

Attention Deficit Hyperactivity Disorder (ADHD)

NOTE from Autism Parents Chat/Support!

There is contention in the medical world about Autism and ADHD! Some say the two cannot exist together, others that they can! You will therefore have to check for yourself as to how it is perceived in your locality! In addition, each condition comes with its own 'set of help' and you will also have to see which best suits your child!

Finally – this is just meant to be an overview of ADHD and is in NO way definitive...

Attention deficit hyperactivity disorder (ADHD) is a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness. Attention deficit disorder (ADD) is a sub-type of ADHD.

Common symptoms of ADHD include:

- a short attention span
- restlessness or constant fidgeting
- being easily distracted

ADHD can occur in people of any intellectual ability. However, many people with ADHD also have learning difficulties. They may also have additional problems such as sleep disorders.

Symptoms of ADHD tend to be first noticed at an early age, and may become more noticeable when a child's circumstances change, such as starting school.

Young children are naturally active and easily distracted. However, if these features are excessive for a child's age and general developmental level, and affecting their daily life, they may indicate ADHD.

The symptoms of attention deficit hyperactivity disorder (ADHD) can be categorised into two sets of behavioural problems.

These behavioural problems are:

- inattentiveness
- hyperactivity and impulsiveness

It is not fully understood whether these problems are an extreme form of normal behaviour, or part of a separate range of behaviour.

Diagnosing ADHD

ADHD is normally diagnosed between the ages of three to seven, although in some cases it may not be until much later. It is more commonly diagnosed in boys.

There are several criteria that must be met for a child to be diagnosed with ADHD. Adults are harder to diagnose because there is no definitive set of age-appropriate symptoms.

There is no simple test to determine whether you or your child has attention deficit hyperactivity disorder (ADHD). If you think that you or your child may have ADHD, see your GP (MD).

Visiting your GP(MD)

Your GP(MD) will ask:

- about your symptoms and those of your child
- when these symptoms started
- where the symptoms occur, for example at home or in school
- how the symptoms affect your (or your child's) quality of life
- if there have been any recent changes, for example a death or divorce in the family
- if there is a family history of ADHD
- any other problems, or symptoms of different health conditions

If your GP/MD suspects that you or your child has ADHD, they may refer you to a specialist such as:

- a child or adult psychiatrist
- a paediatrician (an expert in children's health)
- mental health services for children and young people

Who you are referred to will depend on your age and what is available in your local area.

Your specialist can make an accurate diagnosis after a detailed assessment that may include:

- **a physical examination**, which will rule out other possible causes for the symptoms
- **a series of interviews** with you or your child
- **interviews or reports** from other significant people, such as partners, parents and teachers

What causes ADHD?

Although the exact cause of ADHD is not known, research shows that it tends to run in families. Some research also shows that there may be differences in the way the brain works in people with ADHD.

The exact cause of attention deficit hyperactivity disorder (ADHD) is not fully understood. It is thought ADHD is caused by a mix of genetic (inherited) and environmental factors.

Genetics

ADHD tends to run in families and, in most cases, it is thought inheriting the condition is the most likely cause. Research shows that both parents and siblings of a child with ADHD are four to five times more likely to have ADHD themselves.

Brain function and anatomy

Research shows that the way the brain works in people with ADHD differs from that of people who do not have the condition. It is thought chemicals in the brain that carry messages, known as neurotransmitters, do not work properly in people with ADHD. Also, people with the condition seem to display less activity in the parts of their brains that control activity and attention.

Some research shows that the frontal lobes, the part of the brain that controls decision-making, do not work as they should in people with ADHD. Other research indicates they may have imbalances in the levels of certain chemicals, such as noradrenaline and dopamine.

Exposure to toxins during pregnancy

Women who drink alcohol when pregnant are more likely to have a child with ADHD. It is also thought that smoking and drug abuse can also increase the risks of ADHD in an unborn child.

Being male

Boys are more commonly diagnosed with childhood ADHD than girls, and more men are diagnosed with the condition than women. Research suggests this could be because diagnosis tends to pinpoint loud, disruptive behaviour, which is more noticeable and more common in males than in females.

It could also be that ADHD is missed in girls because they tend to have the form of the condition defined by inattentiveness (ADHD mainly inattentive, or attention deficit disorder).

How common is ADHD?

ADHD is the most common behavioural disorder in the UK. It is estimated the condition affects 2-5% of school-aged children and young people. The figure is reasonably similar elsewhere in the world!

ADHD can be a lifelong condition, and many children continue to have symptoms as a teenager and adult.

It is estimated that more than two out of three children diagnosed with ADHD will still have symptoms as teenagers. It is then estimated that two out of three of these teenagers will show symptoms as adults.

It is uncertain whether ADHD can occur in adults without first appearing in childhood.

Treating ADHD

There is no cure for ADHD, but it can be managed with appropriate educational support, advice and support for parents and the individual, and medication if necessary.

Living with a child with ADHD can be challenging but it is important to remember that they cannot help their behaviour.

Some issues that may arise in day to day life include:

- getting your child to sleep at night
- arriving at school on time
- listening to and carrying out instructions
- social occasions
- shopping

Treatment will usually be arranged by a specialist, such as a paediatrician or psychiatrist (an expert in mental and emotional health), although your condition may be monitored by your GP/MD.

Medication

There are three types of medication for ADHD:

- methylphenidate
- dexamfetamine
- atomoxetine

Medications for ADHD are not a permanent cure. Methylphenidate- and dexamfetamine-based medications give a period of treatment during each day (between four and 12 hours depending on the preparation). Atomoxetine usually gives a longer period of treatment.

Medications help someone who has ADHD to:

- concentrate better
- be less impulsive
- feel calmer
- learn and practise new skills

For example, in the UK, all three of these medications are licensed for use in children and teenagers. Atomoxetine is licensed for use in adults who were diagnosed with ADHD as children. However, there are no medications currently licensed for treating newly diagnosed adults, or for use specifically in adults. Please check locally how this applies to you!

If you have been diagnosed with adult ADHD, your GP/MD and specialist can discuss which medications and therapies may be suitable for you.

Methylphenidate and dexamfetamine are controlled drugs, which means their availability and use are more closely controlled than other prescription medicines. With all ADHD medications, if you or your child is prescribed one of these treatments, you will probably be given small dosages at first, which may then be gradually increased.

Medication is most effective if used every day. Treatment breaks are not normally recommended apart from in specific situations.

You or your child will need to see your GP/MD for regular check-ups to ensure the treatment is working effectively. Your specialist will discuss how long you should take your treatment. Generally, children with ADHD will need to continue treatment at least until after final school examinations.

Therapy

As well as taking medication, different therapies can be useful in treating ADHD in children, teenagers and adults. Therapy is also effective in treating additional problems, such as conduct or anxiety disorders, that may appear with ADHD.

Therapies outlined below can be carried out with the help of a number of healthcare professionals, including:

- **counsellors** – experts trained to provide talking therapies that aim to help people cope better with their life and mental health condition
- **psychiatrists** – qualified medical doctors who have done further training in treating mental health conditions
- **psychologists** – healthcare professionals who specialise in the assessment and treatment of mental health conditions
- **social workers** – experts often used to bridge the gap between mental health services and the wider social service provision, and provide advice on a variety of practical issues

Psychotherapy

Psychotherapy is a type of talking therapy, which means you or your child will be encouraged to discuss ADHD and how it affects you. It can help children, teenagers and adults make sense of being diagnosed with ADHD, and can help you to cope and live with the condition.

Read more information about psychotherapy.

Behaviour therapy

Behaviour therapy provides support for carers of children with ADHD, and may involve teachers as well as parents. Behaviour therapy usually involves behaviour management, which uses a system of rewards and penalties to encourage your child to try and control their ADHD.

If your child has ADHD, you can identify types of behaviour you want to encourage, such as sitting at the table to eat. Your child is then given some sort of small reward for good behaviour, and a small penalty for poor behaviour. For teachers, behaviour management involves learning how to plan and structure activities, and to praise and encourage children for even very small amounts of progress.