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ADHD PARENTING GUIDE



CONTENT

MEET ADRIAN

Adrian is 8 years old this year. He enjoys drawing, playing catch with his friends and is particularly good with Lego. He may seem like your typical playful schoolboy who is full of energy.

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BE CLEAR ON ADHD

ADHD stands for
ATTENTION DEFICIT HYPERACTIVITY DISORDER



The causes have not been established but **IT IS COMMONLY THOUGHT TO HAVE A GENETIC LINK¹**



CURE



TREATMENT²



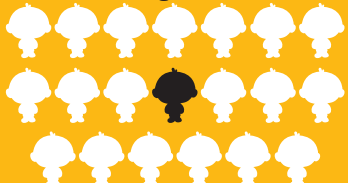
IT IS A COMPLEX NEUROBIOLOGICAL DISORDER²

ADHD is a **neurobiological disorder**. Research shows strong evidence that the malfunction of Dopamine and Norepinephrine (neurotransmitters) play a large role in ADHD-type behaviours.⁵

Close to

ONE IN TWENTY

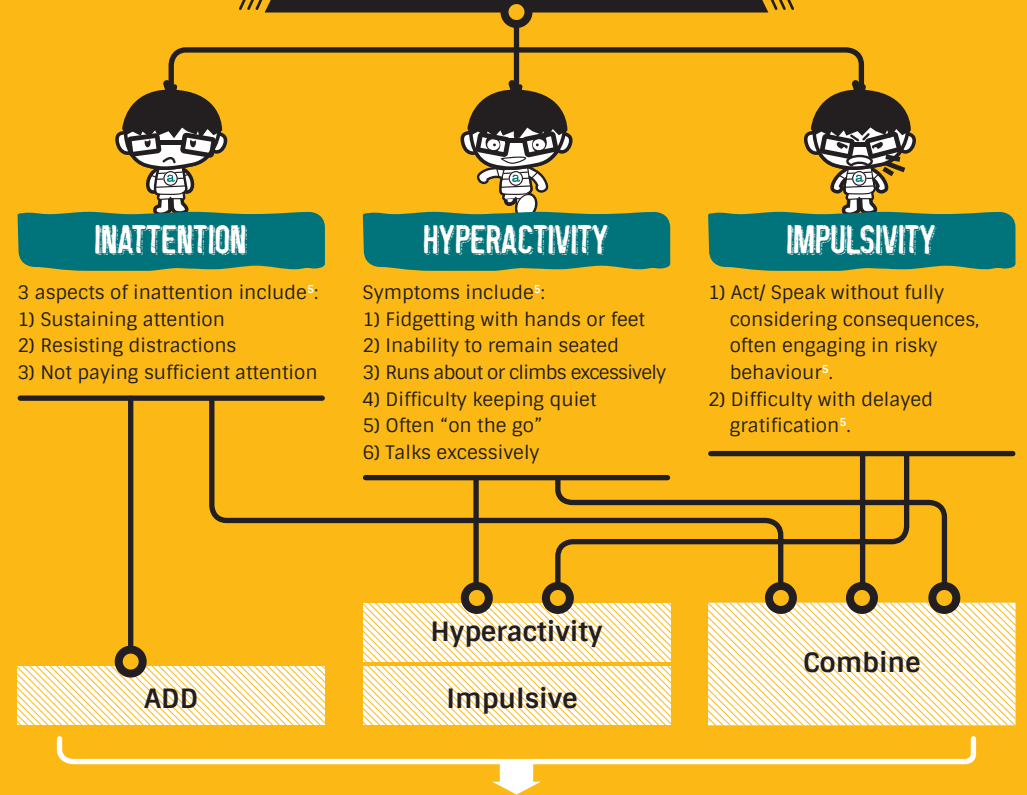
children are diagnosed with ADHD³



AFFECTS MORE BOYS THAN GIRLS⁴



3 CORE SYMPTOMS⁵

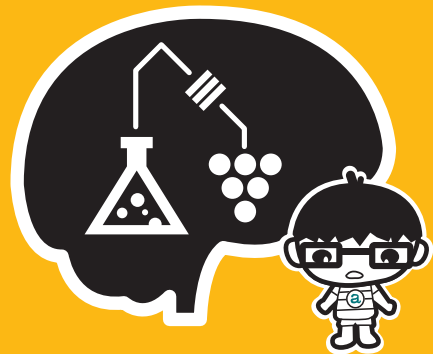


COMMONLY CO-OCCUR WITH ADHD⁵

- ODD (Oppositional Defiant Disorder)** Pattern of negative, hostile, and defiant behaviour including frequent loss of temper, arguing, refusal to obey rules, intentionally annoying others, blaming others.
- Learning disability** Children with ADHD frequently have problems with reading fluency and mathematical calculations. Problems are associated with attention, memory and executive function difficulties.
- Conduct disorder** Persistently violates rights of others or societal rules. Aggression towards others and animals, destruction of property, deceitfulness, theft, rule violation.
- Anxiety** Excessive worry that occurs frequently and is difficult to control. Symptoms include feeling restless, edgy, easily fatigued, irritability, and sleep disturbances.
- Depression** Commonly low mood for days, over/under eating or sleeping, low energy and self-esteem, poor concentration, feeling hopeless.

References: 1) "The genetics of ADHD: A literature review of 2005" Khan SA, Faraone SV. *Curr Psychiatry Rep* 6(5):393-7. 2006. 2) "ADHD: A Complete and Authoritative Guide" Michael I. Reiff, MD, FAAP with Sherill Tipping, Pg 4, published by The American Academy of Pediatrics 2004. 3) American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, Fifth edition: DSM-5. Washington: American Psychiatric Association. 2013. 4) NCHS Data Brief No. 70 August 2011 "Attention Deficit Hyperactivity Disorder Among Children" Aged 5-17 Years in the United States, 1998-2009. Lara J. Akinbami, M.D.; Xiang Liu, M.Sc.; Patricia N. Pastor, Ph.D.; and Cynthia A. Reuben, M.A. 5) "Attention-Deficit/Hyperactivity Disorder" by Mary Fowler, National Dissemination Center for Children with Disabilities (NICHD), Page 15. 18-19. FS14, 3rd Edition, April 2002. Resources updated 2004.

DIAGNOSIS OF ADHD



ADHD cannot be detected from any laboratory tests. No urinalysis, blood test, CAT scan, MRI, EEG, PET or SPECT scan can help to diagnose the disorder. The diagnosis is made on the basis of observable behavioural symptoms, in more than one setting.

EARLY WARNING SIGNS²

Frequently exhibits ADHD symptoms - inattentive, impulsivity, hyperactivity or any similar behavioural problems.

1



2

GATHER MORE INFORMATION

1. Your child's withdrawn behaviours or frequent disciplinary problems seem to be more than the usual difficulties of childhood.
2. Schedule a meeting as soon as possible with the school counsellor and teachers. They are able to:
 - observe your child's behaviour in group settings.
 - compare your child's behaviour against children of the same age groups.

3

EVALUATION²

A doctor is able to give a careful evaluation of your child's behavioural problems using The American Academy of Pediatrics' (AAP) recommended guidelines.

4

THE PROCEDURE¹

AAP (2000) recommends that clinicians collect the following information:

1. A thorough medical and family history.
2. A medical examination for general health and neurologic status.
3. A comprehensive interview with the parents, teachers and child.
4. Standardized behaviour rating scales, including ADHD specific ones completed by parents, teachers, and the child when appropriate.
5. Observation of the child behaviour.
6. A variety of psychological tests to measure IQ and social and emotional adjustment. These tests also help to determine the presence of specific learning disabilities, which can co-occur with ADHD.

5

LEVEL OF FUNCTIONS²

By considering the child's current level of functioning and the extent in which a child's behaviour interfere with his/her ability to function in social settings, the doctor or other health professionals can begin to arrive at a better idea of whether ADHD is the best explanation for the problems.

6

ADHD OR COEXISTING PROBLEM OR BOTH²

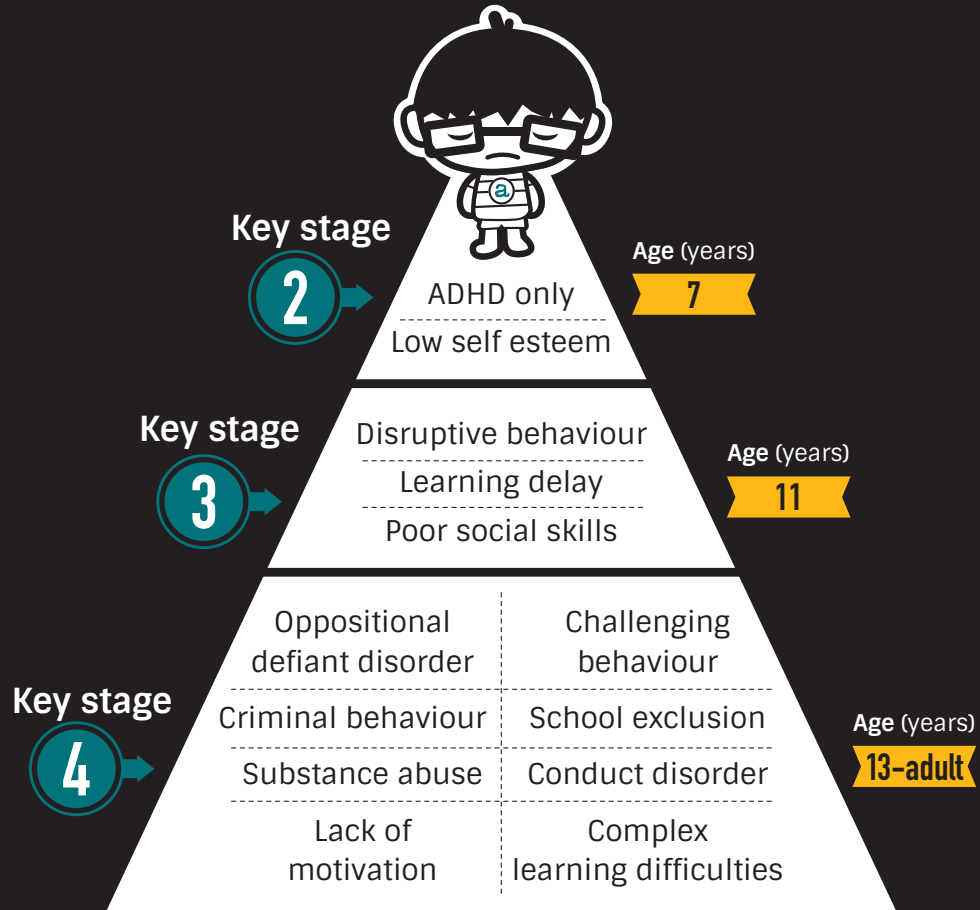
Two thirds of children with ADHD have one or more co-existing conditions - e.g. depression, anxiety, learning disabilities, and language disorders. It is important to consider that such accompanying disorders can have a profound effect on how well your child functions behaviourally, emotionally, socially, and academically.

Healthcare professionals working with your child will carefully consider whether such disorders may be your child's central challenge. To determine this, further evaluation, including referrals to other specialists, may be necessary.

YES

NO

THE IMPACT AND CONSEQUENCES OF ADHD AT DIFFERENT STAGES



FAMILY RELATIONSHIP

3x more parental divorce/separation⁷

2 to 4x more sibling fights⁸

HEALTHCARE SYSTEM

10% more hospital and ER visits²

4x more car accidents¹

EMPLOYER

absenteeism and low productivity⁹

SCHOOL AND OCCUPATION

46% suspended³

35% drop out³

low occupational status⁴

SOCIETY

Substance Use Disorders

50% more risk⁵ earlier onset⁶

less likely to quit in adulthood⁶

3x more speeding tickets¹⁰

The effect of ADHD on the life of an individual, their family, and community from preschool to adult life.¹⁰

References: 1) U.S. Department of Health and Human Services, National Institutes of Health, NIH Publication No. 12-3572, Revised 2012 2) Use and Costs of Medical Care for Children and Adolescents With and Without Attention-Deficit/Hyperactivity Disorder, C I Lelsson, S K Katusic, W J Barbaresi, J Ransom, P O O'Brien, Department of Health Sciences Research, The Journal of the American Medical Association (Impact Factor: 29.90), 01/2001; 285(1):60-6. DOI:10.1001/jama.285.1.60 3) ADHD in Adults: What the Science Says" Pg 246, by Russell A. Barkley, Kevin R. Murphy, Mariellen Fischer 4) Childhood attention problems and socioeconomic status in adulthood: 18-year follow-up of 'd'ic Gale' ra, Manuel-Pierre Bouvard, Emmanuel Lagarde, Gregory Michel, Evelyne Touchette, Eric Fombonne and Maria Melchior The British Journal of Psychiatry (2012) 201, 20-25. doi: 10.1192/bjpp.111.102491 5) Substance Abuse in Patients With Attention-Deficit/Hyperactivity Disorder Oscar Bukstein, MD, Associate Professor Medscape J Med. 2008; 10(1): 24 6) J Am Acad Child Adolesc Psychiatry. 2011 June ; 50(6): 543-553. doi:10.1016/j.jaac.2011.01.021. 7) Wymbs B, Pelham W, Molina B, Gnagy E, Wilson T, Greenhouse J. Rate and predictors of divorce among parents of youths with ADHD. Journal Of Consulting And Clinical Psychology (serial online). October 2009;76(5):735-744. Available from: PsycARTICLES, Ipswich, MA. Accessed June 24, 2014. 8) Sibling Interactions of Hyperactive and Normal Children and Their Relationship to Reports of Maternal Stress and Self-Esteem, Eric J. Mash and Charlotte Johnston, Journal of Clinical Child Psychology 1985, Vol. 12, Nov. 1, 91-99 9) The negative impact of attention-deficit/hyperactivity disorder on occupational health in adults and adolescents Thomas Ku'pper, Jan Haavik, Hans Drexler, Josep Antoni Ramos-Quiroga, Detlef Wermelskirchen, Christin Prutz, Barbara Schauble, Int Arch Occup Environ Health (2012) 85:837-847 DOI 10.1007/s00420-012-0794-0 10) Arch Dis Child 2005;90(Suppl 1):12-17. doi: 10.1136/adc.2004.059006. The effect of ADHD on the life of an individual, their family, and community from preschool to adult life by V A Harpin

POSITIVE ATTITUDE¹

Have a sense of humor - there are many challenges so you need a double dose of this.

COMMON SENSE³

Keep things in perspective and refrain from being a perfectionist.

ORGANISE²

Organise your life in ways that will allow you to manage your family's challenges.

BELIEVE IN THEM¹

Most of the unacceptable behaviours are unintentional so believe that they can learn, change, mature and succeed.

MENTAL PREPARATION



BELIEF SYSTEM¹

Changing the way you view your child will help them change their self-concept.

TAKE CARE OF YOURSELF¹

Eat right, keep fit, beat stress, remember to seek support when you need help, take a break when you are feeling a little exhausted.

KNOWLEDGE^{1,4}

Be scientific, question everything, remain open to new information, seek knowledge and be voracious about it.

ACCEPTANCE⁵

Accept what your child is and may become, and, equally important, what your child is not and may never be.

ARE YOU
? READY ?

SUCCESSFUL PEOPLE WITH ADHD



Michael Phelps



Whoopi Goldberg



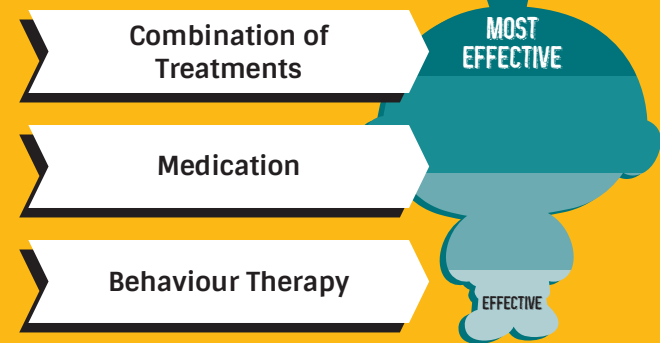
Sir Richard Branson

WHAT CAN YOU DO



MEDICATION
 Management of ADHD symptoms with the use of medication. eg. Methylphenidate¹

BEHAVIOUR THERAPY
 Manage and shape a child's behaviour using behavioural management techniques.¹



By helping the child to focus, stimulants lay the groundwork for him to respond better to behaviour management techniques, academic instruction and other demands on his attention.¹



"The largest study of long-term treatment for ADHD (Multimodal Treatment Study) found that stimulants used as the sole form of treatment lead to significantly better results for the core symptoms of ADHD than behaviour therapy used alone. A combination of the 2 approaches lead to the best overall improvement, especially in the areas of oppositional and aggressive behaviour, social skills, parent-child relations and in some areas of academic achievement."^{2,3}

References: 1 "ADHD A Complete and Authoritative Guide" Michael I. Reiff, MD, FAAP with Sherill Tippins, published by The American Academy of Pediatrics 2004, Pg 55-2) "ADHD A Complete and Authoritative Guide" Michael I. Reiff, MD, FAAP with Sherill Tippins, published by The American Academy of Pediatrics 2004, Pg 56-3) Pediatrics. 2004 Apr;113(4):754-61. National Institute of Mental Health Multimodal Treatment Study of ADHD follow-up: 24-month outcomes of treatment strategies for attention-deficit/hyperactivity disorder. 4) ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. SUBCOMMITTEE ON ATTENTION-DEFICIT/HYPERACTIVITY DISORDER, STEERING COMMITTEE ON QUALITY IMPROVEMENT AND MANAGEMENT. Pediatrics; originally published online October 16, 2011; DOI: 10.1542/peds.2011-2654 5) "Attention-Deficit Hyperactivity Disorder: Recent Advances in Paediatric Pharmacotherapy Diane E. May and Christopher J. Kratochvil Department of Psychiatry, University of Nebraska Medical Center, Omaha, Nebraska, USA 6) OROS MPH: Comparison to Ritalin LA (Mini-Publish Rendition) 7) Novartis Pharma, Ritalin PI January 2014 8) Concerta PI, Jun2011 9) "Short-acting versus Long-acting Medications for the Treatment of ADHD" Elisa Cascade, Amir H. Kalali, MD, and Richard H. Weisler, MD 10) "ADHD A Complete and Authoritative Guide" Michael I. Reiff, MD, FAAP with Sherill Tippins, published by The American Academy of Pediatrics 2004 Pg 54 11) "ADHD A Complete and Authoritative Guide" Michael I. Reiff, MD, FAAP with Sherill Tippins, published by The American Academy of Pediatrics 2004 Pg 70 12) Arch Pediatr Adolesc Med. 2008 October ; 162(10): 916-921. doi:10.1001/archpedi.162.10.916. Impact of Prior Stimulant Treatment for Attention-Deficit Hyperactivity Disorder in the Subsequent Risk for Cigarette Smoking, Alcohol, and Drug Use Disorders in Adolescent Girls. Timothy E. Wilens, M.D., Joel Adamson, B.A., Michael C. Monuteaux, Sc.D., Stephen V. Faraone, Ph.D., Mary Schillingler, B.A., Diana Westerberg, B.A., and Joseph Biederman, MD 13) Treatment of Adults with Attention-Deficit/Hyperactivity Disorder: Dusan Kolar, Amanda Keller, Maria Gollfopoulos, Lucy Curryn, Cassidy Syer, Lily Hechtman; Neuropsychiatr Dis Treat. 2008 April; 4(2): 389-403. Published online 2008 April. PMID: PMC2518387 15) ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents Pediatrics; originally published online October 16, 2011; DOI: 10.1542/peds.2011-2654

MEDICATIONS



Stimulants

- Most prescribed⁴
- Proven effectiveness⁴
- Strong clinical evidence⁴

Non-Stimulants

- Prescribed as an alternative treatment⁴
- Benefit generally observed after 2-8 weeks⁵
- Less but sufficient clinical evidence⁴



Short-Acting (e.g. Methylphenidate Hydrochloride IR)⁶

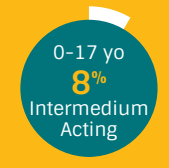
4 hours⁶

Medium-Acting (e.g. Methylphenidate Hydrochloride SR or LA)⁷

8 hours⁷

Long-Acting (e.g. Methylphenidate HCl ER Tablets)⁸

12 hours⁸



Research on medication use has shown that healthcare professionals prescribe long acting medication 78% of the time for patients age 0 to 17⁹



Stimulants work by stimulating the brain to make slightly more of the brain chemicals (neurotransmitters) that help us focus, control our impulses, organize, plan, and stick to routines. The use of stimulants can be compared to wearing glasses for a person with poor vision, because stimulants help "put things into focus" for a child. Far from making a child someone he is not, stimulants act as medication that can help many children with ADHD be who they are.^{10,11}

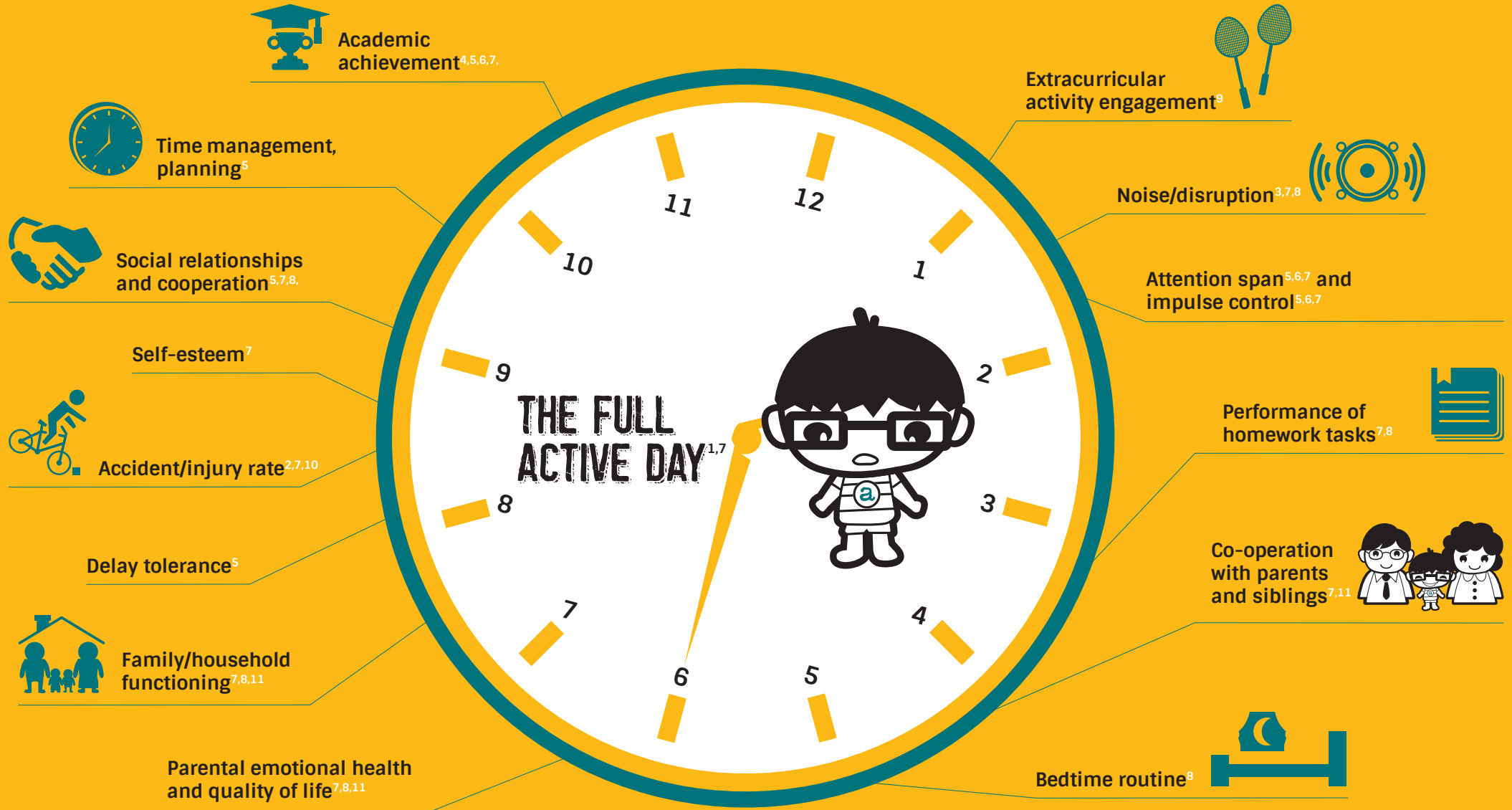


Stimulants are considered effective and safe medications. Despite controversies of potential abuse, there is no evidence that stimulants produce "euphoric" effects in children when restricted to normal treatment. Furthermore, research has shown that stimulant therapy in childhood is associated with a reduced risk for subsequent drug and alcohol use disorders.^{12,13}

Non-stimulants may also be prescribed as an alternative treatment for ADHD, especially when there is comorbid ADHD and tic disorder.¹⁴ Because non-stimulants are newer, the evidence base that supports them is considerably smaller than that for stimulants. Nonetheless, research has shown that non-stimulants are generally effective in the treatment of ADHD in the longer term but with a smaller effect size than stimulants.¹⁵

ISSUES CONFRONTING CHILDREN WITH ADHD

A child's day encompasses a full active day. As a consequence, ADHD also impacts children and their families throughout the day.⁷



References: 1. CONCERTA® Approved Product Information, September 2012. 2. Feldman M, Bélanger S. Extended-release medications for children and adolescents with attention-deficit hyperactivity disorder. *Paediatr Child Health*. 2009 Nov;14(9):593-602. 3. Coghill D et al. Impact of attention-deficit/hyperactivity disorder on the patient and family: results from a European survey. *Child Adolesc Psychiatry Ment Health*. 2008 Oct 28;2(1):31. 4. Barbaresi WJ et al. Modifiers of long-term school outcomes for children with attention-deficit/hyperactivity disorder: does treatment with stimulant medication make a difference? Results from a population-based study. *J Dev Behav Pediatr*. 2007 Aug;28(4):274-87. 5. Abikoff H et al. Effects of MPH-OROS on the organizational, time management, and planning behaviours of children with ADHD. *J Am Acad Child Adolesc Psychiatry*. 2009 Feb;48(2):166-75. 6. Wigal SB et al. Academic, behavioural, and cognitive effects of OROS® methylphenidate on older children with attention-deficit/hyperactivity disorder. *J Child Adolesc Psychopharmacol*. 2011 Apr;21(2):121-31.

References: 7. Buitelaar J, Medori R. Treating attention-deficit/hyperactivity disorder beyond symptom control alone in children and adolescents: a review of the potential benefits of long-acting stimulants. *Eur Child Adolesc Psychiatry*. 2010;19:325-40. 8. Berek M et al. Improved functionality, health related quality of life and decreased burden of disease in patients with ADHD treated with OROS® MPH: is treatment response different between children and adolescents? *Child Adolesc Psychiatry Ment Health*. 2011 Jul 26;5:26. doi: 10.1186/1753-2000-5-26. 9. Genze M et al. Tolerability and effects of OROS® MPH (Concerta®) on functioning, severity of disease and quality of life in children and adolescents with ADHD: results from a prospective, non-interventional trial. *Atten Def Hyp Disord* 2009 1:175-186. 10. Swensen A et al. Incidence and Costs of Accidents Among Attention-Deficit/Hyperactivity Disorder Patients. 11. Harpin VA. The effect of ADHD on the life of an individual, their family, and community from preschool to adult life. *Arch Dis Child*. 2005 Feb;90 Suppl 1:i2-7.

GUIDE
101

BASIC PARENTING REVISITED

03 ADVOCACY

Be your child's best advocate. As you discover new ways to facilitate positive behaviours, learning and self-esteem, pass it on to others in his life.³

01

EDUCATE

Your child needs to understand and take ownership of his challenges and thus, education is a critical element of treatment at every stage of development.¹

02

DEMYSTIFY

Children often see their diagnosis as a stigma and their treatment plan as something imposed on them instead of seeing themselves as active participants.²

04

FOCUS ON "CAN"

Do not let him use ADHD as an excuse. Focus on what he can do rather than what he cannot. This helps him build optimism and confidence.⁴

05

PROTECT

Your child is NOT doomed to a life of failure if you don't protect him from every danger and solve every problem for him.⁵

07

CHOICES

Use "Structured Choices". For example, "Do you want to do your math or your science assignment next?"⁶

09

BE REALISTIC

Even with the ideal intervention in place, most children will likely still struggle at times. Don't expect too much from your child or yourself.⁵

06

PRIVACY

Monitoring your child's behaviour is a basic parenting responsibility but do not overdo it. Don't "snoop" on your child.⁵

08

RULES

Make rules and enforce them. Expect rule-breaking, respond like a police officer, be respectful, consistent, and matter-of-fact.⁶

10

TALENTS AND STRENGTHS

Discover and nurture their strengths and talents. Celebrate their success, praise them as they overcome trials.⁴

REWARDS AND DISCIPLINE

EFFECTIVE BEHAVIOUR TECHNIQUES¹

POSITIVE REINFORCEMENT

- Provide rewards/privileges
- Dependent on the child's performance

Child: Completes an assignment
Reward: Earns play-time on the computer

TIME-OUT

- Remove access to positive reinforcement
- Contingent upon the performance of unwanted/problem behaviour

Child: Hits sibling impulsively
Deterrent: Sits in the corner for 5 minutes

RESPONSE COST

- Withdraw rewards/privileges
- Contingent upon the performance of unwanted/problem behaviour

Child: Not completing homework
Deterrent: Loses free-time privileges

TOKEN ECONOMY

- The child earns rewards/privileges
- Contingent upon the performance of desired behaviours
- This type of positive reinforcement can be combined with response cost (where a child loses rewards/privileges for undesirable behaviour)

Child: Completes tasks and assignments - Earns stars
Child: Gets out of the seat - Loses stars
Cashes in the sum of stars at the end of the week for a prize

USING TIMEOUT²

Many studies have shown that spanking is a less effective strategy than time-out or removal of privileges. In addition, spanking can lead to agitated or aggressive behaviour, physical injury, or resentment toward parents. Time-out involves sending the child to a specified room for a preset time—usually 1 minute per year of the child's age. (Pg 142-143)

1

Before instituting, explain purpose of time-out

2

Warning with a specific time for compliance

3

Non-Compliance, firmly and calmly send him to time-out

4

Tell him how many minutes and set a timer. Do not negotiate

5

Some experts suggest adding another minute each time he leaves the time-out space

6

After time-out, make a point to help your child reflect on what he did wrong and how he can choose differently next time.

EFFECTIVE COMMUNICATION

Children with ADHD need to be told what to do in a clear, straightforward and nonemotional way if they are to learn to control their actions. You can give effective commands and instructions by

MINIMIZING DISTRACTIONS

Turn off or ask the child to turn off the television or computer. If you are in a noisy setting, move to somewhere quieter.

ESTABLISHING GOOD EYE CONTACT

Fully engage by making good eye contact. It helps to touch a younger child's arm or hold his hand before addressing him.

CLEARLY STATING THE COMMAND

State your command in a simple, nonemotional statement and not as a question. Eg. "You need to stop pushing your brother now." instead of "Would you please stop pushing your brother?".

If behaviour does not stop, follow with a warning. Always keep a firm and neutral tone, refrain from shouting or looking angry.

REPEAT COMMAND

If you are unsure of whether or not the child has heard the command, get him to repeat it back to you.

PRAISE CHILD

If the child has complied with the command, make sure to praise the child.

TIME-OUT

If the child does not cooperate according to the time limit that you set, invoke the consequences (eg. Time-out)

CONSISTENCY AND REPETITION

- Make it a point to follow through every time
- You will soon find that you no longer need to continually repeat instructions as you did before
- Do not be tempted to "let it slide" as it will reduce the effectiveness of this method in future

- Consider the importance of every command
- Limit the number of commands to make it easier for you to follow up on every one

HOW TO HELP ACADEMICALLY

60 to 80% of students with ADHD underachieve academically because of problems with work production and consistency. Only 20% have specific learning disabilities such as reading disorder, mathematics disorder, or expressive language disorder that are separate from their ADHD symptoms.²

At the start of each academic year, meet with your child's teachers to inform them of your child's condition. Keep the communication lines open all year.



Routines and Systems³

Setup after-school routines that include sports, and homework and stick to it. Use charts and checklists to help your child track his progress with chores and homework. Keep instructions brief³

Planning & Organisation¹

- Have daily and weekly organization and clean-up routines
- Check frequently on work and system of organization
- Teach your child to use a daily planner and a task organizer.
- Limit number of folders used



Starting and Finishing Tasks¹

- Allow the child choice in tasks
- Divide larger tasks into easily completed segments.

Checklist

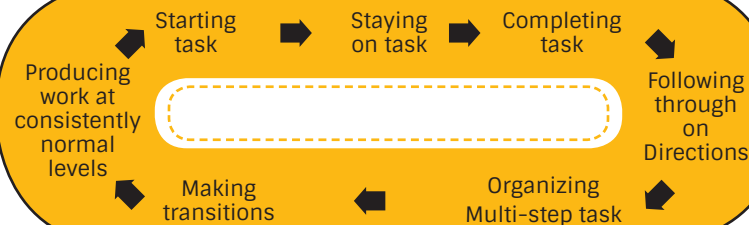


Improving Their Memory¹

- Focus on one concept at a time
- Teach them memory strategies (grouping, chunking, mnemonic devices)
- Provide summaries, study guides and outlines



EDUCATIONAL PERFORMANCE PROBLEMS¹



MANAGING SCHOOL LIFE⁴

Identifying the greatest obstacles to the child's academic performance

Establish a system to track success and failure and adjust appropriately⁴

Creating a treatment plan to address these obstacles

Seat the child near the teacher.⁵

State and post the classroom rules clearly.¹

Pair student with a study buddy or learning partner who is an exemplary student.¹

References: 1) "Attention-Deficit/Hyperactivity Disorder" by Mary Fowler, National Dissemination Center for Children with Disabilities (NICHD), Page 15, 18-19, FS14, 3rd Edition, April 2002, Resources updated 2004. 2) "ADHD: A Complete and Authoritative Guide" Michael I. Reiff, MD, FAAP with Sherill Tippins, published by The American Academy of Pediatrics 2004, Pg 158 3) Pg 99, 100, 190 4) Pg 161 5) Teaching Children with Attention Deficit Hyperactivity Disorder: Instructional Strategies and Practices By: Office of Special Education Programs (ED/OSERS), US Department of Education, 2008 40 pp. (ED502960)

ORGANISATION AND ESTABLISHING ROUTINE

PROVIDE STRUCTURE

Picture your growing child as a building in progress, the limits, lists, routines and other measures you put in place are like scaffolding that will provide necessary support as he grows.¹



Tips for structuring your child's home environment

1

Keep your child on a daily schedule - try to keep the time for various activities about the same each day.

2

Cut down on distractions - distractions for each child is different, as you identify them, eliminate them one by one.

3

Organize Your Home - have specific logical places for your child to keep his toys, schoolwork and clothes and he is less likely to lose them.

4

Use charts and checklists - Keep instructions brief, offer frequent, friendly reminders and make sure each task has been completed.

5

Limit Choices - Help your child learn to make good decisions by giving 2 or 3 options at a time.

6

Set small, reachable goals - This is to help the child understand that he can succeed by taking small steps and building on those successes.

CONTACTS PROFESSIONAL HELP

THE CHILD GUIDANCE CLINIC

Health Promotion Board Building
3 Second Hospital Avenue
#03-01 Singapore 168937
Tel: 6435 3878

DEPARTMENT OF DEVELOPMENTAL PAEDIATRICS

KK Women's and Children's Hospital
Specialist Clinic M
Podium I, Children's Tower
100 Bukit Timah Road
Singapore 229899
Tel: 6394 2211

NUH CHILD DEVELOPMENT UNIT (CDU)

Jurong Medical Center
60 Jurong West Central 3, Level 2
Singapore 648346
Tel: 66652530/ 66652531
Email: cdu@nuhs.edu.sg

NUH NEUROSCIENCE CLINIC [CHILD AND ADOLESCENTS PSYCHIATRY SERVICE]

National University Hospital
Kent Ridge Wing, Level 4
5 Lower Kent Ridge Road
Singapore 119074
Tel: 6772 8686 / 6772 2002

CHILDREN'S CLINIC [NUH CHILD DEVELOPMENT UNIT]

National University Hospital
Kent Ridge Wing, Level 4
5 Lower Kent Ridge Road
Singapore 119074
Tel: 6772 6157/ 6772 2470
Email: chi2@nuhs.edu.sg

WEBSITES

www.spark.org.sg