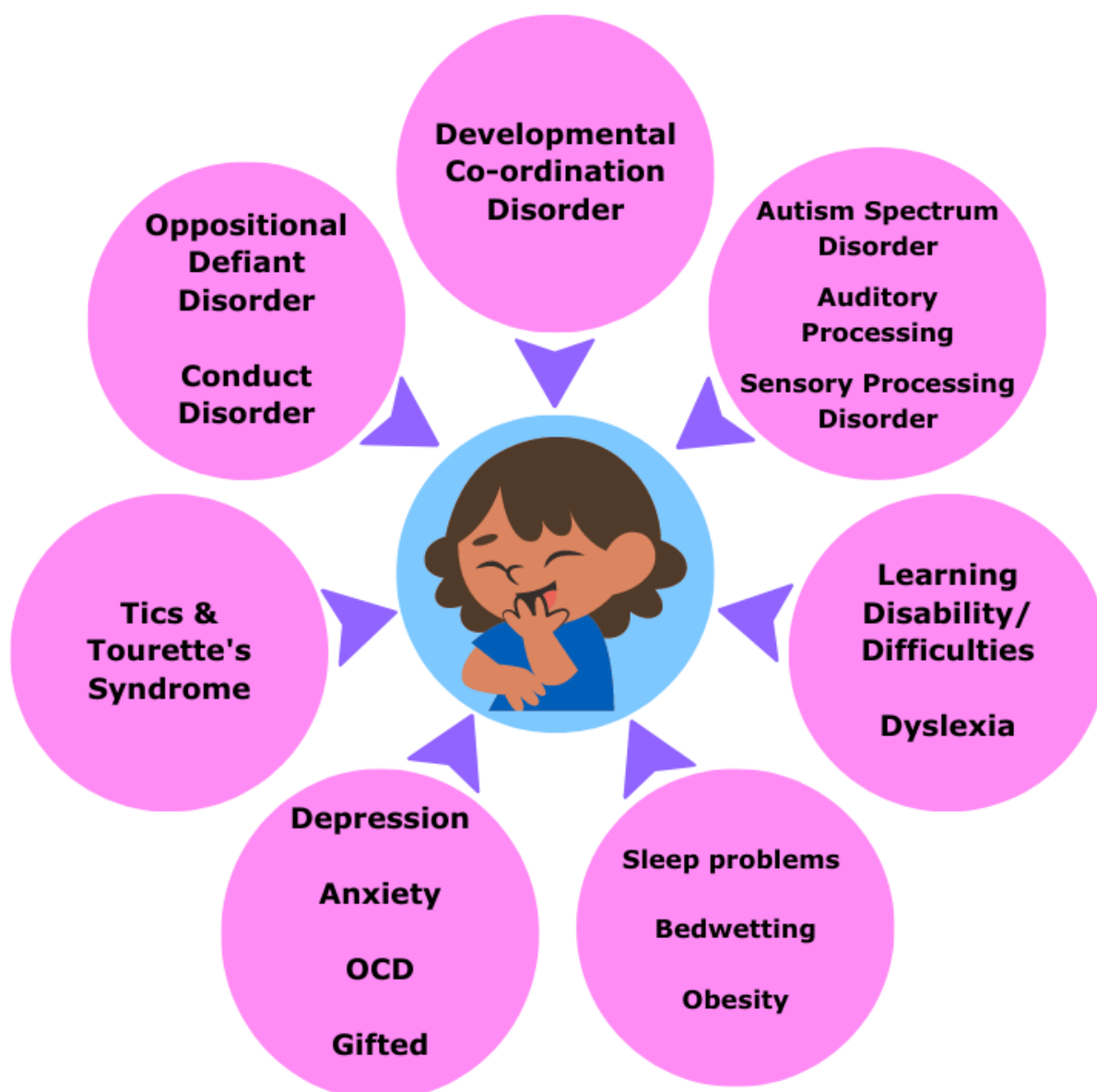


# WHAT IS ATTENTION DEFICIT DISORDER?

ADHD is a neuro-developmental disorder where children have difficulty with attention and/or hyperactivity and impulsivity. Their difficulties must be evident in more than one setting (for example, school and home) and be significant enough to interfere academically and/or socially. In most circumstances we see school-aged children for assessment and would normally only be able to diagnose after the age of six.

## Does ADHD occur with other conditions?

According to research, and also our clinical experience, children and young people with ADHD often have one or more of these medical conditions. However, sometimes they are noticed only at a later stage.

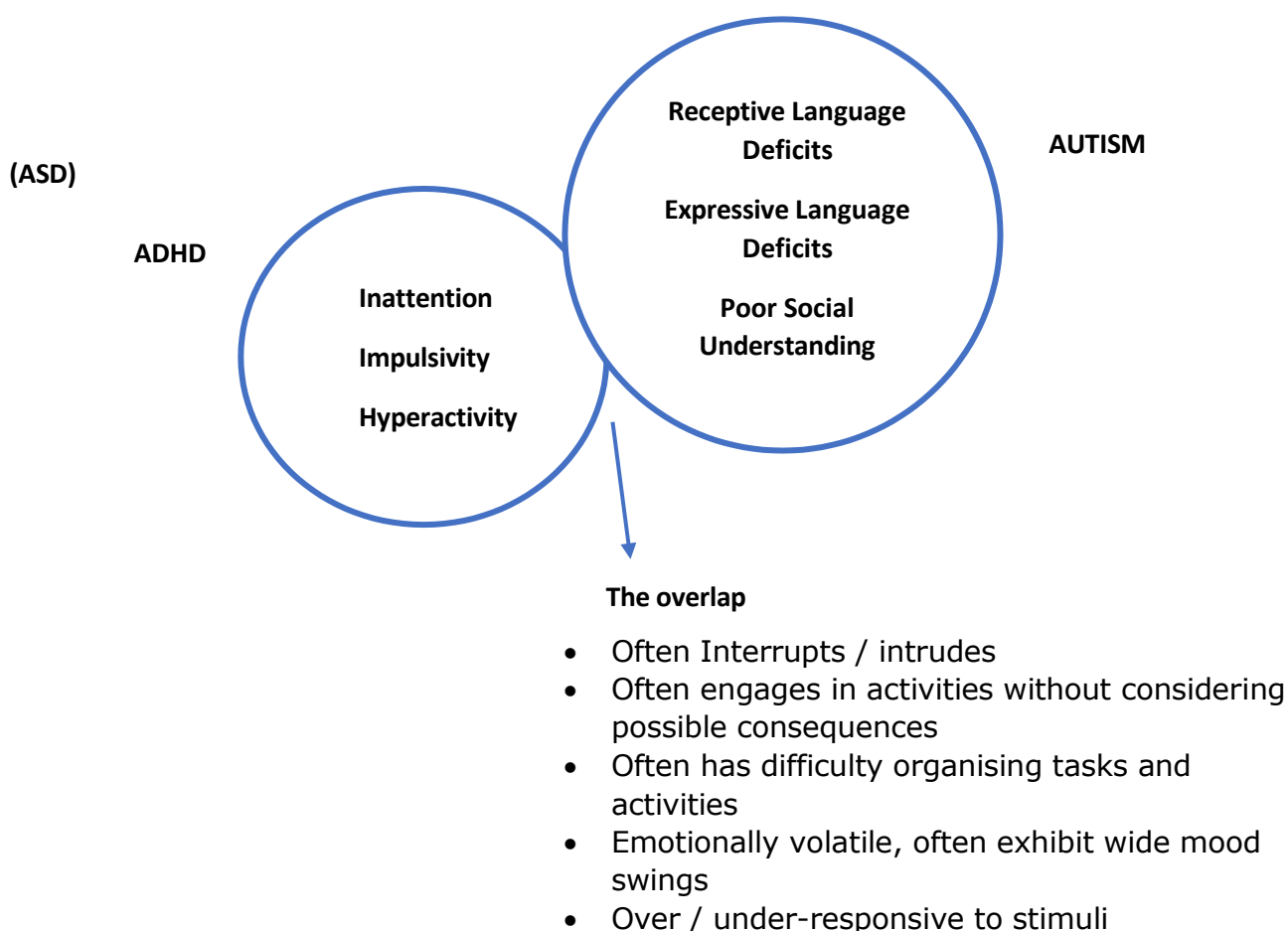


ADHD can have a significant impact for children, young people and their families on elements of their daily living, for example; school performance, family relationships, general behaviour and making and maintaining friendships.

However, whilst children and young people with ADHD may face certain challenges, it is important to recognise, celebrate and channel the many strengths and 'superpowers' these children will also have.

Understanding ADHD, as well as learning about and trying strategies to support our children and young people, will lead to better outcomes, improved self-esteem and increased positive wellbeing for all involved. Explanations or underlying conditions that are causing the challenges they are facing, that way they can get the correct support and guidance at the right time.

Many parents often feel helpless and unsupported whilst managing their child's challenges, for example difficult behaviour. Please remember you are not alone. There are some practical strategies and additional resources to help manage your child's ADHD.



## How common is ADHD?

It is estimated that in the UK about 3 to 9% of school-age children and young people have ADHD. It is more commonly diagnosed in boys than girls (4 boys: 1 girl). However, girls with ADHD are less likely to be diagnosed in their early years. Often girls, or those assigned female at birth, do not display boisterous behaviour or 'stereotypical' and more widely recognised ADHD behavioural traits, so their symptoms may go undetected for longer, or be 'less recognisable' when compared with boys. ADHD is estimated to occur in about 3% of adults, but it is interesting to note that in adults, both men and women are equally diagnosed with the condition.

## What are the features of ADHD?

Children with ADHD may present with the following symptoms.

### DSM-5 Criteria for ADHD

People with ADHD show a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development:

- 1. Inattention: Six or more symptoms of inattention for children up to age 16 years, or five or more for adolescents age 17 years and older and adults; symptoms of inattention have been present for at least 6 months, and they are inappropriate for developmental level:**
  - Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities
  - Often has trouble holding attention on tasks or play activities
  - Often does not seem to listen when spoken to directly
  - Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked)
  - Often has trouble organizing tasks and activities
  - Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework)
  - Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones)
  - Is often easily distracted
  - Is often forgetful in daily activities
  
- 2. Hyperactivity and Impulsivity: Six or more symptoms of hyperactivity-impulsivity for children up to age 16 years, or five or more for adolescents age 17 years and older and adults; symptoms of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and inappropriate for the person's developmental level:**
  - Often fidgets with or taps hands or feet, or squirms in seat
  - Often leaves seat in situations when remaining seated is expected
  - Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless)
  - Often unable to play or take part in leisure activities quietly
  - Is often "on the go" acting as if "driven by a motor"
  - Often talks excessively
  - Often blurts out an answer before a question has been completed
  - Often has trouble waiting their turn
  - Often interrupts or intrudes on others (e.g., butts into conversations or games)

### In addition, the following conditions must be met:

- Several inattentive or hyperactive-impulsive symptoms were present before age 12 years.
- Several symptoms are present in two or more settings, (such as at home, school or work; with friends or relatives; in other activities).
- There is clear evidence that the symptoms interfere with, or reduce the quality of, social, school, or work functioning.

- The symptoms are not better explained by another mental disorder (such as a mood disorder, anxiety disorder, dissociative disorder, or a personality disorder). The symptoms do not happen only during the course of schizophrenia or another psychotic disorder.

**Based on the types of symptoms, three kinds (presentations) of ADHD can occur:**

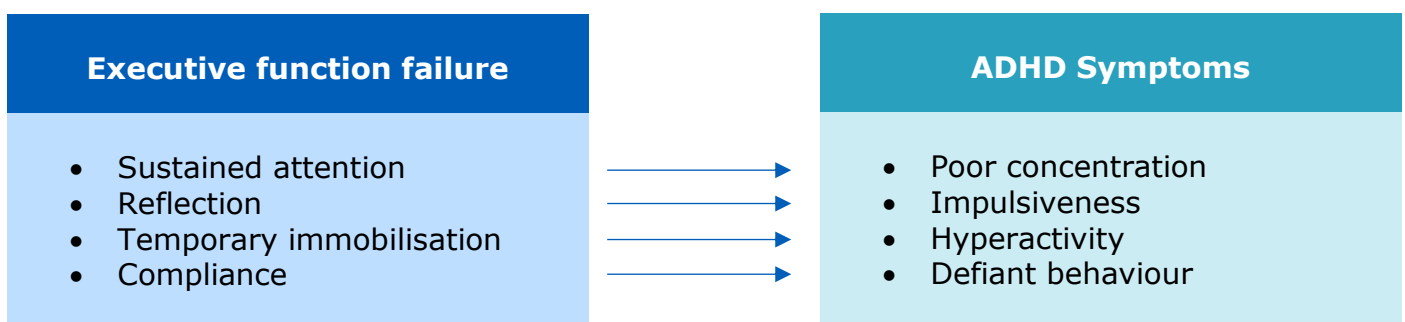
- **Combined Presentation:** if enough symptoms of both criteria inattention and hyperactivity-impulsivity were present for the past 6 months
- **Predominantly Inattentive Presentation:** if enough symptoms of inattention, but not hyperactivity-impulsivity, were present for the past six months
- **Predominantly Hyperactive-Impulsive Presentation:** if enough symptoms of hyperactivity-impulsivity, but not inattention, were present for the past six months.

Because symptoms can change over time, the presentation may change over time as well.

**How do ADHD symptoms develop?**

**Executive function failure**

This means people with ADHD are unable to carry out certain functions due to not having enough chemical messengers (postmen) in parts of their brain.



**What is executive function – How does it relate to ADHD?**

Having ADHD is neither the fault of the child/teenager nor the fault of the parent. The chemical imbalance in the brain is likely the result of genetic factors.

**What can you do?**

It is helpful to have a better understanding of ADHD, the problems that the condition can cause and to seek help from a health professional for strategies and treatment options.

**How is ADD diagnosed?**

A diagnosis of ADD is a clinical diagnosis where the clinician is satisfied that there is excessive difficulty with the majority of the inattentive ADD criteria. These criteria need to be problematic at both home and school on an ongoing basis, to be significant and causing impairment, and there needs to be no other better explanation for the child or adult’s inattentiveness.

## What kind of problems you might see at home or school



### Positives:

- **Very creative**
- **Great at sports**
- **Good sense of humour**

### Home Life

- Defiant
- Arguments
- Sibling fights
- Tantrums/aggression
- Stress
- Sleep problems



### Homework

- Fidgety
- Untidy
- Poor concentration
- Can't get started
- Rushes work
- Careless mistakes

### School life

- Can't focus
- Fidgety, disruptive
- Loud and noisy
- Calling out
- Easily distracted
- Detentions/exclusions

### Social life

- Difficulty making friends
- Bullies other children, or is bullied by others
- Gets into fights

## ADHD and management

Many neurodevelopmental conditions can often exist together, but each can be treated in different ways. The picture below illustrates how the conditions overlap. Please use the drop down menu to view other conditions.

ADD is more common in girls but it can occur quite often in boys also.

Some children with ADD are also impulsive but have never been hyperactive. This impulsiveness can adversely affect their social skills interaction.

Occasionally a child with ADD is so demoralised, so anxious and depressed or self-harming, that these are seen as being the key issues rather than the underlying concentration weakness.

ADD has a very different presentation from the hyperactive impulsive type of ADHD but it frequently co-occurs within the same family, with some children of the family having ADHD and some ADD.

### Tips for inattentiveness and distractibility

- Sit the child at the front of the class to limit distractions, next to a student who will act as a role model, if possible
- Provide the child with visual instructions
- Break tasks down into manageable chunks
- Give the child short-term goals
- Increase the immediacy of rewards and consequences
- Use an incentive programme for appropriate behaviour
- Ask the child questions to keep their attention

### Tips for overactive behaviour

- Provide the child with breaks to run errands or do specific tasks
- Provide short breaks between assignments
- Remind the child to check their work frequently as they rush to finish as quickly as possible
- Teach the child how to "slow down" with their work
- Use reward systems as much as possible
- Teach the child listening skills such as stopping work, putting down their pencil and looking at the teacher

### Tips for homework

- Use a home-school diary and keep parents informed on homework that needs to be completed
- Make sure the child hands in their homework and doesn't leave it in their bag
- If the child often loses pieces of paper, email it to the parents
- If a child needs to write their homework in their diary, check that they do so
- Ensure you give the child a due date for homework completion

## Tips for difficulties with peers

Unstructured times, such as playtime, are usually the most difficult times for a child with ADHD and it is often when they will do something impulsive with friends.

- Get them a play-mate
- Have visual reminders on how to make friends
- Social skills programmes
- Discuss with the child appropriate playtime behaviour

## Medication in school

According to the Department for Education and Skills, day to day decisions about managing and administering medication is the head teacher's responsibility. However, a teacher can volunteer to administer or supervise a child taking medication.

Taking medication at school is sensitive to many children. It is therefore important that this is dealt with in a sensitive manner. Many children with ADHD have difficulties with organisation, and therefore it is vital that a teacher reminds them to take their medication.

Some medications for ADHD are now long acting and therefore only need to be taken once a day, usually at home.

## Medical management

The use of low-dose long-acting psychostimulant medication in children with ADD has a very high success rate. In the lowest or the second lowest dose of each of these medications there is usually an improvement in focus and concentration. Such medications are well tolerated, are effective in about 95% of children treated, and whilst they may have some occasional short-term side effects such as appetite suppression or sleep difficulty, generally they are very well tolerated with no evidence of long-term side effects. The use of medication is always for an initial therapeutic trial and improvement is seen within half an hour of the correct dose being obtained.

## What are psycho-stimulants?

Methylphenidate (Ritalin, Concerta XL, Medikinet XL and Equasym XL) and Dexamfetamine are the commonly used psychostimulant medications in the UK to treat ADHD.

The aim of medication is to improve the child or adult's core ADHD symptoms of inattention, impulsivity or hyperactivity. There is usually a subsequent "flow-on" improvement to many of the other problems such as oppositional behaviour, mood swings and low self-esteem.

Psychostimulants do not cure ADHD but can provide symptomatic relief of the core symptoms for the duration of each dose. They should not be viewed as a panacea but do create very significant improvement in approximately 90% to 95% of people treated.

Improvement is usually seen within half an hour of the effective dose being given.



Careful fine-tuning of dosage and timing of medication, as well as regular follow up appointments to review progress, is essential for effective management.

## **Short term side effects**

Common short term side effects include:

- Appetite suppression
- Sleep difficulties
- Abdominal pain/headaches
- Subduing or blunting of personality
- Rebound effect
- Tics

It is important to put any side effects in perspective. Any medication for any medical condition – even those bought over the counter – can have possible side effects and preparations for ADHD treatment are no exception. Short term side effects may occur in up to 20% of those treated with methylphenidate. However, these can be improved or ceased by fine tuning/change of medication under specialist guidance. If they continue to be problem, treatment may need to be stopped under specialist guidance.

Side effects only last as long as each dose of medication lasts. They are not permanent and often improve with time, so it is important for parents/patient to liaise closely with the specialist about this.

## **Long term side effects**

There have been no documented long-terms side effects with the use of these medications.

There have been some studies suggesting that slowing of height has been a problem. This has not been proven in studies. In our and other such clinics experience, very occasionally height velocity slows down once medication is started and the child can always grow slightly below the initial growth velocity line. However, with the onset of puberty, he/she invariably catches up with their height. Therefore, we do not consider there is any evidence that height retardation is an issue.

## **Individual education plan, school action and school action plus**

You may feel that an Individual Education Plan (IEP) for a child struggling in the classroom may be appropriate. This should be discussed with the child and their parents to agree on the actions. Following an IEP, if the child does not improve, it may be appropriate to register the student for School Action.

This will involve discussion between the teacher and SENCO to devise appropriate learning materials and equipment. If the child still does not improve, the SENCO will register the child for School Action Plus and consult a specialist from external support services to help the child.





## Educational strategies

Educational strategies are always important for children with ADD. The awareness of the teachers, cues to help the child refocus, keeping lessons as bright and interesting as possible in short spells of concentration is helpful. The child should be sat towards the front of the class. However in children with significant ADD, educational strategies alone usually prove insufficient.

A child with ADHD is easily distracted, will do things without thinking and is always on the go. They may have disruptive behaviour and they will also need extra help with learning.

It is important that there is a good relationship between the teacher and parent of a child with ADHD. Let the parents know about any good changes in the child's behaviour, as well as any bad changes. This could influence the strategies that the parents have in place for the child.