Thrive with ADD presents

Dialogue with the Doctor:
ADHD Medication Demystified

Bonnie Mincu
Senior Certified ADHD Coach
www.thrivewithadd.com

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Scott Shapiro, MD
ADHD Psychiatrist
www.scottshapiromd.com

B Mincu: Hi, this is Bonnie Mincu of Thrive with ADD and tonight we will be interviewing Dr. Scott Shapiro, a New York ADHD psychiatrist, in our program called "*Dialogue with the Doctor: ADHD Medication Demystified*."

B Mincu: Dr. Shapiro, we're really happy to have you on the program.

Dr. Shapiro: Thank you. I really appreciate you inviting me to speak tonight and to discuss ADHD and medications that are involved.

B Mincu: Certainly people have a lot of burning questions about that. So, before I start asking you some of these burning questions, let me give a little introduction, let people know who you are.

B Mincu: Dr. Scott Shapiro graduated from Harvard Medical School's Massachusetts General Hospital's, Residency Program and also completed his internship at another Harvard-affiliated hospital, Mount Auburn Hospital. Upon completing his training, he worked for eight years as Director of Psychiatry in New York City at St. Vincent's Catholic Medical Center's infectious disease center, and he was affiliated with the Hallowell Center. In addition to those wonderful credentials, because he believes all people deserve quality mental health care, he is the founder and director of a non-profit organization, Milestones NYC, and this is an organization that matches pro-bono mental health providers to New Yorkers in need.

One additional reason I really wanted to do this with Dr. Shapiro is that he's an expert in psychopharmacology, medical psychiatry and cognitive behavioral therapy, which is quite a combination. So he's able to give people very comprehensive and thorough assessment and provide individualized treatment that's not strictly medication-based but also really gets into the psychology of ADD and other co-occurring conditions. He specializes in helping people maximize their strengths and achieve their goals, working with a lot of people in various professions and different roles in life – parents, students as well as being professional –Dr. Shapiro understands the really unique challenges that ADD or ADHD can create.

In additional to being expert in Adult ADD, he also helps people who are challenged with major depression or general anxiety disorder and he works a lot with people who have not improved in their previous treatment. People often come to Dr. Shapiro because they feel that they just haven't really been well understood by previous doctors. Dr. Shapiro is very collaborative in his approach, really believes in dialogue with his patients and develops an individualized approach, really addressing the whole person.

On a personal note, Dr. Shapiro is a marathon runner and he's also an excellent writer, as you will be able to see by looking at his website: www.scottshapiroMD.com. He's a blogger for *Psychology Today*. So I urge you to go check out his website. You don't have to do it right now, but after the program, www.scottshapiroMD.com, and subscribe to receive his blogs and his writings, which are very good.

Dr. Shapiro: Thanks very much for that wonderful introduction! I appreciate it.

B Mincu: You're definitely a very impressive person to be working with so I'm very proud to be doing this with you. So can I plunge right in and start asking you some questions?

Dr. Shapiro: Absolutely; let's get started.

B Mincu: Wonderful. Before we do that, let's have a little **clarification about semantics**. The expressions ADD, ADHD: I tend to use them kind of interchangeably because I started working with ADD before it became officially ADHD. How do you want to address these terms? Shall we differentiate them or just kind of use them interchangeably?

Dr. Shapiro: We can use them interchangeably. That really has a very interesting history. People nowadays do use them interchangeably and a lot of times will just say the words ADD because it just kind of rolls off the tongue or is easy to use in magazines or on websites. Twenty years ago, the official diagnosis for Attention Deficit Disorder became ADHD and that has been the official diagnosis. As you know, Bonnie, ADHD has different subtypes. The umbrella name is ADHD and then the various subtypes would be "with hyper-activity", "with inattentiveness" or the combined type.

B Mincu: The "H" actually does refer to "hyperactivity" but officially they put the "H" in there even for the inattentive type.

Dr. Shapiro: Exactly. That's the formal term, but really these days in the media as well as tonight we can use ADD and ADHD interchangeably.

B Mincu: I wanted to be clear so people will know that we don't particularly mean one or the other when we use the terms.

About how many adults are thought to have ADD, percentage-wise? We read all kinds of pretty broad ranges on that.

Dr. Shapiro: It's quite interesting. I finished my training back in 2002. During the years that I was in training, very little was discussed about Adult ADD. But it showed in the research that about 4.4% of the adult population, or 8 million people, have adult ADHD. Of that total population, which really boggles my mind every time I think about it, only 10% of those challenged with ADHD are receiving a diagnosis or receiving treatment. So that means 90% of that 8 million people are out there undiagnosed and untreated.

B Mincu: Wow! That is really huge. **It's often genetic, but not always, is that right, in terms of inheriting it from the family?**

Dr. Shapiro: That's a really interesting question, about ADHD and also about other disorders such as diabetes or depression or hypertension. Are things genetic? Are things affected by parenting? Are things affected by toxins in the environment? But

interestingly, out of all of the psychiatric and behavioral health disorders, including schizophrenia, including depression, including panic attacks which all have a very high genetic component, it's felt that Adult ADHD has the highest genetic component. And the genetic component is 86%, so that means that if you look at identical twins and one has Attention Deficit Disorder, the probability of the identical twin also having it would be 86%. That's an extremely high genetic component.

B Mincu: I didn't realize it was that high.

Dr. Shapiro: It's very, very high. There are other factors that may be involved. Just like with height: people have a certain genetic predisposition to their height that if nutrition or problems during delivery or prematurity happen, would affect height. It's the same thing with ADD: there are lots of different theories and some are more strongly substantiated by the research. But some of the other aspects besides the genetic loading would be risk factors such as a mother smoking during pregnancy or being exposed in the workplace or in the household to tobacco and smoke, premature birth, trauma during the delivery or issues in the environment such as food or additives or artificial coloring. These latter factors have not been verified or substantiated; they've really just been hypothetical. The one that may lays blame with the mothers and nowadays the fathers being more involved, relates to parenting. But there's very, very little research to substantiate that parenting contributes to ADD. It certainly could run in families. But parenting is not thought in most scientific circles to create a child with Attention Deficit Disorder.

B Mincu: **You mention 86%. Is that saying that a parent with ADD has an 86% chance of their child being ADD?**

Dr. Shapiro: That's a different kind of statistic. If one parent as well as one child already has Attention Deficit Disorder, additional children have a much higher chance of ADD. In that specific scenario, the other children would all have a 25% risk of being born with or developing Attention Deficit Disorder. In assessments, it's crucial to know the family history, both those diagnosed and those who haven't been diagnosed. Older folks often never had a diagnosis but they exhibit the symptoms. Before 1980, it wasn't really thought that children with ADD continued to have ADD. Find out who in the family has been officially diagnosed and also who had classic symptoms. That will definitely increase the risk in the genetically related.

B Mincu: Right now we're talking about kids, though both of us focus on adults. **Do kids outgrow ADD?**

Dr. Shapiro: Sometimes they do. Research shows various ranges. 60% to 80% of children who have ADD continue to have enough symptoms to impair function in their lives or could still have a diagnosis of ADD. There are some who will no longer have symptoms or they will be attenuated, but it's really a myth that they outgrow ADD. The vast majority will continue to have symptoms as an adult.

B Mincu: It may look different in an adult than in a child. **I've often heard that the type of ADD someone may have can change as they become an adult.**

Dr. Shapiro: The symptoms as an adult are very often much different. For example, a child who had a combined type may have developed compensatory strategies so that some outward symptoms have disappeared or aren't noticeable. They usually will

still have internal symptoms, however. They probably are still restless, unable to relax, etc.

B Mincu: The brain is running around the table, but they may no longer run physically around the table.

Dr. Shapiro: Even to this day, some psychiatrists believe that symptoms may not be as obvious with hyperactivity, but often someone who has inattentive ADD as a child, those symptoms of trouble focusing or not concentrating or distractibility could actually get worse.

B Mincu: I want to ask you a few things about diagnosis and then some things about medication. We'll also take audience questions they've submitted or may type in to me. Everyone should remember that what we discuss here cannot replace actual medical advice. Everyone needs a personal diagnosis and assessment. Nothing said here can replace medical diagnosis or advice from your professional.

Dr. Shapiro: What we mention tonight should inform consumers, but no one should change their treatment without speaking to their physician and treatment team.

B Mincu: I know that ADD can look like other conditions. **How does a doctor differentiate between ADD from bi-polar, anxiety or other disorders?**

Dr. Shapiro: It can be challenging for someone who doesn't have experience with Adult ADD. It's often not difficult when you have experience and a specialty. We differentiate during the assessment and we evaluate what symptoms occur and what their progression may be. Mood swings of bi-polar are very different from mood swings of ADD because they last for a discreet period of time; they're not there chronically as they are with Adult ADD.

B Mincu: **How does someone find the right doctor to get the expertise they need?**

Dr. Shapiro: I would recommend that you ask to speak to the doctor, not to the nurse or someone who sets appointments. Get a sense of whether it feels like a good match. You should connect personality-wise. You also would want to know whether this person is an expert who specializes. The majority of psychiatrists and other mental health professionals are not confident in making an Adult ADD diagnosis.

Questions to ask might include:

- How long have you been treating Adult ADD? You'd want at least 5 years of experience in this.
- What percentage of your patients has Adult ADD? You'd want at least ¼ or 1/3 of the caseload.
- How do you make a diagnosis? Run for the hills if they say, I'd meet with you for a few hours, send you for an MRI and send you to a nurse psychologist. The standard or official method of making diagnosis is through a clinical exam and assessment. Someone should be talking with you about your history and the symptoms you are currently having, how those symptoms are impacting your life and also ask about other potential co-occurring diagnoses. An ideal is to get collaborating information. I usually ask them to bring their own records or records of family members. Sometimes work evaluations are informative. That's not always possible

but can be extremely helpful. People with Adult ADD are classically known as poor self-observers. When you speak with others or get reports from others -- outside collaboration -- you'll get a different picture.

B Mincu: **Getting a diagnosis: some people have been told to try a medication and if you get a reaction, you're ADD. What are your thoughts on that approach?**

Dr. Shapiro: That makes me furious! That's not how to diagnose. When the stimulants first came out, many people felt more energetic and productive and that's not indicative. Also, plenty of people – not the majority, but there's a portion – may do worse and that doesn't mean they don't have ADD.

B Mincu: **At the opposite end, we've been hearing about brain scans. Would that be an important way to get an ADD diagnosis?**

Dr. Shapiro: I wish, Bonnie! The way to get the diagnosis and appropriate help, is by talking. There are absolute differences in looking at the scans of people with or without Adult ADD. The differences could be in the front, the middle and in the communication between sections of the brain. Adult ADD is a neurological disorder but we aren't at the point where we can make an individual diagnosis from scans. The population on the whole is changing but that doesn't help in a diagnosis. I would want an MRI or SPEC scan when someone started symptoms late in their life, never having it in the 20s or 30s. In that case, I'd want a scan and also want a full medical work-up.

B Mincu: I realize other conditions may mimic ADD. **How does someone know if they have clinical depression or if they are depressed because they have ADD and are frustrated with themselves?**

Dr. Shapiro: It's hard for an individual to know. They may have depression and anxiety that's secondary to their life problems. It would be difficult for an individual to diagnose, especially when they have one of those disorders in addition to ADD. Some psychiatrists treat the other condition first and eventually get to the ADD, but many studies recommend addressing the ADD first. Often the other disorder lessens or goes away with proper treatment of the Adult ADD. Some of the medications can treat depression as well as ADD. That isn't true of the stimulants, but other medications might help with both disorders.

B Mincu: **It sounds as though there are still many psychiatrists today treating the other condition first when they diagnosis ADD along with another disorder.**

Dr. Shapiro: When you might not want to treat ADD first, is in the case of bi-polar disorder plus ADD; you'd want to treat bi-polar first. Those two commonly co-occur. Definitely both should be treated. Bi-polar treatment is to get on a mood stabilizer and then you treat the ADD. Bi-polar moods are cyclical and time-limited, not chronic as with ADD.

B Mincu: Let's start talking about treatment. **I believe the main treatment is stimulant medication.**

Dr. Shapiro: Those aren't the only treatments, but I find the stimulants to be most effective. There is a relatively new player called Strattera, similar to anti-depressants but works differently in that it affects different chemicals. It's FDA approved for Adult ADD. In my experience, stimulants are a superior treatment, Ritalin or similar, or amphetamines such as Adderall. Most patients respond well with very few side effects. The newer medication, Strattera, takes quite a while to kick in and it may have more side effects, including dry mouth, sexual side effects, weight gain and sedation.

B Mincu: **Why would some psychiatrists do well to prescribe Strattera?**

Dr. Shapiro: That's a good question. Strattera may work well when someone has not responded well to the stimulants or has not tolerated them. It does improve symptoms. Stimulants were only approved for Adult ADD in around 2003-2004. Also, stimulants for many reasons raise concerns of abuse. Stimulants are Schedule II medications; there are people who abuse it or sell it on the street. It may make it easier to prescribe and refill, plus it might give a doctor a greater comfort level to not worry about abuse. I've seen no research that says Strattera would be a superior treatment; my first medication approach is stimulants.

B Mincu: **I've heard people with Adult ADD with past substance abuse who get onto stimulants may become less likely to abuse drugs.**

Dr. Shapiro: Right. People who have abused drugs, alcohol or marijuana who have Adult ADD generally have a much higher risk of substance abuse. This risk stretches to any addiction: sex, food, etc. This is not a reason to avoid prescribing stimulants. The risk of them abusing stimulants is extremely low. They even may come in and ask to have their dosage reduced. You want to provide the best possible treatment and it's unlikely to be abused. They want the appropriate dose without side effects.

B Mincu: Fears in the media about abuse of stimulants are not necessarily coming from those who use or prescribe stimulants for ADD.

Dr. Shapiro: Yes, there is abuse, especially in high schools, mainly among those who do not have ADD. Some people may try to get the prescription and don't understand that they will need a full evaluation to be diagnosed. I've seen websites that actually describe how to convince your doctor that you have Adult ADD! It's very important that people on stimulants use them for an appropriate reason and use them at the advice of their doctor. There are risks to taking stimulants.

B Mincu: **I always seem to have at least one coaching client with ADD who cannot use the stimulants due to high blood pressure or another condition. Are their doctors being overly cautious?**

Dr. Shapiro: With people who are healthy, there's a question of whether giving stimulants increases the risk of heart events or sudden death. Research concludes that cardiac events are not increased when there are no other health conditions. If someone has high blood pressure and/or a family history of sudden death, if they've had a heart attack in the past, or if they have experienced fainting spells, then something is going on with the heart, brain or blood vessels. Those people would need a full assessment of their risk and may not be able to be on stimulant medication. I would

not hurry that decision; I would get a full cardiac workup and order blood testing before prescribing stimulants. We could increase blood pressure medication while putting someone on stimulants. Specialists must collaborate on medications for someone with multiple issues.

B Mincu: **Some people may do well on their medication and take it for a number of years, and then those medications over time may not work as well. Do people develop a tolerance? What is the appropriate course of action?**

Dr. Shapiro: There's not an easy answer. It requires finding out what happened. There's a possibility that once someone is on an effective dose, after a few years if it is working less effectively, the answer is not to just increase the dose. Ask whether there is a change in sleep. Has a sleeping disorder developed? We would then address the cause of the insomnia or find if there is a separate factor for the sleep disorder. Maybe they've gained a great deal of weight and now have sleep apnea. A sleep disorder could also worsen blood pressure and diabetes.

In speaking with colleagues and reading research, I've learned that someone who begins drinking orange juice or grapefruit juice or taking vitamin C pills, who did not take those beforehand, will find a difference if they ingest them within two hours of the medication. They greatly decrease the efficacy of stimulants.

When you've ruled out all of the above issues, there might still be a couple of things to consider. It must be discussed with your doctor and you need a medical evaluation. It's possible to stop the medication for a week and then restart. I repeat: never stop a stimulant medication without your doctor's advice. One other option that doesn't have enough research to actually be recommended yet is to add to stimulant medications or antidepressant medications. This medication requires a prescription and can be added: methylfolate (Detlin) after a few weeks. It actually enters the brain; it's a special form of folic acid, not what you find at drug stores.

B Mincu: **I'd like to discuss hormonal changes. As women start to enter perimenopause may find symptoms that mimic ADD or they find that their ADD symptoms get worse.**

Dr. Shapiro: This has been explored in research. When someone is perimenopausal or goes into menopause, estrogen goes down and people may notice a reduction in focus, problems with short-term memory or thinking quickly and clarity, planning and organizing. These look like ADD but may not be. Secondarily, someone who has Adult ADD and has been on treatment may notice perimenopause may find worsened symptoms because neurotransmitters are affected. In that case, hormone replacement therapy may be appropriate. If the person has ADD with worsened symptoms, you may want to change their ADD medication. The OB/GYN and psychiatrist should collaborate with the patient in a treatment plan.

B Mincu: We've been talking for an hour, but it seems to me that it flew by! Now we're going to go to audience questions.

What about generics? Are they as good as name brand drugs?

Dr. Shapiro: Some patients have expressed that moving from brand name to generic or vice versa, they notice differences. My opinion is that generics are okay to use. Use a consistent pharmacy and be aware of which company is making the generic brand you're taking. You'd want to verify once you find an effective medication, that you're aware if there is a change by your pharmacy. You may ask your pharmacist to order from the generic company you were originally using. In general, I find the generics very effective for patients.

B Mincu: I'm now looking through the questions. Audience, please type very briefly in the question box and I'll give questions to the doctor.

Jennifer asked, does Adult ADD ever get better or worse? You've kind of answered that.

Dr. Shapiro: Yes, but also, in terms of the hyperactivity, in terms of physical fidgeting, the majority of adults do get better. Unfortunately, it's still there internally. The inattentiveness can worsen, as well. When you first asked about the percentage of adults who continue to have Adult ADD when they were diagnosed as children, there is some small fraction who no longer have ADD interfere with their lives as adults.

B Mincu: **Treatment attenuates the symptoms. Behavioral aspects can improve with coaching and other treatment?**

Dr. Shapiro: Absolutely. I always tell patients and other clinicians that there are a lot of gifts that come along with the challenges of ADD. Very often, people with ADD tend to be able to see outside of the box, they have a lot of enthusiasm and passion and they have an innate sense of creativity and a stick-to-it-iveness when dealing with frustrations. Their high level of energy can be an asset. I don't discourage employers from hiring people with ADD! When skills and expectations are matched with strengths, we find people like Einstein or the creators of Jet Blue and Kinkos. It really can be a wonderful match with intuitive managers when employees are getting good therapy and coaching. Everyone can benefit.

B Mincu: I feel a bit of pressure due to all of the questions! Next question: **How can I cure my perfectionism?**

Dr. Shapiro: Many people with ADD have perfectionism and they also sometimes have been inaccurately diagnosed with OCD. This may be from years of receiving negative feedback of being told you're lazy or aren't meeting your potential. It leads people to develop strategies that look like perfectionism. It also can cause people with ADD to become obsessive or maybe going in the opposite direction of saying "no matter what I do, it doesn't work" so they give up.

B Mincu: That's the black-or-white thinking.

Dr. Shapiro: When someone isn't diagnosed, they may not realize the challenges are neurological. Once diagnosed, they have a window of opportunity for treatment: medication, coaching and psychotherapy.

B Mincu: **There are some people who cannot take medication. What suggestions do you have for treatment?**

Dr. Shapiro: I know that coaches such as you, Bonnie, specialize in working with those who have Adult ADD. I would get a referral from a psychiatrist or internist for a coach who specializes. It can have an enormous benefit to work with someone's strengths and achieve his/her goals. Another beneficial approach is exercise. Make sure your doctor approves your exercise. It has been shown and is strongly advocated by Dr. Barclay. Dr. Barclay is on the forefront of research in Adult ADD, and he notes that cardiovascular exercise of 75 to 150 minutes a week allows improvement in focus, attention and reducing distractibility.

B Mincu: **Do you have any other types of treatment or supplement treatment?**

Dr. Shapiro: There is a lot of research about neurofeedback, memory training, meditation and we are only at the beginning stages for some of these. There might be special diets that would help. There's not enough data yet to recommend supplements, neurofeedback, etc. One supplement where there is some preliminary supporting research is Omega 3. Always discuss it first with your doctor even though it is not by prescription.

B Mincu: **There are a few questions on specific supplements but they may not be your area of expertise. What do you know about Q96? Would it be helpful?**

Dr. Shapiro: I've heard of co-enzyme Q but I don't know of Q96. On an individual basis, I have heard anecdotally that people have benefited from different substances. But evidence hasn't shown anything except Omega 3 that will make a clinical difference. The future may give us more. If you're doing something that makes a difference for you, I've heard anecdotal stories about that.

B Mincu: **Do you know anything about the stress eraser? I don't know what that is.** We could all use that!

Dr. Shapiro: No, I don't know what that is. I wish I did!

B Mincu: **Can medication like Vyvanse be taken only during the week without reducing the effectiveness?**

Dr. Shapiro: That's a great question. It's in the amphetamine class and a newer medication that has been shown to be effective. Sometimes children can take medication only during school week and adults also might like taking medication only during the workweek. You absolutely must discuss it with your doctor. ADD can create situations that are consistently inconsistent. I usually recommend that you get onto a medication that works and don't get off of it during the weekend. There are things even on weekends that can trigger ADD issues and reactions. Our lives are about more than just work!

B Mincu: Personally, I agree with that. **How do you know if your medication dosage is too high or too low?**

Dr. Shapiro: You should stay in close contact with your psychiatrist. You must observe target symptoms and assess changes over time. They may point to a medication adjustment. Side effects are another reason to consider a medication dose change. There's a narrow window of medications being effective without being too high and creating impairments in your life.

B Mincu: One really must work with their doctor. When I first started Adderall, I felt jitteriness and I thought it was too high a dose. As it turned out, it was my body rebounding because I wasn't taking my follow-up dose close enough to the original dose.

Dr. Shapiro: Your doctor knows you and your symptoms and together you can maximize the benefit of your medication.

B Mincu: Next question: **When I took a stimulant, I sometimes had trouble sleeping so my doctor prescribed a sleeping pill. Is that okay?**

Dr. Shapiro: What you want is an understanding of why the medication was interfering with your sleep. Is it from other medications? Is it the long-acting aspects of medications? Look at all considerations to make sure you have a good outcome for your life as a whole. The goal is to get to an effective dose that's not causing side effects. If the medicine is still causing side effects, even at a lower dosage, maybe you can use a modest additional medication, even if it's off-label. An example of that is Quanidine. You certainly want to be careful of habit-forming medications.

B Mincu: **Bob asks, how important do you consider therapy? My first psychiatrist combined therapy with medication but he retired. I can't find another psychiatrist to work with me that way.**

Dr. Shapiro: I think therapy is very important. Many people who came of age before the 80s were not diagnosed and went through their entire academic career with disappointed parents and teachers, trouble making friends, problems in school. There can be a lot of shame and embarrassment. Psychotherapy can be very helpful here. A psychologist or social worker could do the counseling in tandem with the psychiatrist to manage the medication. I also want to emphasize how much coaching can help. Coaching with a specialist is helpful because it develops specific strategies in problem areas. It can help professionally, in relationships, in finances, with hobbies. It can make a huge difference in someone's quality of life.

B Mincu: I think it's been around as a specialty in coaching since early in the 2000s.

Dr. Shapiro: Having a coach who understands Adult ADD can make a huge difference in quality of life for someone with Adult ADD.

B Mincu: Thank you for that; I would certainly agree! I'm going to try to get in three more questions. **Someone wrote, Vitamin C with extended release symptoms: I'm not sure of the question.**

Dr. Shapiro: I would not take Vitamin C along with the stimulants. It affects the absorption. Fatty meals will also delay absorption. Half of your morning or dosage time may not be as effective as it could be if you've eaten a fatty meal or consumed Vitamin C. Vitamin C must be separated from your medication by one to two hours. That way it won't interfere with efficacy.

B Mincu: That is a fascinating piece for people. I find this question intriguing: **From Sherry, I used to read at least a few pages every night. Now I can hardly read at all. Is this common with ADD?**

Dr. Shapiro: I would really need more information, such as age and other symptoms. Absolutely, ADD can make it very difficult to read and to focus. Changes in ability to read would require a lot more information. This can be whether it's a textbook or even a magazine. If it has changed over time, I'd want more information. It may be hormonal or other conditions or medications.

B Mincu: Last question: **Anne asked, do you have any suggestions for differentiating between hypothyroid symptoms and ADD? The questioner has had both since childhood.**

Dr. Shapiro: Absolutely. Hypothyroidism is very common, more common in women. It can cause symptoms of problems with attention and focus and depression. It's something I would screen for in all patients. I would hope all ADD patients are screened first for thyroid problems. Hypothyroidism is very treatable, so once someone is being treated and still has the symptoms, it may means someone has both thyroid disorder and ADD. This joint diagnosis requires a skilled diagnostician to determine the disorders and the treatment.

B Mincu: Well, on that note, we are going to end. Before everyone goes away, I want to encourage people to visit your website at scottshapiroMD.com. In addition to reviewing information there, I understand you have some helpful tools available.

Dr. Shapiro: Tracking tools are available on the website: mood chart and another chart that I offer to patients. Those are under "resources" and can be used in collaboration with your therapist or psychiatrist. Visitors to the website can also sign up at the bottom right of the website for tips for Adults with ADD and also suggestions for those dealing with depression, relationship issues and anxiety.

B Mincu: I thank you very much for your time with us. A transcript will be available on Monday.

Dr. Shapiro: It was my pleasure to participate.

