

ADHD



SUNDAY, JANUARY 6, 2008

Attention-Deficit/ Hyperactivity Disorder (ADHD) is the most commonly diagnosed child and adolescent psychiatric disorder. It occurs in 3-5% of school aged children and is more common in boys with a 9:1 boy:girl ratio. In the hyperactive-impulsive type of ADHD children show increased activity, fidget, can not stay seated, often talk excessively, have difficulty waiting turn, intrude or interrupt others or blurt out answers before the questions can be finished. Children who have the predominantly inattentive type ADHD tend to make careless mistakes in schoolwork, have difficulty paying attention or concentrating and do not seem to listen or follow through with instructions. They are poorly organized, forgetful, and easily distracted. These children also appear to be "spaced out." Some children with ADHD have a combination of the two types. In order to make the diagnosis of ADHD the symptoms must occur in more than one setting, for example in school and at home. Also the symptoms must have been present before age 7. Most ADHD research has been done in boys. The prevalence of ADHD in girls may be underestimated since girls with ADHD appear more likely to have the inattentive type and therefore less likely to be identified. Remember, the squeaky wheel gets the grease.

The etiology of ADHD is genetic, biological and medical. Children with ADHD are likely to have relatives with learning or personality disorders, substance abuse or mood disorders. Some risk factors for ADHD include maternal youth, maternal use of cigarettes, alcohol or drugs, birth complications, malnutrition, genetic disorders and brain injury.

A diagnosis of ADHD requires a thorough psychiatric evaluation to rule out a possible medical cause. The evaluation includes input from the child's family, teachers and pediatrician. Other testing such as bloodwork, EKG, ECG and rating scales may be required.

Once a diagnosis is made state of the art treatment consists of a combination of behavioral management, school intervention and medication. Such school interventions as smaller classroom sizes and more individual attention by teachers have been found to be effective. Up to 80% children with ADHD respond to stimulant medication. The

stimulants are the most widely studied medications in children and are safe if used appropriately. Children with ADHD who receive treatment can be successful and reach their full potential.

The risks of not treating ADHD include poor social skills, poor school performance, truancy and low self esteem. Untreated ADHD children are at risk for substance abuse as adults. When there is comorbid Conduct Disorder the risk for substance abuse occurs in adolescence.

Copyright © 2006 by Teri Beers, M.D. All rights reserved.