rights of the U.S. Department of Education.

Raising a child with ADHD is more costly for parents or guardians. On average, parents will spend twice the amount of money in medical bills and special services, such as psychiatry, than raising a child without ADHD.1,2,3 The annual societal cost of illness for ADHD in childhood and adolescence is $42.5 billion. The individual cost of illness is estimated at $14,576 per individual in 2005 dollars.17 Within the first 5 years of driving, teenagers with ADHD will have four times as many accidents as kids without ADHD and are more likely to cause bodily injury in those accidents.3 They have three times as many citations for speeding as teens without ADHD and are not recommended as a sole treatment.1,2 The two classes of pharmacologic agents used in the treatment of ADHD are stimulants and non-stimulants. Psychomotor stimulants include amphetamines and other closely related drugs.12,18 They stimulate the CNS to increase alertness, attention span and calm down hyperactivity. This paradoxical effect is not fully understood and does not work the same for all patients; which is part of the reason why medications do not always work for each individual. There are two theories of the mechanism of action of these drugs. One, stimulants increase the activity of dopamine and norepinephrine in the brain, or two, they stimulate receptors to release more dopamine and norepinephrine and inhibit the reuptake of those neurotransmitters back into the nerve endings.4,12,18 The result of either mechanism will $370,000-$450,000 in lost wages, contributions to society, taxes, and social service expenses. Teens with ADHD also have higher teen pregnancy and STD rates than teens without ADHD; most likely due to their impulse control issues and the inability to regulate behavior and understand of consequences of life choices.

Treatment
There are many different treatment modalities for ADHD and each individual will have their own unique needs. There is no single intervention that is effective for treating and managing ADHD, which is why professionals address ADHD treatment with a multi-modal approach.1,2,3 This consists of involving parents, professionals and child educators in diagnosis, treatment, behavior management techniques, medication, school programs and/or special accommodations. According to the CHADD website, “Treatment should be tailored to the unique needs of each child and family.”

Medications are an effective part of a multi-modal approach, but are not recommended as a sole treatment.1,2 The two classes of pharmacologic agents used in the treatment of ADHD are stimulants and non-stimulants. Psychomotor stimulants include amphetamines and other closely related drugs.12,18 They stimulate the CNS to increase alertness, attention span and calm down hyperactivity. This paradoxical effect is not fully understood and does not work the same for all patients; which is part of the reason why medications do not always work for each individual. There are two theories of the mechanism of action of these drugs. One, stimulants increase the activity of dopamine and norepinephrine in the brain, or two, they stimulate receptors to release more dopamine and norepinephrine and inhibit the reuptake of those neurotransmitters back into the nerve endings.4,12,18 The result of either mechanism will

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<tr>
<th>Trade Name</th>
<th>Generic Name</th>
<th>Class</th>
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<tr>
<td>Adderall®</td>
<td>Mixed amphetamine salts</td>
<td>Stimulant</td>
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<tr>
<td>Concerta®</td>
<td>Methylphenidate</td>
<td>Stimulant</td>
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<td>Daytrana®</td>
<td>Methylphenidate patch</td>
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<td>Vyvanse®</td>
<td>Lisdexamfetamine dimesylate</td>
<td>Stimulant</td>
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The FDA has approved the following medications for the treatment of ADHD:1,4,19,12

www.ineedce.com
increase the availability of dopamine and norepinephrine and ultimately cause a change in the individual’s behavior.

All these medications are Schedule II controlled substances, with a high abuse potential according to the Federal Comprehensive Drug Abuse Prevention and Control Act. Schedule II drugs require written prescriptions with the provider’s signature and no refills are allowed without a new prescription. Schedule II drugs cannot be called into a pharmacy. Patients have to obtain a new written prescription every month for these medications. Certain states also require the use of triplicate or duplicate prescription blanks for Schedule II drugs.

A challenge to doctors in treating children with pharmacological substances is finding the correct medication, then continually changing dosage as the child grows and their metabolism fluctuates. Tolerance can develop to these drugs and medications may need to be changed. It is important to understand that medications do not teach a child life and coping skills; they help the child focus enough to learn those skills. This is why a multi-modal approach to treating ADHD is advocated by professionals.

**Dental Management**

Patients with ADHD have their own unique needs. The more open parents and guardians are with dental providers, the smoother appointments will run. Short, morning appointments are usually best. It is also helpful for parents to pre-plan with their child prior to the dental visit. Informing the child of what is expected, what will occur and making sure to bring something to keep them occupied while waiting. Since these children are lacking in internal controls, parents may need to provide external motivation; for example, utilizing a system such as free-response-tokens. For example, parents give their child tickets (in the grocery store you can use pennies, in restaurants use sugar packets), and explain what type of behavior will result in losing a ticket. They should be specific in those explanations; such as, inappropriate language, not cooperating with dentist, not sitting still in the dental chair, etc. If the child has a ticket left when they leave, they earn a treat. This is a simple exercise used to teach a child to inhibit their behavior. Another powerful tool a parent can use is to control the delivery of a passion. For example, if a child has a passion for video games, they can earn screen time by appropriate behavior or lose it for inappropriate behavior. If the child takes prescription medications, they will need to take their medications the day of their dental appointment.

Dental providers should do their best to stay on schedule since ADHD patients are challenged with sitting still for long periods of time. The dental professional should clearly define what the child’s appointment will entail and their specific expectations. It is better to speak directly to the patient and with intent. Patients with ADHD respond better when you use alpha words and commands with short explanations. A “get-to-the-point quickly” style that also avoids vague and lengthy explanations. Try to minimize distracting noises and behaviors, like opening instruments or flipping through channels on the TV. These patients may not hear what you are saying if they are more interested in what you are doing.

The dental office environment can create sensory overload for a child with ADHD with the many different sounds, smells, visual and tactile stimuli. They may ask, “What is this, what is that?” over and over again. When a child experiences sensory overload, a dental appointment can quickly unravel. Providers need to control the external environment as best they can and force the patient to focus on what you need them to focus on. The use of music with headphones to drown out external noises such as handpieces and other people talking would be a way to minimize external stimuli. Some patients with ADHD are hypersensitive to hot and cold temperatures so avoiding water-producing equipment and minimizing rinsing would be advised.

In the dental chair, it is best to simply ignore behaviors that may seem inappropriate because they are usually unintentional. If a child fidgets excessively when they first sit down in your chair, just ignore it. Some children need to fidget to help themselves feel comfortable and relaxed. If they put their hands up to their face while you are working, simply move their hands back down to their side and avoid scolding them. Many children with ADHD take a few more seconds to process directions and commands than children without ADHD. If you give a command such as please open your mouth, wait 3-5 seconds for them to comply before repeating yourself.

Reward and positive reinforcement systems are extremely useful tools for children with ADHD. They respond favorably to positive praise and attention because they do not always get it; so be generous with your praise. When providing oral hygiene instructions, sit them up in the chair, turn off all auditory distractions (TV, headphones) and look them in the eye while speaking. Focus first on what they are doing well and praise them for it before bringing attention to a habit you need them to improve. Avoid accusatory questions that could set a child up for a lie. If you know they are not flossing their teeth, don’t ask them if they are. That will not get you the results you are trying to achieve. Ask what professionals call “I wonder” questions to help the child understand the importance of flossing. For example; “I wonder what happens to teeth when someone doesn’t floss?” Wait for them to think of an answer and then expand on their answer. Use smiles and gentle, thoughtful pats on the back, high-5, or thumbs up. Avoid multi-step instructions and write down all homecare instructions for the child and parent. Finally, ask the child to repeat the instructions you gave them in their own words to make sure they understand.

Parents of some children with ADHD report they have an extremely difficult time getting their child to perform daily oral hygiene. The child’s unwillingness to commit to most oral hygiene procedures is at a higher intensity and deficiency than
children without ADHD. Below is a list of techniques you could suggest to the parents in your practice:

1. Motivation. Find out what motivates your child and use that to help with oral hygiene compliance via reward systems.

2. Visuals. Pictures may work better than verbal commands. Have the parent hang a picture of someone with rotted/decayed teeth on the bathroom mirror. When the child is protesting brushing, simply point to the picture instead of verbalizing your disagreement.

3. Checklist. Have parents hang a written checklist in the bathroom with oral hygiene steps. Be sure to inform parents they may need to change these pictures or checklists as the novelty beings to wear off.

4. Toothbrushes. Colorful electric toothbrushes with timers are effective for many children with ADHD. The child may think it is more fun to use than a manual brush and also reinforces the length of time they need to brush without someone verbally telling them. Children with ADHD don’t always understand the concept of just how long two minutes actually is. Timers are a better choice.

5. Disclosing solution. There are multiple over-the-counter disclosing products that stain plaque, calculus and debris. Disclosing solutions can be used before and after brushing as a reinforcement tool.

Conclusion
Treating a dental patient with ADHD does not have to be a painful, strenuous experience for everyone involved. The acronym UNCAPPED may prove to help appointments run more smoothly.

UNCAPPED:
U: Understanding for your patient
N: Non-judgmental attitude
C: Calm. Stay calm and relaxed
A: Attitude. Keep a positive attitude
P: Praise. Be generous with positive praise
P: Patient. Be patient with your client’s needs
E: Empathy
D: Directness

References

Author Profile
Lisa Dowst-Mayo received her Bachelorette degree in dental hygiene from Baylor College of Dentistry in 2002. She has been active member in the tripartite of the America/Texas/Dallas & San Antonio dental hygiene associations since graduation and has held numerous leadership positions both at the state and local levels. She has worked as a full time clinical dental hygienist for the past 10 years and is currently employed at Dominion Dental Spa, the office of Dr. Tiffini Straton, DDS. She is a published author and national lecturer; you can contact her through her website at lisamayordh.com.

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1. The most current *Diagnostic and Statistical Manual for Mental Disorders* edition is the:
   a. DSM-2
   b. DSM-3
   c. DSM-4
   d. DSM-5

2. Children with ADHD can struggle with which of the following?
   a. Self-control
   b. Inhibiting behavior
   c. Impulse control
   d. All the above

3. CHADD was founded in:
   a. 1902
   b. 1925
   c. 1979
   d. 1987

4. The term Attention-deficit/hyperactivity disorder was coined in:
   a. 1902
   b. 1925
   c. 1979
   d. 1987

5. How many types of ADHD are there?
   a. 1
   b. 2
   c. 3
   d. 4

6. Which type of ADHD is the most common?
   a. Predominately inattentive type
   b. Predominately hyperactive/impulse type
   c. Combined
   d. None of the above

7. According to the DSM-5, how many personality traits must a patient possess to be accurately diagnosed with ADHD?
   a. 5
   b. 6
   c. 9
   d. 12

8. Which type of ADHD describes a child who often leaves their seat in the classroom, talks excessively and appears to be driven by a motor?
   a. Predominately inattentive type
   b. Predominately hyperactive/impulse type
   c. Combined
   d. None of the above

9. Which type of ADHD describes a child who often has difficulty sustaining attention in tasks, organizing activities, loses things easily and is forgetful in daily activities?
   a. Predominately inattentive type
   b. Predominately hyperactive/impulse type
   c. Combined
   d. None of the above

10. For a patient to be diagnosed with ADHD, symptoms must be present during the ages:
    a. 7-12
    b. 5-6
    c. 7-8
    d. 7-14

11. Which of the following professionals can diagnose and treat a patient with ADHD?
    a. Pediatrician
    b. Neurologist
    c. Clinical psychologist
    d. All the above

12. Which of the following is a proposed etiological theory in ADHD?
    a. Genetics
    b. Dopamine action
    c. Abnormal brain development
    d. All of the above

13. In the genetic theory of etiology for ADHD, if one identical twin has the symptoms of ADHD, what chance is there that the other twin will also have symptoms?
    a. 25%
    b. 50%
    c. 75%
    d. 92%

14. If a child is diagnosed with ADHD, according to the genetic theory of etiology, what is the chance one parent also has ADHD?
    a. 25%
    b. 50%
    c. 75%
    d. 92%

15. In the genetic theory of etiology, which gene is related to the personality dimension of novelty seeking?
    a. DAT1
    b. D4RD
    c. A1BG
    d. CALM2

16. In the genetic theory of etiology, which gene is related to the regulation of dopamine activity in the brain?
    a. DAT1
    b. D4RD
    c. A1BG
    d. CALM2

17. In the abnormal brain development theory of etiology, which region of the brain is thought to be the most affected in patients with ADHD?
    a. Front-orbital
    b. Temporal
    c. Parietal
    d. Occipital

18. According to the CDC, how many children in the United States age 4-17 are currently diagnosed with ADHD?
    a. 2.3 million
    b. 5.4 million
    c. 6.4 million
    d. 8.6 million

19. What percentage of children will repeat a grade at least once if ADHD is undiagnosed or untreated?
    a. 20-30%
    b. 30-50%
    c. 50-70%
    d. 70-90%

20. If a child does not graduate high school, according to economists, what cost does this have to society?
    a. $370,000-450,000
    b. $500,000-600,000
    c. $600,000-700,000
    d. $700,000-1,000,000
How to work effectively with patients who have ADHD

Educational Objectives
1. Differentiate between the different types of ADHD.
2. Discuss the etiology of ADHD.
3. Describe the diagnosis and treatment recommendations for patients with ADHD.
4. Work effectively with ADHD patients in the dental office.

Course Evaluation
1. Were the individual course objectives met?
2. To what extent were the course objectives accomplished overall? 5 4 3 2 1 0
3. Please rate your personal mastery of the course objectives. 5 4 3 2 1 0
4. How would you rate the objectives and educational methods? 5 4 3 2 1 0
5. How do you rate the author's grasp of the topic? 5 4 3 2 1 0
6. Please rate the instructor's effectiveness. 5 4 3 2 1 0
7. Was the overall administration of the course effective? 5 4 3 2 1 0
8. Please rate the usefulness and clinical applicability of this course. 5 4 3 2 1 0
9. Please rate the usefulness of the supplemental webliography. 5 4 3 2 1 0
10. Do you feel that the references were adequate? Yes No
11. Would you participate in a similar program on a different topic? Yes No
12. If any of the continuing education questions were unclear or ambiguous, please list them.
13. Was there any subject matter you found confusing? Please describe.
14. How long did it take you to complete this course?
15. What additional continuing dental education topics would you like to see?
16. Were the individual course objectives met?
17. Differentiate between the different types of ADHD.
18. Discuss the etiology of ADHD.
19. Describe the diagnosis and treatment recommendations for patients with ADHD.
20. Work effectively with ADHD patients in the dental office.

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