

Emerge



Important Aspects of the ADHD/SPD Overlap



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A Child's Place

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Occupational Therapy
Speech Therapy

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In a recently published expert column entitled "Advances in Drug Delivery Systems for Attention Deficit/Hyperactivity Disorder," Raun Melmed, MD states that ADHD diagnostic features of frequent inattentiveness and hyperactive impulsive behaviors cannot be accounted for by any other mental disorder.¹ While this may be technically true, the assertion merits a very important caveat. There is another recognized diagnosis with symptoms that overlap attention deficit disorder (ADD) and attention deficit disorder with hyperactivity (ADHD) 100%. This other diagnosis is not a mental disorder, so Dr. Melmed's statement is not literally false. The diagnosis which presents very similarly to ADD/ADHD is Regulatory-Sensory Processing Disorder (SPD) as listed in the 2007 *Diagnostic Manual of the Interdisciplinary Council on Developmental and Learning Disorders* (ICDL codes 200 to 207.9).

Since types of SPD can present every symptom of ADD/ADHD, it is likely that some children meeting the diagnostic criteria for ADD actually have a modifiable sensory processing disorder. It may also be the case that SPD sometimes exists as a co-morbidity to ADD. SPD may be the more optimistic diagnosis. ADD treatment plans typically involve stimulant therapy with no specified endpoint.¹ Some studies suggest that both children with ADD and children without deficits respond to stimulant therapy, so it is questionable whether response to therapy should be considered a confirmation of diagnosis.²⁻⁵ Dr. Melmed, who is a consultant to and speaker for Eli Lilly, reports that **controversies surrounding the long-term use of stimulants include the potential for growth suppression, the development of tics, diversion/misuse, cardiovascular adverse events, and psychiatric adverse events including suicidality.**¹ On the other hand, the prevailing theory for sensory processing disorder holds that dysfunctional neurological pathways in the brain cause non-adaptive processing of sensory input (particularly tactile, proprioceptive, and/or vestibular), and that these pathways are modifiable through sensory-based therapy. Occupational therapy treatment, such as that available at Emerge, focuses on engaging activities designed to facilitate sensory processing and build neuronal connections. At Emerge, therapists work with the family to develop goals, and children typically maintain and build upon their gains for life. Parents usually begin seeing very positive outcomes in as little as one to two months of therapy. No adverse side effects have been connected to occupational therapy.

Dr. Melmed writes that behavioral interventions provide important clinical benefits and that they can be used in conjunction with stimulant therapy when there is an ADD/ADHD diagnosis. When you have pediatric patients on stimulant therapy for ADD/ADHD, please consider a referral to Emerge for programs that may reduce the need for ongoing stimulant therapy. We would also like to propose that occupational therapy be considered before the initiation of long-term medication management in some cases. If there is any credibility to the concerns cited by Dr. Melmed, and if expert occupational therapy alone can modify the problem sufficiently, management without long-term medications may be a preferable alternative for some children.



Emerge – The Place Children Prefer

At Emerge, children find spacious rooms, large windows, colorful surroundings, and lots of toys and playful equipment. In general, Emerge is a place children like at first sight and look forward to visiting again. Important therapy has never been so much fun.

**Please tell parents about Emerge – A Child's Place
Believing in a Child's Potential to Flourish**

References

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