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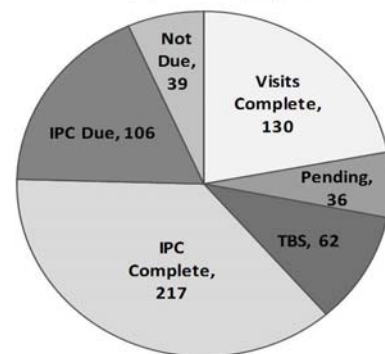
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Study Update

~ August, 2013 marks the 14th anniversary of the PALS Study. Since August 1999, 637 young adult participants have been enrolled in the study (33 of these in the past year when we reopened enrollment). To date, 590 of the 637 enrolled remain as active participants, or 93%. September 1, 2013 will begin a new five-year funding period for PALS. We are thrilled that this important study has continued to be supported by the NIH and that so many of you have agreed to continue your participation. As part of this new extension, we will be reviewing a new consent form with everyone before or at the time of their next interview. Our interviewing schedule (at ages 25, 27, and then every five years beginning at 30) will remain the same and we will continue to make interim phone contacts with young adults on those years when they are not scheduled for an interview.

PALS Progress
11/1/12– 10/31/2013



Our work year, or data collection “wave” runs from November 1st – October 31st. For the current wave, we proposed to either interview or complete telephone contact with 87% of the enrolled young adult participants. Of the young adults—228 who are eligible for a visit this wave, 130, or 57% have been completed and another 36 are pending (visits have been scheduled or questionnaires have been mailed out to the participant). We have completed 217 of the 323 interim phone contacts (IPCs) proposed for the year, or 67%.

Close to the first of each month, letters are sent to those participants who are due for either a visit or a phone contact—if you receive a letter and are interested in scheduling, please call the PALS line at (412) 246-5656. **NOTE TO PARENTS:** we will delay scheduling your visit until after your son or daughter’s interview has been completed.

DSM-V: What is it and why is it important to me?

There has been much media coverage relating to the release of the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)*. The *DSM-V* provides an essential “common language” for treatment providers and researchers to classify, diagnose, and eventually treat, mental health disorders. This alone makes the *DSM-V* important. However, when the last addition was released almost 20 years ago and there are changes to what many in the field of psychiatry refer to as the “bible of psychiatry”, there is bound to be some attention.



What is the DSM?

The *Diagnostic and Statistical Manual of Mental Disorders (DSM)* is a standard reference manual used by trained clinicians to diagnose mental health illnesses. It has been designed for use in several settings (hospitals, clinics, primary care, etc.) and by a wide range of disciplines (e.g., clinicians, researchers, educators). Criteria and common symptoms for each diagnosis, as well as information pertaining to each diagnosis,

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Want to get rid of junk mail?!

Do you ever feel that most of the mail you receive is “junk mail”? I used to think this because much of what I received was advertised mail that I immediately threw away. I thought that there has to be a way to reduce the amount of unwanted mail that I receive. I started at the post office and was told that they are required by law to deliver any mail that is addressed to me. They cannot discard mail on my behalf. Instead, you must go through your mail, identify those you no longer wish to receive, and opt out of each one individually. This is not always easy to do this as each advertiser must be handled separately and many of them do not want you to opt out of their mailings. The first step is to examine the actual piece of mail you wish to eliminate. Often, there are opt-out instructions listed in the fine print of the mailing. These may include an email address to contact to request opting out of future mailings. Some companies require that you go to their website and follow specific opt out instructions or telephone their customer services line to request removal from their mailing list. This is most common with credit cards and insurance companies. It usually takes 6-8 weeks for the companies to process your request. You are not able to opt out of government mailings such as ones from the Census Bureau or those from candidates seeking elected office. Below, I have listed specific instructions for some of the most commonly received mailings that you may wish to eliminate.



The Pennysaver is a weekly newspaper that lists merchandise people are trying to buy or sell throughout the Pittsburgh area. You will need to call the company at 412-871-2314, and speak to Shirley to opt out of receiving the Pennysaver. Once you have provided your address, it will take 6-8 weeks for delivery to stop.

Red Plum Publications sends a mailing a couple of times a week featuring advertisements and coupons for items that may be purchased at local stores. If you go to their website, www.save.com, the opt out selection is not easy to find. Instead, go specifically to <https://www.save.com/application/redplum-postal-addremove.html>, and you will be at the exact page to opt out of future mailings. Once on that page, indicate that you want to be removed from their mailing list, enter your address, and submit your application. This also takes about 6-8 weeks for the delivery of the publication to be stopped.

Yellow Pages: You can also opt out of having the yellow pages delivered to your home. Go to yellowpagesoptout.com, enter your Zip Code and click the “Get Started” tab. You will be required to register by clicking on the “Register Now” tab. Once registered, you will be directed to a page that lists the types of publications you may be receiving. If you would like to stop all of the publications, click on the “Opt Out for All” tab. Click on the “Save Changes” tab, and you will be directed to a confirmation page. Click on the “Confirmation” tab, and you will receive email confirmation that you have successfully opted out of receiving mailings from the Yellow Pages. It will take about 6 weeks for your request to be processed.

Individual Bills: Finally, you may further reduce the amount of mail you receive by requesting that bills be sent to you electronically via email. When you receive a bill, look for instructions about how to have the delivery method changed. Many companies will make it easy for you to do this as this will save them the cost of postage. When I did this, I personally found it was much easier to organize my bills and payments.



When I went through the process of opting out of paper mailings, I noticed a considerable decrease in the amount of mail I receive. The number of pieces of mail I receive daily went from 10-15 to 3-4. Some days, I receive no mail at all, and when I do, it is the mail I want to receive.

Jason Duin, PALS Interviewer

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are included for each disorder contained within the manual. This information serves as a tool to guide a professional who is trying to understand the symptoms and impairment that their patient is experiencing.

Why is diagnosis important? Providing a diagnosis for an individual's struggles is important for many reasons. First, giving a name to an illness often validates the difficulties that a person is experiencing, equips them with knowledge, and empowers the individual to seek help. A diagnosis also helps to guide the development of an individualized treatment plan (that is ideally a collaboration in which the patient takes an active role). Finally, a diagnosis is often necessary for insurance eligibility, special school or vocational services, and for some, disability designation.

What does DSM-V have that previous versions were missing? I am sure that you will not be surprised that clinicians and researchers have learned a lot over the course of the last 12 years! Hundreds of clinicians and researchers devoted considerable time and knowledge to the most recent version of the *DSM – DSM V* – which was released in May of 2013. While much of the manual remains intact, there have been some important changes that impact several of the disorders that we study.

Attention-Deficit/Hyperactivity Disorder (ADHD) Longitudinal (long term) studies like PALS, have added substantial knowledge to the field of **ADHD**, especially in understanding the developmental course of ADHD. We now know, for example, that a significant number of individuals diagnosed with ADHD as children continue to experience the disorder as adults. Studies have also shown that there is no difference in how ADHD persists or how individuals respond to treatment if ADHD is present by age 7 or by age 12. It is this greater understanding of what ADHD looks like in the teens and adult years that has resulted in the current modifications to the criteria for diagnosing ADHD.

- The previous version of DSM required the presence of six symptoms of inattention and/or hyperactivity as one criterion for a diagnosis of ADHD. While the threshold of six symptoms will remain for diagnosis of ADHD in childhood, only five symptoms of ADHD will be required for diagnosis of ADHD in adolescents and adults.
- Examples and descriptions of ADHD in childhood, adolescence and adulthood have also been included to help professionals better identify ADHD across the lifespan.

- Finally, the age at which symptoms of ADHD are expected to appear has been increased from age 7 to age 12.

These additions and modifications to the diagnostic guidelines for ADHD will help those professionals serving individuals with ADHD to better understand the application of the ADHD diagnosis into adulthood and to insure treatment opportunities at every stage of life.

Disruptive Mood Dysregulation Disorder (DMDD) DMDD is a new diagnosis in *DSM-V* that is characterized by chronic irritability and anger. Intense and recurrent outbursts are another hallmark of this newly defined disorder for children and adolescents between the ages of 6 and 18.

While DMDD may on the surface seem to overlap with Oppositional Defiant Disorder (ODD) and Bipolar Disorder it is distinctly different. ODD is a pattern of disobedience, defiance, and hostility toward adults that exceeds typical childhood behavior. In contrast, children with DMDD are unexpectedly explosive and when not in the midst of an intense outburst, are persistently irritable and angry. Because DMDD is considered to be more severe, children who meet criteria for both a diagnosis of ODD and DMDD will be given one diagnosis – DMDD.

Many children who present with severe irritability, like that described by DMDD, have previously been assigned a diagnosis of bipolar disorder. The addition of this new diagnosis may help treatment providers to more accurately define and treat the condition of DMDD and avoid the overdiagnosis of bipolar disorder in children.

Substance-Related and Addictive Disorders In prior versions of *DSM*, substance *abuse* (continued use of substances despite problems) and substance *dependence* (tolerance and/or withdrawal) were viewed as two different disorders. *DSM-V* has combined abuse and dependence into a single diagnosis – **Substance Use Disorder** - to better describe the symptoms experienced by individuals and to decrease confusion. For example, in the previous version of *DSM*, dependence referred to both drug-seeking related to addiction and normal withdrawal that resulted from using prescribed medications appropriately. While all substances have the same general criteria in *DSM-V*, they are each considered

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as a distinct disorder (e.g., Alcohol Use Disorder, Cannabis Use Disorder) and measured on a scale from mild to severe.

Gambling Disorder has also been moved to this section of the DSM manual. The reason that this disorder has been included in addictive disorders is that research has shown that gambling disorder and substance-related disorders are similar. For example, both types of disorders typically increase gradually and milder addiction can develop into more severe addiction. Additionally, similar treatments can help individuals with both types of addictions. By placing gambling disorder in the addictive disorders sections, treatment providers may better understand the challenges that individuals encounter and be better equipped to provide the needed services and treatment.

Other Noteworthy Changes in DSM-V

Autism: Autistic Disorder, Asperger Disorder, Childhood Disintegrative Disorder, and Pervasive Developmental Disorder have been combined into a single diagnosis - Autism Spectrum Disorder.

Posttraumatic stress disorder (PTSD): PTSD is now included in a separate chapter entitled Trauma- and Stressor-Related Disorders. The criteria for this disorder are now more sensitive to developmental variances between childhood and adult trauma.

Major Depression: Depression that occurred within two months of a death of a loved one, previously meant that depression went undiagnosed. In *DSM-V*, the bereavement exclusion has been removed allowing for diagnosis and treatment of individuals suffering from depression following a significant loss.



*Heidi Kipp, MEd, Clinical Coordinator
Youth and Family Research Program*

ADHD and Executive Function: Research and Current Treatment Strategies Conference

September 13, 2013

University Club, University of Pittsburgh



Keynote Speakers:

Brooke Molina, PhD
Professor of Psychiatry and Psychology
University of Pittsburgh School of Medicine

Greg Slomka, PhD
Developmental Neuropsychologist
Western Psychiatric Institute and Clinic

This daylong conference will address the multitude of issues surrounding the diagnosis and treatment of ADHD across the lifespan. During the keynote presentations, Dr. Molina will present new research on the implications of medication treatment in younger individuals and the impact on potential for substance abuse later in life and Greg Slomka, PhD will address executive function and brain development. Afternoon workshops sessions will be broken into three tracks specifically geared toward families of children with ADHD, adults living with ADHD, and clinicians.

A Joint Effort Sponsored by
Community Care Behavioral Health and
Western Psychiatric Institute and Clinic

For more information, please visit
<https://classes.upmc.com/Consumer/Default.aspx>

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