Attention Deficit Hyperactivity Disorder (ADHD)

What is ADHD?

ADHD is a common and treatable childhood disorder in which children have a persistent pattern of inattention and/or hyperactivity and impulsivity. Approximately 5-10% of youth have ADHD. More so than other children the same age, youth with ADHD have problems with sustaining attention, finishing tasks, paying attention to details, and organizing activities. They are easily distracted and often forgetful. They may have trouble sitting still, fidget, be restless, blurt out or interrupt, talk excessively and have trouble waiting for their turn. Research shows that ADHD affects areas of the brain involved with focusing and planning ahead, controlling impulses and sitting still.

There are two main types of ADHD: primarily inattentive and primarily hyperactive/impulsive. In some cases youth will have symptoms of both. More boys than girls are affected by ADHD although girls with ADHD are sometimes not identified and diagnosed because they tend to have primarily inattentive type ADHD, without hyperactivity. Some adolescents will "grow out" of hyperactivity, but still have problems with inattention and impulsivity.

In order to make a diagnosis of ADHD it is essential to have feedback from the school or daycare in addition to the caregiver. The diagnosis can only be made when youth have symptoms in more than one setting, typically home and school. Standardized rating forms such as the Vanderbilt ADHD Rating Scale or the Connor's Parent and Teacher Rating Scales can help assess ADHD symptoms and medication response.

What is the Treatment for ADHD?

- Stimulants are highly effective for most youth with ADHD. Examples include methylphenidate (Concerta, Ritalin), mixed amphetamine salts (Adderall), and lisdexamfetamine (Vyvanse).
- Non-stimulants are also effective, but not as effective as stimulants for most youth. Examples include atomoxetine (Strattera), buproprion (Wellbutrin), guanfacine (Tenex or Intuniv) and clonidine (Catapress or Kapvay).
- Treating ADHD with medications will help behavioral treatments and parent skills training work much better.
- Medication treatment should only be started when there is adequate structure, supervision and oversight in the youth's living situation. Be aware also that stimulants have abuse potential and street value.

- Medication treatments are very effective for ADHD, but side effects are common. Medication monitoring should include regular assessment of sleep, appetite, height, weight, blood pressure, pulse and blood work.
- Non-medication treatments include classroom and educational program modifications, studying in a low stimulation space, attention and organization strategies and social skills training
- Not treating ADHD with medication is associated with many negative short- and long-term academic, vocational, health and behavioral outcomes

Child welfare-involved youth have increased risk for other conditions that may be mistaken for ADHD, including:

- Academic/school problems might be due to disrupted/multiple school placements, history of poor attendance or learning disorders.
- Anxiety and trauma effects.

Summary: ADHD is a common condition in children. It is both under and over diagnosed. When properly diagnosed, medications are a very effective treatment. Evidence-based standards are available for prescribers. Many children with ADHD also have behavior problems. In those cases medications will not be sufficient, but will be important in enhancing the effectiveness of behavioral parent training.

Tips for Responding.

1. Confirm that children who are diagnosed with ADHD are being monitored by a medical provider. There is no set standard for how often a child should be monitored, but younger children and children recently started on medications or with recent dose adjustments should be monitored more closely. Once stable, approximately once-per-month is sufficient.

2. For children who are reported or known to have behavior problems as well as ADHD, insure that an evidence-based behavioral parent training intervention is also provided.

3.Insure that caregivers have psychoeducational materials about ADHD.

4. Monitor that the diagnosis is reassessed annually for the first few years after the initial diagnosis, and again after puberty.

Helpful link:

http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/Facts_for_Families_Pages/Children_Who_Cant_Pay_Attention_ADHD_06.aspx