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ADHD

AN OVERVIEW





Overview

We treat children in our office who have attention problems, over-activity, and learning/language disorders. The symptoms of Attention Deficit/Hyperactivity Disorder (ADHD) are listed below. Remember that ADHD can occur without hyperactivity, and is then termed ADHD, non-hyperactive type.

Symptoms of ADHD

- Impulsivity – unable to filter out internal, inappropriate, untimely motor or verbal behavior
- Distractibility – unable to filter out external distractions, such as sounds, conversations on the other side of the room, other children moving in the room, etc.
- Excessive Activity – “driven” level of activity; always moving in the room Intrusiveness – butts into conversations or activities inappropriately
- Inattentiveness – short, wandering attention span and great difficulty sustaining attention and focus over time
- Disorganization – trouble finishing work or turning it in; frequently loses things

MD Pediatric Associates’ role in evaluation of children with attention problems is to define as best we can the relative contribution of each of the symptoms listed below to behavior exhibited by the child at school and at home. For example, a severe reading disorder may cause major attention problems, which diminish when the child receives intervention for the reading problem.

- Behavior
- Mood
- Attention span
- Specific learning disorders
- Social and family environment
- Language and auditory processing



Common Questions

Q: What is ADHD (Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder)?

A: ADHD is a specific behavioral disorder characterized by chronic problems with attention, impulsiveness, and/or hyperactivity or restlessness, which are inappropriate for age. The ADHD child experiences an inability to filter out extraneous noises and visual distractions and therefore has difficulty focusing in stimulating environments. Most children, for example, can ignore common classroom sounds such as pencils dropping, chairs scraping, and feet shuffling. An ADHD child, however, hears all sounds equally and may not be able to adequately screen irrelevant noises and concentrate on a teacher's instructions. The condition is believed to be neurological, based on its initial appearance in early childhood. Left untreated, ADHD can significantly interfere with an individual's learning ability, level of self-effectiveness, and social development. The primary problem in ADHD is now felt to be an inability to delay or inhibit responses to immediate sensory or environmental signals and stimuli.

Q: What are the signs of Attention Deficit Hyperactivity Disorder?

A: A child with ADHD will exhibit 8 or more of the following symptoms by age 7:

- Fidgets or squirms excessively
- Has difficulty remaining seated
- Is easily distracted
- Has difficulty waiting his/her turn
- Has difficulty sustaining attention
- Shifts between uncompleted activities
- Has difficulty playing quietly
- Makes frequent, careless mistakes
- Talks excessively
- Interrupts or intrudes on others
- Does not seem to listen
- Often loses things
- Engages in physically dangerous activities without considering the consequences (Most children engage at times in dangerous activities without considering the possible consequences. This is normal behavior at various stages of development and by no means indicates the presence of an attention disorder.)



Q: What causes ADHD?

A: Although the precise cause of ADHD is not known, research conducted by the National Institute of Mental Health indicates the disorder arises from a specific neurological problem. Researchers found that in adults who have been hyperactive since childhood, the areas of the brain used to control attention and motor activity do not function as efficiently as the brain patterns of other adults. The evidence is especially important in providing a scientifically-based explanation for the behavioral disturbances linked with ADHD. Although affected children may develop secondary emotional problems, the disorder itself appears to stem from biological factors and is not fundamentally an emotional disorder as was suspected in the past.

Q: How is ADHD diagnosed?

A: A combination of the following is used to diagnose the disorder:

- Parent-reported narrative history and behavior rating scales
- Teacher-reported behavior rating scales
- Neuro-developmental testing
- Physical exam
- Identifying other primary issues such as hearing deficit or a learning disorder which may produce secondary attention problems

Q: Do certain situations trigger ADHD behavior?

A: A child with an attention disorder frequently has tremendous difficulty focusing in normal situations. In especially stimulating or unstructured environments, such as a classroom where children are expected to sit quietly or a party with excessive commotion, an ADHD child is likely to be distracted more easily than a child without the disorder.

Q: Is there a dietary relationship to hyperactivity? Should I restrict certain foods from my child's diet?

A: In most cases, the answer is "no." However, some children may benefit from restricting



certain foods and dyes from their diet. Please request further information from your provider if you are concerned about food reactions.

Q: How common is ADHD among children? Are certain children more prone to this disorder than others?

A: Although estimates vary regarding the number of individuals with the disorder, ADHD is widely believed to affect approximately 2 to 5 percent of school-aged children. The condition is diagnosed much more frequently in boys than in girls, but this could be because boys with the syndrome are more likely to display the aggressive behavior characteristic of ADHD. Girls with the disorder may be severely impeded academically by attention problems, but they do not always call attention to themselves with disruptive behavior. Consequently, girls may suffer silently while the disorder remains undetected and untreated. It is important to keep in mind that the symptoms of ADHD experienced by boys and girls may be manifested differently in each child. Even though some children may not demonstrate the constant motor activity characteristic of ADHD, they may still have significant attention-related problems with schoolwork and with relationships with peers.

Q: Is ADHD an inherited disorder? What are the risk factors?

A: There is evidence that ADHD runs in families. Research estimates that 25% of parents of ADHD children have the disorder themselves. Although ADHD may be seen in conjunction with other disorders which may be exacerbated in chaotic family environments, most ADHD children have no known history and come from stable, supportive families. However, all families can be emotionally stretched and stressed by the daily pressure of managing and coping with the behavior of an ADHD child.

Q: Can ADHD be cured?

A: There is no known cure for ADHD. While research continues to help scientists and physicians understand the underlying causes of hyperactivity, treatment currently focuses on providing relief by emphasizing your child's strengths and nurturing them.



Q: What are the current treatment options for ADHD?

A: Medication may be recommended in conjunction with other treatments for management of the neurological problem. When drug treatment is advised by a physician or nurse practitioner, a stimulant such as Ritalin or Adderall is most commonly prescribed to decrease hyperactivity, distractibility, or impulsivity. However, stimulant medications are not a cure for ADHD. Rather, these medications act to compensate for abnormal functioning of the nervous system, enabling greater self-control and redirection of inappropriate activity. When the medication wears off or is discontinued, symptoms of the disorder return. Other treatment options include:

- Information and management options given to teachers for classroom use
- Identification and intervention for any learning disorder
- Behavior management options for parents and focused psychological intervention if necessary

Q: Can ADHD children learn to control behavior?

A: Children with a diagnosed attention problem cannot and usually do not just “calm down.” In many cases, however, with proper guidance and encouragement, ADHD children gradually learn ways to manage their disruptive or impulsive behavior. They can learn to redirect over-activity and improve their ability to focus and to maintain attention. Behavior management techniques encourage positive behavior and can help ADHD children learn to adhere to social norms, follow instructions, work with a time frame, and think about the consequences of their actions. As children develop these coping skills and learn to reduce inappropriate behavior, self-esteem will improve.

Q: Will increasing exercise help an ADHD child settle down?

A: Children with ADHD possess seemingly endless energy. Incorporating lots of physical activity into daily routines may help a child focus in the classroom or in other activities requiring sustained attention. Exercise is also a great stress management tool in that it allows the child to “blow off steam” in a healthy, nonaggressive way.

Q: What can I do to help my child adjust?



A: Your love and support are vital to your child's success in learning skills to cope with his or her attention disorder. To best help your child, you need to learn about the disorder and recognize how it specifically affects your child. Become familiar with your child's strengths and weaknesses and use this knowledge to give your child responsibility to help him or her experience success. Keep in mind that ADHD children often display symptoms in varying degrees, depending on their environment. Behavior typically improves in very structured settings with few distractions, and worsens in situations involving large groups or situations requiring attention for prolonged periods of time. If you and your child can understand which stimuli tend to aggravate symptoms, you can learn to make situational adjustments to decrease or control disruptive behavior.

- Offer love and encouragement; avoid unnecessary criticism
- Build on strengths; de-emphasize weaknesses
- Learn to recognize your child's special needs
- Give your child responsibility
- Separate disliking your child's behavior from disliking your child
- Be consistent in instructions; set clear routine
- Communicate with your child, doctors, and teachers
- Be patient

Q: How can I ensure my ADHD child is getting the most out of an academic environment?

A: Discuss your child's academic performance and potential with the teacher. Try to assess the level of difficulty the child is experiencing in the classroom. Ask your teacher to seat your child in the front of the classroom where classmates and other potential distractions are out of view. Establish a system for regular parent/teacher communications and share with each other your successful learning and/or behavior techniques. Remember that teachers play an essential role in helping the ADHD child feel comfortable. If your child experiences major academic problems, educational testing and special help such as a resource teacher may be warranted for specific subjects. You can assist your child at home by helping to organize a special study place and by enforcing regular study hours. Always review homework assignments to ensure that they are completed.

Q: I don't want my child to feel different from other children. Do teachers, day-care staff or babysitters need to know that my child has ADHD?



A: It benefits a child with ADHD if the people who are responsible for his or her care and education are informed of the disorder. Understanding why a child is disruptive or has trouble in school is essential to the treatment of ADHD and to limiting developmental problems. Teachers' observations regarding changes in attention span and activity level can be extremely valuable in assessing your child's progress.

Q: Is my child with ADHD likely to try to hurt him- or herself or be aggressive toward friends?

A: An ADHD child tends to act before thinking through the consequences of behavior. For example, the child may run into the street without first checking traffic, or may barge into the activities or games of friends without asking permission. Your child may get in trouble with peers or suffer extra bumps and bruises in everyday, normal situations. The child may not understand why these things are happening and may become easily frustrated, confused, overwhelmed, or angered. To prevent accidents or poor behavior from happening, set clearly defined expectations and limits for otherwise unstructured activity periods such as lunch or recess. Be sure to stay nearby to monitor playtime, and consider limiting playmates to one or two at a time. Stress, pressure and fatigue can break down a child's self-control and lead to poor behavior. It is important to realize that aggressive behavior can stem from frustration and may not be intentional.



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