

Combination Multi-Level Strategy for Treating Attention Deficit Hyperactivity Disorder in Children

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Abstract

Purpose of the Paper: To describe the principles of a combination multi-level approach to treating attention deficit hyperactivity disorder (ADHD) in children.

Key Points: The author illustrates clinical manifestations of ADHD. He also describes a model of his own combination multi-level strategy and corrective psychological services and that can be used to treat ADHD in children. This combination approach includes measures affecting syndromic manifestations of the disorder and the subject's metabolism, neurophysiology, behavior, and personality. At each of these levels, this approach provides both specific (psychopathological) and non-specific (etiopathogenic) therapeutic and correctional effects.

Conclusion: ADHD is a heterogeneous condition. This explains the need to apply a differentiated treatment approach and to use step-by-step treatment and correction programs involving multidisciplinary teams of specialists.

Keywords: dysontogenesis, attention deficit hyperactivity disorder (ADHD), combination treatment.

Short description

Attention deficit hyperactivity disorder (ADHD) is an urgent problem in modern society, and incorrect therapeutic and pedagogical approaches to children with ADHD can lead to worsening symptoms, inability to learn properly, and also lay the groundwork for the various forms of deviant behavior. The three main symptoms of ADHD – hyperactivity, impulsivity, impaired attention – can manifest themselves to varying degrees. Since the etiology of the occurrence of ADHD can be diverse (the different nature of disorders of the neurotransmitter metabolism), the approach to therapy should also be differentiated.

The article describes the principles of an integrated multilevel approach to the treatment of children with ADHD. The author developed a method of therapy and psychocorrection, including five levels of treatment of the pathogenesis of the syndrome.

The first level is metabolic, that is, drug exposure. One of the most physiological and often used drugs for ADHD and deviant behavior is Glycine. Other nootropics are also used (hopantenic acid, pyritinol, nicotinoyl- γ -aminobutyric acid, levocarnitine, etc.), hyperbaric oxygenation. In world practice, various psychotropic drugs (psychostimulants, antidepressants, antipsychotics, or tranquilizers) can be added depending on the specific course of the disease and related conditions. Unfortunately, many psychostimulants, firstly, are not approved for use in the Russian Federation, and secondly, they do not eliminate the very cause of ADHD, and therefore require constant use for many years. Moreover, many of them have quite serious side effects and can be addictive.

The second level is neurophysiological. It includes neuropsychological diagnosis and complex sensorimotor correction of basic ontogenetic blocks of the brain organization of the child's mental activity. At this stage, processes in the cerebral cortex are adjusted. Examples of exposure methods are breathing exercises, massage and self-massage, relaxation training, balance training; exercises for developing a sense of rhythm, spatial perception, dexterity and attention; games aimed at developing

communication skills and voluntary attention. Children who have completed this course no longer need drugs. Unfortunately, the organization of such training requires hard time-consuming work.

The third level is syndromic. It includes psychological correction and pedagogical work. Learning games are used for developing an attention, perseverance and stillness, restraint and self-control, etc; psychological and speech therapy; systematic sports activities.

The fourth level, behavioral, is aimed at the formation and consolidation of desirable patterns of behavior and the suppression of unwanted ones. It includes various types of behavioral therapy in combination with cognitive and other types of psychotherapy.

The fifth level is personal. Its goals are the resolution of external and internal psychogenic conflicts, the personal growth of the patient, the harmonization of relationships with others. Individual, family and group psychotherapy is used.

Depending on the age, severity and characteristics of the patient, the above complex of therapeutic measures takes an average of about a year.