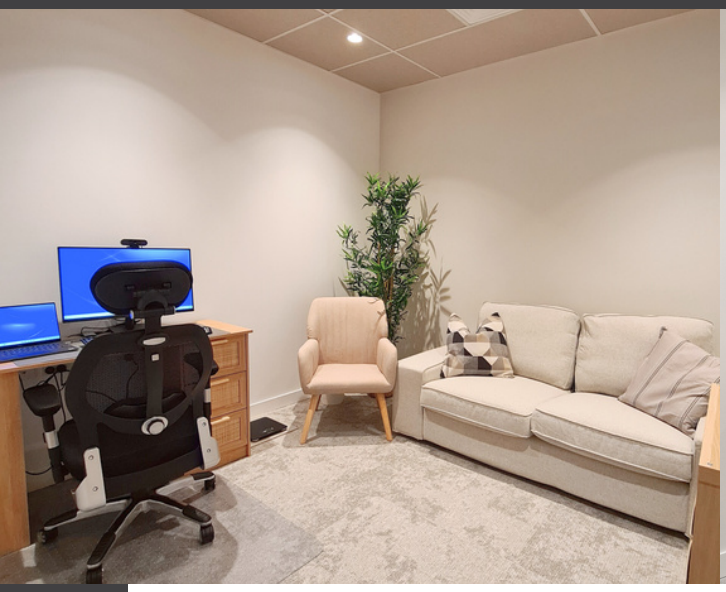


WELCOME TO OUR

Monthly Newsletter

ADHD Management:
Multimodal, Multidisciplinary and Multi-agency

According to the latest AADPA Guidelines (2022), ideal models of care for ADHD are integrated and transdisciplinary, whereby professionals from multiple agencies collaborate with each other, and the person and/or child and family with ADHD into a single treatment plan (Bell, Corfield, Davies, & Richardson, 2010; Miller & Eastwood, 2016).

Combined treatment has the advantage of addressing multiple facets of ADHD, as non-pharmacological treatments and pharmacological treatments have different targets. Current evidence best supports the use of pharmacological treatments for treating the core symptoms of ADHD, and suggests non-pharmacological treatments may be more beneficial for improving the function of people with ADHD.

There is currently no evidence from which to ascertain whether it is generally more effective to start treatment with pharmacological approaches or non-pharmacological approaches, or the optimal time to start treatment. In the absence of direct evidence, these decisions should consider availability, cost, preferences and potential harms. At Pitstop Health, we offer collaborative support from both angles and can meet your patient where they are at in their journey to recovery and functional gains.

In this newsletter you will find:

Pitstop Presents, Pitstop Insights and more. Keep Reading!

Pitstop Presents: Shawn Wang

Shawn Wang

Clinical and Organisational Psychiatry Registrar

Qualifications

M. Psych (Clin), M. Psych (Org)

Special Interests:

- Anxiety disorders, Depressive disorders, Dissociative disorders
- Disruptive, Impulse-control and Conduct disorders
- Neurodevelopmental disorders
- Obsessive-Compulsive and related disorders
- Personality disorders
- Trauma and stressor-related disorders

Who do you think would benefit from your service?

My service is particularly beneficial for individuals with complex and acute presentations, with a primary focus on neurodevelopmental conditions like ADHD and ASD, as well as anxiety and depressive disorders among children and adolescents. By focusing on these areas, I offer targeted support tailored to each client's unique needs, helping them navigate challenges and cultivate resilience.

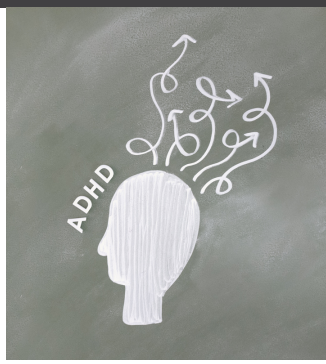
What do you enjoy most about your job?

I enjoy witnessing the positive transformations in my clients' lives. Helping individuals overcome obstacles, develop coping strategies, and discover their strengths brings immense satisfaction. I find fulfilment in building trusting therapeutic relationships and guiding clients toward greater self-awareness and personal growth. Additionally, I enjoy collaborating with other professionals, sharing insights, and collectively striving to enhance the well-being of those we support.

Why do you enjoy working at Pitstop Health?

Working in Pitstop Health allows me to tap into diverse expertise, perspectives, and approaches, benefiting our clients with a range of support under one roof. This collaborative environment fosters innovation, enhances the quality of care, and supports my continuous professional development. It's a dynamic setting where I can deliver comprehensive, holistic care while enjoying a supportive professional community.

Pitstop Insights: ADHD Prescribing Myths



Myth 1: Most patients do better with Vyvanse more than Ritalin (or vice versa).

There is no way of predicting which stimulant would work best; however discussions should be held in relation of the potential advantages and disadvantages of each (i.e short-acting for closer monitoring vs long-acting for convenience).

Myth 2: The dose is titrated according to the patient's weight.

Medication dosing is not determined by the patient's height or weight, but rather based on individual needs, treatment effectiveness, side effect tolerance and/or other comorbidities.

Myth 3: All patients require an ECG before commencing stimulants.

An ECG is not needed routinely, unless the patient has specific comorbidities (see guidelines) or a co-occuring condition that is being treated with medications that may pose an increased cardiac risk.

Myth 4: You should see improvements in ADHD symptoms right away.

Knowing that stimulants are first-line pharmacological treatment doesn't mean we can predict how any medication or dosage will affect a particular individual. Regular consultations and observations are important to judge the full effect of the medication.
A general guideline can be suggested:

- Stimulants: Days - Weeks
- Non-stimulants: Weeks - 1 month
- Atomoxetine: 6 - 8 weeks

Myth 5: If stimulants disrupt the patient's sleep, it must be switched to a non-stimulant.

The causes of sleep disturbances are multi-faceted, and further evaluation is required. Utilising lifestyle management strategies or referring to psychological supports can be highly valuable in complementing medication effects in this instance.

Myth 6: If stimulants stops working, we'll need to try something else.

Ask your patient to take a step back to consider life before stimulant commencement. They typically forget how far they've come after a few weeks of experiencing the 'novelty' of improved functional capacity. This also emphasizes the need to keep a good record of observations from the commencement of medications to appreciate the progress made.

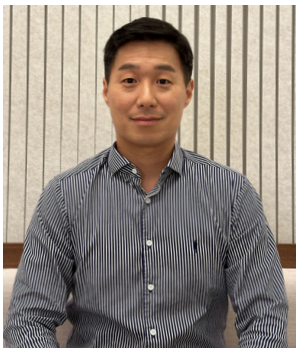
Meet Our Team

Dr Patrik Ho
Child, Adolescent and Adult Psychiatrist

Waiting Period: 3 months

Dr Jack Hsu
Child and Adolescent Psychiatrist

Good availability



Dr Ji Won Seo
Child and Adolescent Psychiatry Advanced Trainee

Good availability

Shawn Wang
Clinical and Organisational Psychology Registrar

Good availability

Alex Catt
Registered Psychologist

Good availability

Bonnie Kang
Senior Speech Pathologist

Good availability

An Yang
Counsellor / Play Therapist

Good availability

Referral Process

Medical Objects is our preferred method for all practitioners.

Alternatively, you can send the referral to reception@pitstophealth.com.au

reception@pitstophealth.com.au
07 3132 7987
www.pitstophealth.com.au
Suite 108, 1808 Logan Road,
Upper Mt Gravatt, Q 4122