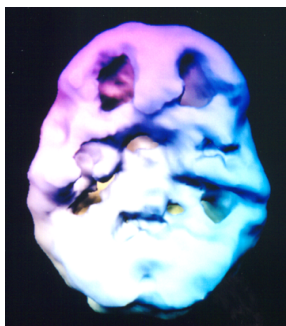


COREPSYCH RADIO #4 MARCH , '09

THURSDAYS 4 EST, 3 CST, 2MST, 1PST



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Review Last week: Russell Jaffe MD PhD was recorded and will be posted on my blog site.

Program 5: Today – Multiple Diagnoses with ADHD

1. Start by looking for multiples

- a. One must always look at comorbidity, the idea that multiple diagnoses can co-exist in one person with one diagnosis on the front end
- b. ADHD is very complicated, not a simple description as we discussed in the first program. Labels don't work when we are interested in function over time and context. Context, changing reality, is a big problem, and can change the picture of the cognitive dysfunction associated with ADHD.
- c. If we don't appreciate the multiplicity of diagnoses we wind up treating only one and aggravating the others, often with catastrophic results... more in the book.

2. The Three Most Common Comorbid Diagnosis All Require Different Meds.

- a. **ADHD** is the easy diagnosis to make for children,
- b. **Depression** is the easy one for adults.
- c. **Bipolar** is the most common catchall
- d. Medications given incorrectly can significantly aggravate the problem for anyone.
- e. Meds must be given with a strategy for all the diagnoses
- f. The closing point, the essential point, use this strategy
 - i. With Bipolar use mood stabilizers first
 - ii. With associated Depression it will be next, low dose
 - iii. ADHD is always last in this group, unless
 - iv. Unless it is the primary illness.