Attention Deficit Hyperactivity Disorder in the Cultural Context: The medical side of ADHD

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Dr. Bhatt provides school clinical consultations and serves as a clinical supervisor for child psychiatry fellows in their school rotations.

She currently provides clinical care in both the Lucille Packard Children’s Hospital Child INSPIRE early psychosis clinic and the Stanford Health Care INSPIRE clinic.

She contributes to early psychosis program development in California (through EPI-CAL) and nationally (through PEPPNET/Westat).
Learning Objectives

At the end of this presentation, participants will be able to:

1. Explain the differences between educational terms and medical diagnoses for ADHD
2. Describe the process of psychiatric assessment and medication management for ADHD
3. Discuss commonly used medications in ADHD, including side effects to watch out for
Questions for the Audience

1. In your own personal culture, think about what words are used to describe ADHD?

2. Think of some reasons why people avoid treatment of ADHD using medications.
Medical vs Educational Terms
Medical Diagnoses

• Psychiatrists and pediatricians diagnose mental health conditions listed in the DSM-5-TR
• Gather history from a variety of sources (parent and child interview, observations of the child and parent, teacher reports, school reports, prior academic/medical history, lab results)
• Rule out medical conditions prior to diagnosing a mental health condition
  — Ex: Iron deficiency, abnormal thyroid testing, Obstructive sleep apnea
• Assessments can last several hours, multiple visits
  ■ Diagnosis informs treatment plans

Your Child’s Assessment May Include:

• Developmental history
• Medical/neurological history
• Family history of diagnosed or suspected mental health, learning, or substance use problems
• Current and past academic functioning
• Peer relationships
• Parent and teacher rating scales for ADHD and other symptoms
• Cognitive or neuropsychological testing
# ADHD

<table>
<thead>
<tr>
<th>ADHD Signs &amp; Symptoms*</th>
<th>Impacts on a Child’s School, Social, and Home Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inattention</td>
<td>Children who have only <em>inattention</em> may experience most of their difficulties in school and with homework.</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td></td>
</tr>
<tr>
<td>Impulsivity</td>
<td></td>
</tr>
<tr>
<td>Distractibility</td>
<td></td>
</tr>
<tr>
<td>Forgetfulness</td>
<td></td>
</tr>
</tbody>
</table>

*To a degree that is severe enough to be unusual for the child’s developmental stage*

Source: AACAP ADHD Medication Guide for Parents
Developmental impact of ADHD

**Pre-school**
- Behavioural disturbance
- Academic impairment
- Poor social interaction
- Lower self-esteem
- Smoking/alcohol/drugs
- Antisocial behaviour
- Co-morbidity

**School-age**
- Behavioural disturbance
- Academic impairment
- Poor social interaction
- Peer acceptance
- Co-morbidity

**Adolescent**
- Academic impairment
- Poor social interaction
- Lower self-esteem
- Smoking/alcohol/drugs
- Antisocial behaviour
- Co-morbidity
- Not coping with daily tasks
- Unemployment
- Lower self-esteem
- Relationship problems
- Motor accidents
- Marital discord
- Alcohol and substance abuse
- Mood instability

**College-age**
- Academic failure
- Not coping with daily tasks
- Occupational difficulties
- Low self-esteem
- Alcohol and substance abuse
- Injury/accidents

**Adult**

Figure 1: ADHD across the lifespan by Philip Asherson (2020)
Educational Terms
Educational Rights for Children with ADHD in Public Schools

Two federal laws guarantee a free appropriate public education (FAPE) and provide services or accommodations to eligible students with ADHD in the USA

• Section 504 of the Rehabilitation Act of 1973 (Section 504)
• Individuals with Disabilities Education Act (IDEA)
  – ”Other Health Impairment”
Individuals with Disabilities Education Act (IDEA)

• When a child qualifies under IDEA, they receive an Individualized Education Program (IEP)

• Per IDEA, children with disabilities MUST be taught in the least restrictive environment
  – Regular classroom as much as possible with appropriate related services/aids
  – Removal from classroom should only occur when severity of the disability is such that even with services/aids, the child cannot learn

• Child is evaluated at least every 3 years

• Schools have access to federal funding for services for a child qualifying under IDEA
Psychiatric Treatment

Is based off of a formal medical/psychiatric evaluation (not based off of educational testing/observations)

• Non-medications (Non-pharmacological)
• Medication (Pharmacological)
Non-Medication (Nonpharmacological) Treatment of ADHD

- Psychoeducation
- School-Based Accommodations (504/IEP)
- PCIT (Parent Child Interaction Therapy)
- Positive Behavior Modification Plan
- Parent Management Training (PMT)
- Individual therapy for children to help develop self-regulation, executive functioning skills, social skills
## Medication (Pharmacological) Treatment of ADHD

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stimulants</td>
<td></td>
</tr>
<tr>
<td>Non-stimulants</td>
<td></td>
</tr>
<tr>
<td>Second-line Nonstimulants</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

AACAP ADHD Medication Guide for Parents
But why treat with medication?

<table>
<thead>
<tr>
<th>Symptom Domain</th>
<th>Circuits</th>
<th>Function of Circuit</th>
<th>Change in ADHD</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention</td>
<td>Frontoparietal Network</td>
<td>Directs attention during goal-oriented tasks</td>
<td>Lower activation</td>
<td>Child carelessly measures ingredients to add to a science experiment</td>
</tr>
<tr>
<td></td>
<td>Ventral Attention Network</td>
<td>Responding to relevant but unexpected stimuli</td>
<td>Lower activation</td>
<td>Not responding to parent entering the room and calling “dinner time” while playing video games</td>
</tr>
<tr>
<td></td>
<td>Default Mode Network</td>
<td>Activates when focusing on internal cues, divides attentional resources between internal and external cues</td>
<td>Greater activation, less anti-correlation with systems involved in external focus</td>
<td>When child daydreams in class, the DMN is active</td>
</tr>
<tr>
<td>Reward Anticipation</td>
<td>Reward Circuit</td>
<td>Anticipation and processing of rewards</td>
<td>Lower activation of ventral striatum during anticipation</td>
<td>Child spends entire allowance immediately instead of saving for toy they really want</td>
</tr>
<tr>
<td>Executive Functioning</td>
<td>Cortico-cerebellar and Executive Control Networks</td>
<td>Planning, organizing, impulse control, complex multi-step tasks</td>
<td>Less connectivity and less activation</td>
<td>Child has difficulty planning the order in which they will complete homework assignments</td>
</tr>
<tr>
<td>Motor Control</td>
<td>Multiple and not fully understood in ADHD</td>
<td>Primary motor activity and suppression of motor impulses</td>
<td>Decreased activation of more frontal areas, and changes in activity in basal ganglia</td>
<td>Child is climbing on furniture during school</td>
</tr>
</tbody>
</table>
Medication (Pharmacological) Treatment of ADHD

Stimulants

• Methylphenidate products
• Amphetamine products
# Methylphenidate Medications

## Table 1. Stimulant Medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Starting Dose</th>
<th>How Supplied</th>
<th>Dosage Form</th>
<th>Duration of Medication Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adhansia XR</td>
<td>25 mg</td>
<td>25, 35, 45, 55, 70, 85 mg</td>
<td>capsules</td>
<td>Up to 16 hours</td>
</tr>
<tr>
<td>Aptensio XR</td>
<td>10 mg</td>
<td>10, 15, 20, 30, 40, 50, 60 mg</td>
<td>capsules</td>
<td>12 hours</td>
</tr>
<tr>
<td>Azstarys XR</td>
<td>26.1/5.2 mg</td>
<td>26.1/5.2, 39.2/7.8, 52.3/10.4 mg</td>
<td>capsules</td>
<td>12 hours</td>
</tr>
<tr>
<td>Concerta</td>
<td>18 mg</td>
<td>18, 27, 36, 54 mg</td>
<td>capsules</td>
<td>12 hours</td>
</tr>
<tr>
<td>Contempla XR</td>
<td>8.6 mg</td>
<td>8.6, 17.3, 25.9 mg</td>
<td>disintegrating tablets</td>
<td>12 hours</td>
</tr>
<tr>
<td>Daytrana</td>
<td>10 mg</td>
<td>10, 15, 20, 30 mg</td>
<td>patch</td>
<td>6–16 hours</td>
</tr>
<tr>
<td>Focalin</td>
<td>2.5 mg</td>
<td>2.5, 5, 10 mg</td>
<td>tablets</td>
<td>4–5 hours</td>
</tr>
<tr>
<td>Focalin XR</td>
<td>5 mg</td>
<td>5, 10, 15, 20 mg</td>
<td>capsules</td>
<td>10–12 hours</td>
</tr>
<tr>
<td>Jornay PM</td>
<td>20 mg</td>
<td>20, 40, 60, 80, 100 mg</td>
<td>delayed-release capsules</td>
<td>12 hours</td>
</tr>
<tr>
<td>Metadata CD</td>
<td>20 mg</td>
<td>10, 20, 30, 40, 50, 60 mg</td>
<td>capsules</td>
<td>8 hours</td>
</tr>
<tr>
<td>Quilivant</td>
<td>&lt;10 mg</td>
<td>25 mg</td>
<td>suspension</td>
<td>12 hours</td>
</tr>
<tr>
<td>Quilichew</td>
<td>&lt;10 mg</td>
<td>20, 30, 40 mg</td>
<td>chewable tablets</td>
<td>8 hours</td>
</tr>
<tr>
<td>Ritalin IR</td>
<td>5 mg</td>
<td>5, 10, 20 mg</td>
<td>tablets</td>
<td>3–4 hours</td>
</tr>
<tr>
<td>Ritalin LA</td>
<td>20 mg</td>
<td>10, 20, 30, 40 mg</td>
<td>capsules</td>
<td>8 hours</td>
</tr>
</tbody>
</table>

Source: AACAP ADHD Medication Guide for Parents
# Amphetamine Medications

## Amphetamine (AMPH) for ADHD

<table>
<thead>
<tr>
<th>Medication</th>
<th>Starting Dose</th>
<th>How Supplied</th>
<th>Dosage Form</th>
<th>Duration of Medication Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adderall</td>
<td>2.5–5 mg</td>
<td>5–30 mg</td>
<td>tablets</td>
<td>6 hours</td>
</tr>
<tr>
<td>Adderall XR</td>
<td>2.5–5 mg</td>
<td>5, 10, 15, 20, 25, 30 mg</td>
<td>capsules</td>
<td>12 hours</td>
</tr>
<tr>
<td>Adzenys XR</td>
<td>6.3–12.5 mg</td>
<td>3.1, 6.3, 9.4, 12.5, 15.7, 18.8 mg</td>
<td>disintegrating tablets</td>
<td>12 hours</td>
</tr>
<tr>
<td>Dexedrine Spansule</td>
<td>5 mg</td>
<td>5, 10, 15 mg</td>
<td>spansules</td>
<td>6 hours</td>
</tr>
<tr>
<td>Dexedrine Tablets</td>
<td>2.5–5 mg</td>
<td>5, 10, 15, 20 mg</td>
<td>capsules</td>
<td>3–5 hours</td>
</tr>
<tr>
<td>Dyanavel XR</td>
<td>2.5–5 mg</td>
<td>2.5 mg</td>
<td>suspension</td>
<td>13 hours</td>
</tr>
<tr>
<td>Evekeo</td>
<td>2.5–5 mg</td>
<td>5, 10 mg</td>
<td>tablets</td>
<td>3–5 hours</td>
</tr>
<tr>
<td>Mydayis</td>
<td>12.5 mg</td>
<td>25, 50 mg</td>
<td>capsules</td>
<td>Up to 16 hours</td>
</tr>
<tr>
<td>Vyvanse</td>
<td>30 mg</td>
<td>20, 30, 40, 50, 60, 70 mg</td>
<td>capsules</td>
<td>12–14 hours</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Side Effect</th>
<th>Management</th>
</tr>
</thead>
</table>
| **Loss of appetite (anorexia), weight loss**    | - Monitor weight and don’t worry if your child doesn’t eat as much, as long as they are on a normal growth curve. You may see an initial loss of appetite that improves over time as your child continues to take the medication (for example, after 4–6 months of taking the medication).  
- Give stimulant with meals.  
- Add calorie-enhanced snacks (for example, instant breakfast, frozen yogurt, cereal), especially in the evening.  
- Don’t force meals. |
| **Difficulty falling asleep (insomnia)**         | - Encourage good sleep habits such as waking at the same time daily, no caffeine, limiting naps to less than 45 minutes, and limiting use of electronic devices at bedtime.  
- Give your child stimulants earlier in the day.  
- Change to shorter-acting forms (for example, Concerta to Metadate CD).  
- Stop afternoon or evening dose.  
- Talk to your child’s practitioner about melatonin, low-dose clonidine or guanfacine, periaactin, or mirtazepine at bedtime. |
| **Dizziness**                                    | - Do not give the next dose and talk to your child’s practitioner.  
- Have your child’s blood pressure and heart rate checked.  
- Have your child drink more fluids; encourage a midday snack.  
- Talk with your child’s practitioner to consider changing to an extended-release form (Adderall XR, Ritalin LA, Concerta, Vyvanse). |
| **More irritability or moodiness when taking medication** | - Talk to your child’s practitioner about further understanding when your child is getting moody.  
- Consider changing the preparation or type of the medication, or seeing if there is a separate mood problem. |
| **Growth problems**                              | - Measure your child’s height and weight at least every 6 months.  
- Talk with your child’s practitioner. You may want to discuss weekend and vacation times on lower doses or completely off medication. |
| **Heart symptoms: heart pounding, dizziness, almost passing out, chest pain** | - Stop medication and notify practitioner immediately. |
Medication (Pharmacological) Treatment of ADHD

Non-stimulants

- Clonidine
- Guanfacine
- Atomoxetine
- Viloxazine
<table>
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<tr>
<th>Side Effects</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drowsiness (most common)</td>
<td>• Drowsiness tends to improve with time and can be minimized by starting</td>
</tr>
<tr>
<td></td>
<td>these medications at very low doses until the drowsiness improves.</td>
</tr>
<tr>
<td>Mood symptoms</td>
<td>• If relatively higher doses are stopped abruptly, your child’s blood</td>
</tr>
<tr>
<td></td>
<td>pressure may increase for a short time.</td>
</tr>
<tr>
<td>Slowing of heart rate</td>
<td>• These medications should not have skipped doses and, when stopping</td>
</tr>
<tr>
<td></td>
<td>treatment, the dose should be slowly decreased over time.</td>
</tr>
<tr>
<td>Dizziness</td>
<td></td>
</tr>
</tbody>
</table>

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* Often used adjunctively with stimulants for insomnia/sleep, anxiety
## Management Strategies for Nonstimulant-Related Side Effects

### Atomoxetine (Strattera)

<table>
<thead>
<tr>
<th>Side Effects</th>
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<tr>
<td>Excessive tiredness</td>
<td>• Excessive tiredness is experienced especially when treatment is first started, and usually gets better.</td>
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<td>• Doses should be started low and increased slowly.</td>
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<td>Stomachaches, Nausea</td>
<td>• To minimize side effects, some children do better when the daily dose is divided into two doses.</td>
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<tr>
<td>Nausea</td>
<td></td>
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<tr>
<td>Irritability or aggression (infrequent)</td>
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<td>Liver problems such as hepatitis (very rare)</td>
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### Viloxazine (Qelbree)

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</tr>
<tr>
<td>Nausea/vomiting</td>
<td>• Consider food supplements for decreased appetite.</td>
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<td></td>
</tr>
<tr>
<td>Irritability</td>
<td></td>
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<tr>
<td>Suicidal behavior (rare)</td>
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</tbody>
</table>

Source: AACAP ADHD Medication Guide for Parents
Medication (Pharmacological) Treatment of ADHD

Second-line Nonstimulants

- Bupropion
- Modafinil
- Tricyclic Antidepressants
Medication (Pharmacological) Treatment of ADHD

Other

• Complementary treatment
• EndeavorRx
Complementary/Integrative Medicine for ADHD

- There is a LOT of marketing for alternative treatments
- More research is needed on some of these treatments.
  - Dietary supplements
  - Micronutrients
  - EEG/Biofeedback
  - fMRI scans
  - Sensory Integration training
  - Interactive Metronome training
  - Chiropractic
  - Vision therapy
- Thyroid therapy (dangerous)
- Meditation, yoga
- Exercise
EndeavorRx

• FDA Approved video game treatment for ADHD to improve inattention symptoms

• Ages 8-12 years old with diagnosis of ADHD inattentive type or combined type

• Played for at least 4 weeks

• Costs $99 (some insurances cover)

• Need Ipad or android tablet to play
MTA Study

Results showed that children in the medication treatment or combined medication + therapy treatment groups had greater improvement compared to those who only received behavioral treatments or community care.
What happens as people with ADHD get older?

- 2/3 of individuals diagnosed with ADHD in childhood have persistent ADHD in adulthood (age 25+)
- ADHD symptom severity, other comorbid conditions, and parental mental health contributed to persistence of ADHD into adulthood
ADHD is a disorder that can affect individuals across the lifespan. It is characterized by inattention and/or hyperactivity-impulsivity. This chart lists some of the key issues that individuals with ADHD typically face at different phases of life.

**Preschool**
- Assessment
- Multimodal treatment
- Coping with co-occurring conditions
- Educational issues
  - Transition issues
  - IDEA
  - Parent/school collaboration
  - Child care issues
  - Family relationships
  - Social skills

**School Age**
- Assessment
- Multimodal treatment
- Coping with co-occurring conditions
- Educational issues
  - IDEA & Section 504
  - Parent/school collaboration
  - Transition to middle school
  - Homework
  - Child care issues/summer camp
  - Family relationships
  - Social skills

**Adolescence**
- Assessment
- Multimodal treatment
  - Medication adherence
- Coping with co-occurring conditions
- Educational issues
  - IDEA & Section 504
  - Parent/school collaboration
  - Executive functions
  - Transition to high school/college
  - Self-esteem issues
  - Family relationships
  - Social skills, dating, and peer acceptance
  - Life management skills
    - Time management
    - Organizational skills
    - Learning to drive
    - Self-advocacy
  - Possible substance abuse in untreated teens

**Adulthood (18+)**
- Assessment
- Multimodal treatment
- Coping with co-occurring conditions
- Educational/workplace issues
  - Transition to higher education
  - Section 504 & ADA
  - Transition to career
  - Executive functions
  - Parenting skills
  - Partner relationships
  - Social skills
  - Life management skills
    - Time management
    - Organizational skills
    - Driving
    - Managing finances
    - Household management
  - Possible antisocial behaviors such as substance abuse and crime

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*Multimodal treatment consist of parent and child education about diagnosis and treatment, specific behavior management techniques, FDA-approved medication (for school-age and above), and appropriate school programming and supports. Treatment should be tailored to the unique needs of each child and family.*

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Helpful Organizations

- Children and Adults with Attention Deficit Disorder (CHADD) -- http://www.chadd.org/
- National Attention Deficit Disorder Association -- http://www.add.org
- Learning Disabilities Association, California Chapter -- http://www.ldaca.org
- Support for Families -- http://supportforfamilies.org/resourcesaddpacket.html
Books for ADHD

- Smart but Scattered: The Revolutionary "executive Skills" Approach to Helping Kids Reach Their Potential by Peg Dawson and Richard Guare
- Smart But Scattered (available in a childhood edition addressing concerns for children ages 4-13 and an adolescent version)
- A Mind at a Time (2003), Mel Levine, M.D, Simon and Schuster Publishing. A positive approach to the adolescent with learning differences. Emphasizes teaching how to be in charge of the learning process. Also recommended is The Myth of Laziness.
- Driven to Distraction (1994), Edward Hallowell and John Rattey
- Taking Charge of ADHD: The Complete, Authoritative Guide for Parents, by Russell A. Barkley
- Classroom Interventions for ADHD, by Russell Barkley and other ADHD experts
- The Survival Guide for Kids with ADD or ADHD, by Johen Taylor
Books for ADHD (cont’d)

- The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children by Ross W. Greene
- Steps to Independence, by Bruce Baker and Olivia Brightman
- “How to Talk so Little Kids Will Listen: A Survival Guide to Life with Children Ages 2-7” (series with different options for other ages including older kids and teens) - Adele Faber & Julie King
- Putting on the Brakes: Understanding and Taking Control of Your ADD or ADHD, by Patricia O. Quinn and Judith M. Stern
- Putting on the Brakes Activity Book for Kids With ADD or ADHD, by Patricia O. Quinn and Judith M. Stern
- Get Organized Without Losing It (Laugh And Learn), by Janet S. Fox
Presenter Contact Information

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• Stanford University
• apbhatt@stanford.edu
Thank you!

Q & A