

Title: Attention deficit hyperactivity disorder (ADHD). Does my child have it and what do I do?

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Date: November 3rd, 2008.

Key words: Attention deficit hyperactivity disorder (ADHD), diagnosis of ADHD.

Abstract: Attention deficit hyperactivity disorder (ADHD) is a developmentally inappropriate level of attention, impulsivity, and hyperactivity. Diagnosis should be based on comprehensive assessment and can be accomplished by a primary care physician. Treatments include behavioral management and pharmacologic therapy, usually with stimulant medication. Parent, child, and school should be educated about the condition, and all three involved in treatment.

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Attention Deficit Hyperactivity Disorder - Does my child have it and what do I do?

Features

- Does your child have trouble sitting still?
- Act without thinking first?
- Or often start but not finish things?
- Do these things cause problems for your child at school or at home?

If the answer is “yes,” your child might have a common childhood medical condition called Attention Deficit Hyperactivity Disorder (ADHD).

Many children have restless behaviors that are typical of ADHD. When fidgeting, poor concentration, or impulsiveness begin disrupting performance in school, at home, or in relationships with other children, the cause might be ADHD. Or, there might be a different cause. Seeing your child’s doctor and getting the right diagnosis and treatment can help your child do better in the classroom, on the playground, and at home.

What is it?

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common

chronic childhood disorders. Current estimates indicate that 4% to 12% of all school-aged children may be affected. It is a health condition involving biologically active substances in the brain. Studies show that ADHD may affect certain areas of the brain that allow us to solve problems, plan ahead, understand others’ actions, and control our impulses.

Clinically, your child may present with varying symptoms of hyperactivity, impulsivity, and/or inattention.

Hyperactive children always seem to be in motion. A child who is hyperactive may move around touching or playing with whatever is around, or talk continually. During story time or school lessons, the child might squirm around, fidget, or get up and move around the room. Some children wiggle their feet or tap their fingers. A teenager who is hyperactive may feel restless and need to stay busy all the time.

Impulsive children often blurt out comments without thinking first. They may often display their emotions without restraint. They may also fail to consider the consequences of their actions. Such children may find it hard to wait in line or take turns. Impulsive teenagers and adults tend to make choices that have a small immediate payoff rather than working toward larger delayed rewards.

Inattentive children may quickly get bored with an activity if it’s not something they really enjoy. Organizing and completing a task or learning something new is difficult for them. As students, they often forget to write down a school assignment or bring a book home. Completing homework can be huge challenge. At any age, an inattentive person may often be easily distracted, make careless mistakes, forget things, have trouble following instructions, or skip from one activity to another without finishing anything.

What Is Not ADHD?

Many children and adults are easily distracted at times or have trouble finishing tasks. **To be ADHD, however, the behaviors must appear before age 7 and continue for at least six months.** The symptoms must also create a real handicap in at least two areas of the child’s life—in the classroom, on the playground, at home, in the community, or in social settings.

If a child seems too active on the playground but not elsewhere, the problem might not be ADHD. It might also not be ADHD if the behaviors occur in the classroom but nowhere else. A child who shows some symptoms would not be diagnosed with ADHD if his or her schoolwork or friendships are not impaired

by the behaviors.

Even if a child's behavior seems like ADHD, it might not actually be ADHD. Many other conditions and situations can trigger behavior that resembles ADHD. For example, a child might show ADHD symptoms when experiencing

- A death or divorce in the family, a parent's job loss, or other sudden change.
- Undetected seizures.
- An ear infection that causes temporary hearing problems.
- Problems with schoolwork caused by a learning disability.
- Anxiety or depression.

What do I do if I think my child has ADHD?

If some of these behaviors often apply to your child, talk with your child's doctor. Only a healthcare professional can tell whether your child's behavior is normal, could have ADHD or a different disorder. If you are worried about your child's behavior, ask your child's doctor for help!

The health care professional who evaluates your child may review records and reports from other professionals, including:

- Health records
- Report cards and group testing results
- Teacher reports and assessment forms
- Individual psychological testing

How does my doctor go about making my diagnosis of ADHD?

The assessment of ADHD requires:

1. Evidence directly obtained from parents or caregivers regarding the symptoms of ADHD in various settings, the age of onset, duration of symptoms, and degree of functional impairment.
2. Evidence directly obtained from the classroom teacher.
3. Evaluation for associated conditions. (oppositional-defiant disorder, conduct disorder, and anxiety and depression)
4. Evaluation for learning disabilities and mental retardation

The NICHQ Vanderbilt Parent and Teacher Assessment Scales are one way to do this. One scale is given to a PARENT and TEACHER. These are later returned to your doctor. If a screen is positive, a more detailed evaluation is warranted. The NICHQ Vanderbilt Assessment Follow-up tools help assess the treatment's effectiveness.

What are my child's treatment options?

A treatment plan is tailored to the individual needs of the child and family. It may require medical, educational, behavioral, and psychological interventions. This approach can improve the child's behavior in the home, classroom, and social settings. In most cases, successful treatment will include a combination of stimulant medication and behavior therapy.

Does my child need treatment?

If your child has ADHD, getting it diagnosed and treated can make a big difference for your child and your family. Untreated ADHD can lead to problems with learning, friendships, and family life. It can also lead to substance abuse and serious accidents. Getting treatment can reduce symptoms and help your child do better at school, with friends, and at home.

Patient Resources:

American Association for Child and Adolescent Psychiatry (AACAP) - ADHD – A guide for families
<http://www.aacap.org>

American Academy of Pediatrics (AAP) ADHD toolkit
<http://www.aap.org/pubserv/adhdtoolkit/>