

ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Objective 1:

Dr Malik uses the DSM-V medical classification for the diagnosis of their ADHD children. In this, children are assessed for 6 or more symptoms of inattention or hyperactivity/impulsivity. This is in addition to their presence continuously for 6 months or more, within multiple settings, onset before the age of 12 years and evidence that symptoms interfere with their quality of life. As far as we are aware, in the NHS the DSM-V criteria is key for diagnosis of ADHD and this is confirmed by the NHS website. Additionally, while I can't comment globally, it remains the key criteria in many other developed countries, including the USA.

When diagnosing patients with ADHD I noticed Dr Malik was very refined in the way he gleaned the necessary information. For example, he started with open questions and went on to ask about the symptoms that were not discussed. These 18 symptoms are listed as part of the DSM criteria and cover a range of things, however, he did this without seeming as though he was reading a list of questions, ensuring that both the patient and child were engaged.

Additionally, for several patients I noticed that it was helpful to split the child and parents up and chat to them separately, meaning that they could both be addressed directly without the pressure of the other watching. I saw first hand how useful this was. The assessments were carried in room with multiple people including Dr Malik and other neuropsychiatric consultants, psychologists, clinical nurse specialists, play therapists and MSc students.

I believe that the DSM classification provides a great framework to ensure that the correct patients are diagnosed, however, feel it can also be a bit prescriptive. With a lot of these patients I felt that you can get a good sense of the diagnosis from talking to them alone through their verbal and non-verbal responses. That being said there was one patient who was 1 symptom short of reaching the threshold for diagnosis but was still considered to have ADHD, indicating that ultimately clinical judgement and expertise must be used in addition to the criteria in order to make a diagnosis.

Objective 2

I believe that throughout my elective period I was given an opportunity to communicate with many children and parents from a range of cultures and socio-economic backgrounds. This highlighted the fact that childhood psychiatric disease behaves somewhat differently to typical 'diseases of the

deprived' as all strata of society seemed to be equally affected. This additionally highlighted the need to be able to communicate very effectively with all sections of society. For example, being able to reassure the anxious parent while also encouraging the engagement of the disinterested or nonchalant one. Being able to interact in a non-patronising way with an astute adolescent with normal development compared to a child with learning difficulties or language barriers.

It was incredibly useful to be able to observe Dr Malik as he interacted with both the children and parents. I noticed he was able to mirror the patients and parents body language and gauge the level of conversation almost instantaneously – this is something that seems to come with experience. After a while I began to realise how much of communicating with the difficult patients came down the non-verbal aspects such as tone of voice and posture. I noticed that he kept the older children as his main focus at all times, which I think gave them a feeling of worth and reminded them that they were the most important. Conversely, when asking parents questions he did this very tactfully, ensuring that his attention was not diverted from the child or adolescent for too long. For the younger children under the age of 5 he was able to distract the child with toys and thus observe their behaviour while talking to the parents concurrently. Again all of these were skills that seem natural but are actually greatly refined with experience.

When given an opportunity to communicate myself under Dr Malik's supervision I ensured that I attempted to copy all the verbal and non-verbal aspects that he undertook (to the best of my ability!). After each session we discussed how my efforts went and thus this helped in providing constructive feedback. I feel as though while I have improved my ability to communicate with children significantly, I still have a long way to go with my main self-criticisms being that I often fail to engage the younger patients.

In addition to communication, I noticed throughout this placement that exploring the psychosocial aspects of a child's history is incredibly time consuming. Often Dr Malik would explore every aspect of a child's development, from birth and developmental milestones, to the child's social life and family history. While there were times when I thought that perhaps more information was being gleaned than needed, I discussed the matter with Dr Malik afterwards and he made it clear why it was important. This has reiterated the importance of holistic care in the management of patients in order to determine the correct diagnosis and management plan, and when working as a foundation doctor next year I hope to be able to put this to practice factoring in the time limitations.

Objective 3

ADHD is estimated to affect around 4-5% of the UK population and is one of the better-known childhood psychiatric conditions that Dr Malik and the department deal with. It has a similar prevalence in Europe and Oceania, but the percentage is higher in USA, South America and Africa and

lower in Asia. The world prevalence is estimated to be about 5% and thus the UK seems to be a good indicator of the conditions epidemiology.

The epidemiology of the ADHD clearly indicates that it is a global health problem and from the reactions of some parents it seems as though it is viewed as a fairly benign condition that is easily managed. While the management seems to be generally effective, after spending time with Dr Malik I have noticed that the condition can have a huge impact on the psychosocial development of the child and affect the family as a whole. Additionally, its interesting to note that the prevalence of ADHD does not seem to be relevant to the development of the country.

Reference: <http://adhd-institute.com/burden-of-adhd/epidemiology/>

Objective 4

Dr Malik is a key member of the Tics and Neurodevelopmental movements (TANDeM) service provided by the Evelina and they are an integral specialist service covering most Southern England. They form part of the largest paediatric neuroscience department in Europe and work as part of a multidisciplinary team that sees hundreds of patients per annum. The other major specialist unit is at Great Ormond Street Hospital for Children, but they tend to focus more on Tourette's.

Seeing the team provide specialist care for patients that travel the entire country has given me an appreciation for how important a multidisciplinary team approach is for providing care for a patient. Multiple opinions from people who are experts in their fields ensure that collectively the correct diagnostic and treatment decisions are made and most importantly, responsibility does not lie sole with a single person. I hope to gain more experience working as part of an MDT during my foundation training.